College of Medicine Phoenix

Arizona Primary Care Physician Workforce Summit II Report

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Table of Contents

Executive Summary

The Arizona Primary Care Physician Workforce Summit II was held on September 16, 2025, to bring together educational leaders, health care organizations, and policymakers to continue discussions and planning regarding the growing shortage of primary care physicians (PCPs). Arizona faces a growing deficit of primary care physicians, driven by rapid population growth, an aging PCP workforce, and an uneven distribution of primary care physicians between rural and urban areas (1).

For the first half of the Summit, stakeholders reviewed progress made from the last meeting, work in progress by the workforce data group, current policies impacting primary care, and progress in Artificial Intelligence and interprofessional care teams to help expand the current workforce. In the afternoon, stakeholders held problem-solving table discussions around collaboration, resource needs, and organizational structures. Teams presented their ideas, and the group voted to generate top initiatives.

Participants prioritized collaboration around better data collection, collaboration to improve pipeline programs, streamlined education pathways for students from undergraduate through residency graduation, a one-pager on physician workforce to help streamline messaging, longitudinal clerkship training available for all students in both public and private medical schools, and target key metrics as a group: 80% of graduates stay in state, data is collected from all education programs, rural training expands, and each resident in state participates in a rural rotation.

This work builds on previous Summit discussion, attended by stakeholders across the state and supported by an HRSA Primary Care Training Enhancement grant and the Halle Foundation rural primary care workforce initiative. The resulting work is a prioritized dashboard for statewide action that will support primary care as a foundation for healthcare across Arizona.

Introduction

Arizona faces critical and worsening shortages of primary care physicians. According to the Health Resources and Services Administration (HRSA), over 3 million Arizonans reside in Primary Care Health Professional Shortage Areas (HPSAs) (1).

The Association of American Medical Colleges (AAMC) 2023 State Physician Workforce Data Report ranks Arizona among the bottom five states in active primary care physicians (PCPs) per capita at 71.3 PCPs per 100,000 population (U.S. median is 88.5) (2).

The gap will widen due to Arizona's rapid population growth, high rates of physician retirement, limited in-state medical and osteopathic school (undergraduate medical education, or UME) capacity, and limited residency slots (graduate medical education, or GME).

The Arizona Center for Rural Health estimates that 14 of Arizona's 15 counties qualify as partial or complete primary care shortage areas, with the most severe shortages occurring in rural, border, and Tribal regions (3). Without strategic intervention, Arizona may face a deficit of more than 1,900 FTE primary care physicians by 2035 (3).

A statewide Primary Care Physician Workforce Summit, Part II, held on September 16, 2025 convened leaders in academic medicine, health systems, policy organizations and other community partners (see Appendix A) as a follow-up for work started in January 2025. The Family Medicine and Primary Care Academic Council (see Appendix B), comprised of primary care medical education leaders in Arizona, continues to meet monthly and leads the Summit and statewide collaborative activities.

University of Arizona College of Medicine – Phoenix, primary care leaders, in collaboration with the Academic Council, facilitated Summit II. The HRSA Primary Care Training Enhancement grant and the Halle Foundation rural primary care expansion initiative funded Summit II. Eighty attendees participated.

Attendees reviewed the eight priorities from the previous summit and initiatives enacted in response. Breakout groups did further work around next steps for collaboration, resources, and organizational structure for the work.

This report synthesizes key findings, outlines work in motion, defines priorities, proposes next steps for implementation, and provides a foundation for collaboration and investment to create a stronger primary care trajectory for the state of Arizona.

Breakout Group Insights and Themes

The Summit attendees had a brief table discussion around current collaborative efforts and data needs. Attendees shared:

What is going well?	• **GME Expansion:** Continued growth in Family Medicine and rural GME programs, with additional expansion in development • **Strong Collaboration:** High levels of engagement, energy, and collaboration across institutions

	• **Improved Data Collection:** Early progress in gathering workforce data, supported by structured forums and recurring convenings • **Statewide Alignment:** Arizona's higher education system is increasingly aligned with workforce development initiatives • **Sustained Awareness:** Ongoing dialogue around primary care shortages keeps the issue visible
What's not going well?	• **Funding Challenges:** Misalignment and insufficiency of state and federal funding • **GME Capacity Lag:** Medical school expansion is outpacing growth in residency positions. • **Workforce Burnout & Aging:** Approximately 25% of the workforce is 65+, placing disproportionate burden on mid-career providers (ages 30–60). • **Administrative Burden:** Increasing non-clinical workload contributing to dissatisfaction and burnout. • **Leadership & Accountability Gaps:** Inconsistent follow-through among some institutions and leaders. • **Limited Stakeholder Representation:** Insufficient engagement from Medicaid, the Governor's Office, and other key policy stakeholders. • **Primary Care Recruitment Barriers:** Financial pressures, student debt, and insufficient mentorship are limiting interest in Family Medicine
What gaps in data persist?	• **Statewide Data Integration:** Inclusion of all Arizona medical schools and institutions through standardized data-sharing agreements • **3-Year MD Program Data:** Both quantitative (scores, match results) and qualitative (student perceptions of primary care) • **Student Mobility:** Tracking where Arizona pre-med and medical students train out of state and whether they return for residency • **Pipeline Program Impact:** Understanding applicant progression, attrition, and decision points where students shift away from primary care. • **Scope of Practice:** Clarification of rural practice scope and preparedness • **Compensation Data:** Comparative data for Pediatrics and Internal Medicine in relation to primary care compensation
How should we collaborate around data?	• **Formal Structures:** Establish task forces or working groups stemming from existing meetings • **Data-Sharing Agreements:** Formalized agreements among medical schools, residency programs, and health systems

	• **Cross-Sector Partnerships:** Engage institutions such as ASU College of Health Solutions and others with analytic capacity • **Standardized Surveys:** Use GME track surveys and shared instruments to assess outcomes and gaps. • **Broader Engagement:** Include policymakers, administrators, government agencies, and community stakeholders • **Shared Infrastructure:** Develop a centralized, shared data repository (e.g., secure shared drive) for contributions and reporting • **Higher-Level Coordination:** Elevate collaboration to state and governance levels, including boards and professional societies
Collaboration to Present and Use Data	• **Targeted Dissemination:** Present findings to colleagues, legislators, and community stakeholders in clear, actionable formats • **Better Communication:** Share aggregate statewide data while enabling institutions to access their own internal data • **Centralized Platforms:** Use websites, AHEC, and other statewide entities to host and distribute data. • **Rural-Focused Outreach:** Bring data directly to rural communities to inform local solutions • **Policy Translation:** Clearly identify legislative and regulatory barriers to rural GME expansion • **Institutional Leadership:** Universities should take a lead role in coordinating, interpreting, and advancing data-informed workforce strategies

The Summit had structured breakout discussions in the afternoon, including key focus areas: collaboration, resource needs, and organizational structure. Submitted ideas and themes are listed below. Participants voted for the top ideas. *Indicates top-voted ideas.

Collaboration	*Better Data collaboration to inform the government and stakeholders *Collaboration to improve the growth of pipeline programs, especially for specific state populations and cultures Comprehensive Faculty Development programs Collaborate with the best role models in primary care Collaborate around the education pipeline (high school through residency)
Resources	*Streamlined pipeline/pull-through programs for the state: 3 years undergraduate education + 3 years medical school + 3 years residency *Clear "one-pager" on physician workforce talking points

	Reliable and sustainable funding for teaching health centers (Community Health Centers that train resident physicians) Collaborative recruitment resources and opportunities that synergize with statewide events Mentorship opportunities
Organization	*Have clear goals: capture data across all schools and programs, increase to 80% in-state classes, expand rural tracks, incentivize rural training months in residency, and increase pipeline programs in the state *Make Longitudinal Integrated Clerkship available for all students in both public and private medical schools Family Medicine Interest Groups that interact with the residencies Named Organization for a statewide organization with voting members Mandated rural rotations and targeted in-state admissions tied to funds (pay for performance incentives) Self-governance with voting membership for the primary care workforce group and incentive funds tied to criteria (like data sharing, participating, group recruitment, faculty development) Include a wide swath of stakeholders who care about primary care – IHS, health systems, foundations, and businesses in the community

Conclusions

The Primary Care Physician Workforce Summit II provided additional insight into Arizona's current and future challenges in the primary care physician workforce, building on previous work. In the first Summit, stakeholders developed a shared understanding of the urgent need to expand training pathways, advocate for sustainable policy changes, and build leadership capacity within the primary care sector. In this second Summit, they reflected on progress in motion and what's needed in collaboration, resources, and organizational structure. There is a clear need for this work to continue and for clear recommendations to be brought forward.

The meeting was well attended and had a broad range of stakeholders. Attendees overwhelmingly support ongoing work. (see Appendix A). With unified leadership, community-driven innovation, and a commitment to equity and sustainability, Arizona can be a national model for primary care workforce development.

Emerging Themes and Questions for Further Consideration

Attendees raised broad reflections and forward-looking questions that warrant further exploration:

1. How do we fill our data gaps? We have significant data on the workforce, but we also have gaps that can limit our understanding and prevent clear estimates of the trajectory of our primary care physician workforce. Attendees emphasized that provider FTE counts do not capture the complexity of delivering care in rural, Tribal, border, and urban underserved communities. For example, a town served by a critical access hospital two hours from the nearest urban, tertiary care hospital may not provide certain services, such as labor and

delivery and surgery. We also want to understand which factors most influence our students' decisions to enter primary care vs. specialty or surgical residency training across all Arizona schools. Attendees discussed ways for education programs to collaborate to create better data insights.

2. Why does this problem persist if primary care improves health and saves money? The health care economy is shaped by complex policies, payers, providers, and patient needs. The University of Arizona College of Medicine – Phoenix has convened a Primary Care Physician Workforce Data Group to collaborate around tracking health workforce data and assessing factors influencing specialty choices.

Next Steps

Summit attendees will continue on as the base of the Primary Care Physician Workforce Group (PCPWG) with the existing Primary Care Academic Council. The PCPWG includes Summit attendees, engaged community-based organizations, statewide associations, health system leaders, and medical groups.

The PCPWG will build on the Academic Council's foundational work and operate as a project-based group aligned around the Summit's strategic priorities. The group will continue to use the strategic project map developed from the summit themes to guide its work.

The PCPWG will continue to engage stakeholders in this ongoing work. A follow-up Summit will be planned for February 2026.

This collaborative effort will require continued engagement from Academic Council members, primary care residency program directors, statewide organizations, Area Health Education Centers, Arizona Academy of Family Physicians, and health system leaders. Federal and foundation funding are currently supporting this work. Long-term success will depend on building durable structures, cross-sector alignment, and diversified financial support.

PCPWG is open to all stakeholders interested in advancing primary care physician workforce development in Arizona. These coordinated approaches — anchored by the Academic Council and expanded through the PCPWG — reflect the commitment to promoting access to high-quality, affordable, evidence-based primary care services throughout Arizona. These groups can advance innovations in education, practice, technology, and systems design, aligning with the University of Arizona's land-grant mission and commitment to primary care, foundational relationships, and values.

As the primary care value proposition becomes more clearly defined and aligned with measurable outcomes, it should drive the policies, funding, and changes needed to secure Arizona's robust and sustainable primary care future. We continue to engage with partners serving rural, border, tribal, and other vulnerable populations, as they cannot provide adequate healthcare in their communities without a reliable primary care physician workforce.

References

1. Health Resources and Services Administration. (2024). *HPSA designation by state*. U.S. Department of Health and Human Services. https://data.hrsa.gov/tools/shortage-area
2. Association of American Medical Colleges. (2023). *2023 state physician workforce data report*. https://www.aamc.org/data-reports
3. Arizona Center for Rural Health. (2023). *Primary care workforce in Arizona*. University of Arizona Mel & Enid Zuckerman College of Public Health. https://crh.arizona.edu/sites/default/files/2023-05/230531_PCHPSA_Brief.pdf

Appendix A: Attendee Listed Organizations

A.T. Still University School of Osteopathic Medicine in Arizona (ATSU-SOMA)

AACIHC

Abrazo Health Network Family Medicine Residency Program

Arizona Area Health Education Centers (AzAHEC)

Arizona State University

AZ Academy of Family Physicians

Banner Health

Banner University of Arizona - Phoenix

CA Consulting

Center for Excellence in Rural Education (CERE)

Cobre Valley Regional Medical Center

College of Health Solutions, Arizona State University

Creighton University Arizona Health Education Alliance

Creighton University East Valley Arizona

Creighton University East Valley OBGYN

Creighton University Phoenix

Dignity Health Medical Group/Creighton University School of Medicine

DMG/Valleywise Health/Creighton School of Medicine Phoenix

El Rio Health

El Rio Health Family Medicine Residency

FHCN/UofA

Frey Healthcare Consulting, LLC

Gila River Health Care

Honor Health Medical Group

HonorHealth

Mariposa Community Health Center

Midwestern University GME Consortium

Midwestern University, AZCOM

Neighborhood Outreach Access to Health (NOAH)

North Country HealthCare

Northwest Healthcare

Onvida Health

Regional Center for Border Health- Teaching Health Center

Regional Center for Border health

Sunset Health

Synergy Physicians

The Diane & Bruce Halle Foundation

United Community Health Center

University of Arizona College of Medicine - Phoenix's Marketing and Communications team

University of Arizona College of Medicine- Phoenix, Community Health Internship

University of Arizona College of Public Health

University of Arizona Department of Family and Community Medicine

University of Arizona Family Medicine Residency Program - Tucson

University of Arizona Health Sciences

Valleywise Health

Appendix B: Academic Council

The Academic Council is a statewide group of academic Family Medicine and primary care education leaders committed to strengthening Arizona's primary care workforce. The group meets monthly and serves as a key collaboration unit.

The Academic Council hosted three statewide Academic Innovation Conferences over the last three years and was instrumental in conceiving and organizing the Primary Care Physician Workforce Summit. The council serves as a coordinating body guiding strategies around the future of primary care education including the integration of emerging technology, team-based care, leadership development and population health. The council champions rural health priorities, ensuring that future training models address the unique needs of underserved Arizona communities.

Academic Council Charter:

1. Mission and Vision:

The purpose of the Academic Council is to foster collaboration among academic Family Medicine (and primary care) leaders in Arizona. Through enhanced collaboration, we will strengthen and support the primary care workforce across the state. The Council will collaborate to address Arizona needs to: assure an adequate primary care physician workforce, use an innovative primary care curriculum, advocate and inform policies at local and national levels and conduct primary care relevant research.

2. Values and Guiding Principles:
    - Core Values: collaboration, innovation, equity and excellence.
    - We are committed to advancing family medicine and primary care within the state of Arizona. Our activities will impact the quintuple aim: patient experience, population health, cost of care, joy of practice and health equity.

3. **Scope and Responsibilities**: The council will focus on the following areas:
    - Primary Care workforce development
    - Curriculum development and enhancement
    - Faculty development and mentorship
    - Leadership development opportunities
    - Research collaboration
    - Advocacy for family medicine
    - Community engagement

Council members include leaders of academic Family Medicine and primary care across the state, specifically:

- Organizations with undergraduate or graduate medical education programs will be included.
- A department chair or appropriate alternative physician leader (as determined by the organization) will serve as a member of the council.
- Council project and subgroup leads will be invited to attend.

4. Collaboration and Inclusivity:
    - The Academic Council prioritizes **collaboration** among academic family medicine stakeholders, including medical schools, residency programs, community health centers and policymakers. Work of the council is in support of these collaborations, including the development of meetings and conferences, collaborative groups and networks, data collection and reporting, targeted advocacy and engagement of key stakeholders.
    - The Academic Council prioritizes inclusivity by encouraging diverse perspectives and voices.
5. Strategic Goals and Objectives: The council will work to:
    - Maintain a collaborative Academic Council of chairs and directors, meeting six times per year and include representative academic Family Medicine and primary care leaders across the state.
    - Develop subgroups of the council to include, at a minimum, a residency director council and research group with regular meetings.
    - Host a collaborative annual family medicine academic excellence conference.
    - Engage Arizona Academy of Family Physicians and AzAHEC in co-planning meetings and events.
    - Develop and approve a charter to include governance components: director/coordinator, meeting chair. Take and disseminate meeting minutes.
    - Develop a system of relevant data gathering/accessing and reporting on academic family medicine and primary care outcomes in the state to include number of students trained, students entering family medicine residency, number of UME graduates staying in-state for residency and post-residency into practice, entering fellowships or academics, rural vs urban vs underserved, and five-year retention.
    - Generate an annual report for academic Family Medicine and primary care for the state, publicly posted on a website.
6. Measurable Outcomes:
    - Measures of success: increase in meaningful and organized collaborative activities; increase connections across residency education programs; support academic Family Medicine programs across Arizona; use data and analysis to inform state, federal and institutional primary care policy deliberations; engage in

primary care advocacy efforts; collect data, analyze and report primary care outcome metrics.
- Increase the number of family physicians and other primary care physicians practicing in Arizona across urban, rural, Tribal and border communities.

Appendix C: Summit Evaluation & Feedback Participant Survey Themes

The summit had 88 RSVPs, and 80 attendees, representing 36 organizations and departments.

Formal surveys completed: N=30 (38%) total respondents.

- Summit Content Relevance (N = 30): 4.7/5 (average).
- Most valuable topics: GME stats, pipeline overview, and breakout sessions
- Motivation to attend: information, networking, residency/GME program creation, need for more primary care physicians
- Missing stakeholders: Legislators, policymakers, other schools, rural hospital leaders, and CEOs
- What do you think the priorities of this group should be?

1 – Sponsoring Institution and Admin support

2 – Workforce Data Tracking

3 – Shared advocacy for policies that support primary care in the state

4 – Rural primary care access

5 – Physician burnout and retention

6 – Primary care payment and reimbursement