

## FROM THE REGIONS

## Midwest SGIM 2016: Promoting Population Health and the Provider Experience

Julie Oyler, MD, and Michele Fang, MD

*Dr. Oyler (joyler@medicine.bsd.uchicago.edu) is an associate professor at the University of Chicago and Midwest SGIM President; Dr. Fang (michele-fang@uiowa.edu) is an associate professor at the University of Pennsylvania and past-president, Midwest SGIM.*

The midwest is home to SGIM's second largest region, spanning 13 states with approximately 700 members. The Midwest SGIM Annual Meeting was held this year at the Cleveland Convention Center in downtown Cleveland, OH, on September 22-23, 2016. With 200 attendees and more than 250 submissions, our theme was "The New Generalists' World: Promoting Patient and Provider Experience in an Era of Population Health." The meeting focused on understanding how population health management impacts clinical patient care and how practitioners can improve their provider satisfaction and create a high functioning practice.

Each plenary speaker addressed a component of the meeting's theme with four main objectives:

1. identify strategies to implement population health management in general internal medicine inpatient and outpatient clinical practices, teaching, research, advocacy, and leadership;
2. share approaches used by "high-functioning primary care practices" and ways to implement them in your own practice;
3. learn and execute strategies to improve provider satisfaction and enhance the provider experience; and
4. explore best practices to help patients and their caregivers receive high-quality medical care and improve the patient experience.

The Thursday plenary session was devoted to top vignettes, inno-

ventions, and scientific research. Dr. Nicole Smith from the University of Illinois College of Medicine at Peoria presented "Adult Onset Acute Rheumatic Fever," a case that reminded us to keep rheumatic fever in differential diagnosis for unexplained fever. Wei Wei Lee, MD, from the University of Chicago described efforts to integrate a patient-centered Electronic Health Record (EHR) based curricula into required EHR training. Finally, Dr. Michael Rothberg from the Cleveland Clinic presented fascinating data on how the ACC/AHA cholesterol guidelines and the U.S. Preventive Services Task Force recommendations impact a primary care population.

Meeting highlights included updates on the national SGIM by SGIM immediate past president Marshall Chin, MD, of the University of Chicago, a health policy presentation by Health Policy Committee member and national SGIM award winner Mark Liebow, MD, of the Mayo Clinic, highly informative updates in SGIM for Primary Care by Amber Pincavage, MD, from the University of Chicago, and updates in SGIM for Hospital Medicine by Beth Liston, MD, PhD, and Eric Schumacher, DO, MBA, SFHM, FACP, both from The Ohio State University. Networking opportunities included two small group networking round tables, one-to-one mentoring sessions, and an informal happy hour. Innovations included two poster sessions and the first annual Midwest Young Scholars Scholarship.

Ann Nattinger, MD, Senior Associate Dean for Research, Director, Center for Patient Care and Out-

comes Research, and Professor of Medicine at the Medical College of Wisconsin delivered an inspirational speech on "Proud to Be GIM." She gave nine reasons why she was proud to be a general internist, reminding us why we went into internal medicine:

1. you like solving diagnostic puzzles;
2. you want options for clinical care;
3. you enjoy teaching;
4. you want colleagues who value a well-rounded lifestyle;
5. you want to attend your kids' school plays, not just hear about them later;
6. patient care is great, but there are other meaningful career pathways for us;
7. you want to create a better health care system;
8. you like the idea of leading a team; and
9. you can pay off school loans and still have nice vacations.

Ann certainly is an inspiration to all of us.

Gary Rosenthal, MD, Tinsley R. Harrison Professor and chair, department of internal medicine, Wake Forest School of Medicine, enlightened the audience about population health. He encouraged us to think beyond the "buzzword" of population health and try to understand what it is and why it is so important to get to the root of the problem of health care in the United States.

Population health is most typically defined as the health outcomes of a group of individuals, including the

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distribution of such outcomes within a group. It is more than just treating medical problems—that is the easy part; social factors, personal behaviors, environmental exposures, and genetic factors also affect the health of a population. Population health can only be advanced by embracing this broader view of health and establishing health systems, health care reimbursements, and health care metrics to recognize these social determinants.

We were also honored to have Dr. Marie Brown, associate professor in the department of internal medicine, Rush University, and senior physician advisor, American Medical Association, talk to us about practicing wisely and focusing on physician well-being and resilience. Through her 20 years of practicing medicine, she reminded us that the reason physicians have joy in their practice is the ability to deliver quality patient care. Physicians are able to feel pride in their work when they are able to make some decisions

without micromanagement, especially on their daily patient appointment schedule. She said the average physician works more than 60 hours per week, more than any other profession. However, a study in 2016 found that 50% of a physician's time is spent on desk or EHR work while only 27% of time is with direct patient contact.<sup>1</sup> In addition, physicians spend an unknown but significant amount of “pajama time” responding to e-mails, in baskets, and completing notes at home. Dr. Brown suggested resources to be more efficient with our time located at [www.stepsforward.org](http://www.stepsforward.org) and gave helpful tips, such as refilling meds for 12 months at a time and previsit planning, to help maximize time that is spent with each patient.<sup>2</sup>

Our meeting was a huge success—we both learned and collaborated and were rejuvenated by inspirational stories and talks—and participants generated 72 tweets to #SGIMMW16. The Midwest Plan-

ning Committee expresses its thanks to our member volunteers who contributed to our success by serving as abstract reviewers, poster judges, moderators, meeting participants, committee chairs, and institutional champions. We look forward to building on the success of this conference in 2017.

### References

1. Sinsky C, Colligan L, Li L, et al. Allocation of physician time in ambulatory practice: a time and motion study in 4 specialties. *Ann Intern Med* 2016. doi: 10.7326/M16-0961. <http://annals.org/aim/article/2546704/allocation-physician-time-ambulatory-practice-time-motion-study-4-specialties>. Accessed October 25, 2016.
2. STEPS Forward™. A practice-based initiative Web site by the American Medical Association. <http://www.stepsforward.org>. Accessed on October 17, 2016.

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