

The Leadership Forum

a publication from the Association of Chiefs and Leaders in General Internal Medicine (ACLGIM)

From the Editor

ACLGIM's goal is to provide professional development through leadership and management training for general internists. There are two major meetings per year—the Winter Summit in December and the Leon Hess Management Training and Leadership Institute held prior to the spring annual SGIM meeting. ACLGIM invites and encourages

Chiefs and Leaders in medicine to attend and actively participate in these meetings.

This issue of the *Leadership Forum* highlights the Winter Summit held December 7–9, 2014, in Paradise Valley, Arizona. In keeping with the theme *–Celebrating the Strength and Success of Leadership in General Internal Medicine–* discussions included advocacy,

administrative leadership, academic promotion, policy change, and health care disparities. ACLGIM would like to thank the presenters at the Winter Summit for graciously offering their words of wisdom for publication.

As always, we both welcome and encourage your contributions to the *Leadership Forum*. Correspondence may be sent to afitzg10@jhmi.edu.

Addressing Disparities through Health Policy: Lessons from Clinical Practice

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JudyAnn Bigby

When I was a primary care internal medicine resident at the University of Washington in Seattle, I admitted a black Vietnam vet to the VA hospital for a life-threatening condition that he survived. He did not have a service-connected disability and could not get follow-up care at the VA, so I finagled a way to see him in my clinic at another institution. He lacked insurance to afford medication to control his severe hypertension or

to access effective treatment for his heroin addiction. I realized that I could be the best doctor in Seattle, but because the system was not designed to care for poor uninsured people, individuals with addictions, and some veterans, my patients would still not be able to achieve optimal health. My patient experience was the reason I decided to pursue the Henry J. Kaiser Fellowship in General Internal Medicine at Harvard.

As junior faculty, I encountered young black and Latina women who were not engaged in care because they felt disrespected by the “system,” older black women who had too many social problems to pay attention to their own health, and pregnant black women whom I knew were not going to have good pregnancy outcomes. Even though my interest in finding ways to make the

continued on page 2

Addressing Disparities...

continued from page 1

system work better for these populations was not typical of the traditional academic general internist, I had opportunities to connect with individuals who provided mentorship and guidance so I could pursue that interest.

I worked with the late Gary Bellow, a law professor and father of the legal aid movement in the U.S. He and I designed a project to improve access to Medicaid, food stamps, and other entitlements for low-income medical patients. We trained

medical and law students to advocate for people who were wrongly denied entitlements. I analyzed our results and identified systematic wrongful denials to benefits. We met with the welfare commissioner to describe our findings and soon had a welfare worker sitting at the Brigham medical clinic three days a week. My role in that advocacy and intervention led to other opportunities. The governor appointed me to an important state-wide public health decision-making body. A city councilor asked me to be his doctor and, after he became mayor, appointed me to the board of the Boston Public Health Commission, where I was able to push for comprehensive continuous care for black women to address in-

fant mortality disparities. My warning to a gubernatorial candidate about the need for a strong primary care foundation to successfully implement health reform played a role in my appointment as Secretary of Health and Human Services for the Commonwealth of Massachusetts.

My advocacy to address disparities for the poor, minority women, and other vulnerable populations was always grounded in what I saw through my patients' eyes. I was fortunate to meet people who served as mentors and colleagues who agreed with my goal of addressing systemic issues to improve health equity. Without their guidance, trust, and collaboration, I would not have been able to achieve as much success.



Marshall H. Chin

Achieving Equity with Research, Implementation, Policy, and Media Efforts

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Over the past nine years, the Robert Wood Johnson Foundation Finding Answers: Disparities Research for Change Program has aimed to discover what interventions reduce racial and ethnic disparities in care and outcomes. Based upon systematic reviews of the disparities intervention literature (www.solvingdisparities.org), the work of innovative grantees, and experience providing technical assistance to front-line organizations, we developed a Roadmap to Reduce Disparities to provide guidance to organizations attempting to improve the equity of their care (JGIM 2012; 27:992-1000).

An initial step of the Roadmap is to recognize disparities and commit to reducing them. Stratifying clinical performance data by race, ethnicity, and socioeconomic status can raise awareness of disparities. In addition, providing cultural competency and disparities training to the care team can further motivate change and build skills.

To prevent equity interventions from being marginalized, one-time events, it is critical to make equity an integral goal of all quality improvement efforts. That is, we need to make sure that our quality improvement work improves the care of all the diverse patients we see. Key to accomplishing this goal is talking to patients and making sure that solutions address their underlying challenges. Successful interventions attack multiple drivers of disparities, are culturally tailored, involve teams and community health workers, partner with families and communities, and use interactive, skills-based education.

Finally, we need to keep the principles of implementation science in mind and individualize solutions to specific contexts. To sustain interventions, we must make improvements a part of routine care and create incentives to achieve equity.

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Russell Rothman

Novel Research Opportunities

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Rapid changes in the health care environment have resulted in new opportunities for research. In particular, the implementation of the Affordable Care Act (ACA) and the focus on Accountable Care Organizations, population health management, bundled payments, patient-centered medical homes, and other novel approaches to health care delivery to improve population health have created a need for rapid research to address evidence gaps and identify novel ways to provide value in health care. Specifically, there is expanded interest in comparative effectiveness research (CER), pragmatic clinical trials, health services research, quality and implementation research, and patient-centered research. Federal agencies, such as the NIH, AHRQ, the CMS Innovation Center, and the Patient Centered Outcomes Research Institute (PCORI), are providing substantial funding for comparative effectiveness research and research to improve health care delivery.

Researchers affiliated with the SGIM are in a prime position to participate in these new funding activities. At our institution, we have had recent success with funding from the CMS Innovation Center and PCORI to examine chronic disease management and transitions of care and to develop the Mid-South Clinical Data Research Network (CDRN) to support CER and pragmatic trials.

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SGIM members can respond to the new demands for research by (1) building diverse teams of researchers with expertise in health services research, comparative effectiveness research, quality and implementation science, informatics, behavioral and social research, and biostatistics, (2) creating an infrastructure to support

grant management, administrative support, and other functionality to allow for rapid grant submissions and project implementation, and (3) developing core services related to large database management and analysis, qualitative and quantitative research methods, implementation science, and stakeholder engagement.

Stakeholder engagement is an important cornerstone of PCORI and other new funding opportunities. Successful approaches include (1) engagement of stakeholders as Co-Investigators, (2) inclusion of stakeholders on advisory boards or engagement boards, (3) surveys and interviews of key stakeholders, and (4) the conduct of Community Engagement Studios to garner input from key stakeholders.

In summary, while research funding is competitive, there are exciting new opportunities for members of SGIM to expand research that informs and shapes our health care system.



Health Policy Advocacy

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Thomas Staiger

My involvement with SGIM has directly contributed to personal accomplishments in health policy advocacy. In 2011, I participated in the Health Policy Committee's (HPC) Off the Hill Day. Following a briefing with one of Representative Jim McDermott's (D-WA) staff on the influence of the AMA's Relative Value Scale Update Committee (RUC) on physi-

cian payment, I learned that the conversation had provided Rep. McDermott with new insights about the RUC. He has subsequently introduced two bills designed to reform the RUC and the physician payment system. He also arranged for me to meet with representatives from the RUC and him to discuss primary care reimbursement.

As chair of the HPC Clinical Practice Subcommittee, I continue to work on health policy advocacy. I strongly encourage SGIM members to participate in the HPC Off the Hill or the On the Hill Day. This activity allowed me to meet Rep. McDermott and the opportunity to help advance an important SGIM payment reform objective.

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Elizabeth Jacobs



Karin Silet

Mentoring Mentors to Advance Institutional Excellence and Inclusion

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4

In 2011, 70% of surveyed chairs from departments of surgery and medicine reported that significant issues that people hesitate to talk about in legitimate problem-solving forums, also known as “elephants,” are common and widespread in US Academic Health Centers (Acad Med 2011; 86:1492-1499).

When dialogue is absent, innovative solutions are not fostered and groupthink, not transformation, prevails.

As research shows, organizational silence can stem both from a hesitance to receive unfavorable feedback, especially from “subordinates,” and from a set of behavioral cues adopted by leaders that perpetuate patterns, processes, and procedures that discourage speaking up. This systemic encouragement to be silent about con-

flicting opinions or bad news means that “positive” information, which reinforces the status quo, is much more likely to flow up to the top of organizational hierarchies than insights about potential problems or new models.

Ignoring elephants comes at a price. Organizational silence impairs performance because the information that decision-makers receive is often incomplete and those charged with implementing decisions have not been fully heard and involved. When dialogue is absent, innovative solutions are not fostered and groupthink, not transformation, prevails.

If we do not learn of and from elephants, we fall short of mastering the “conversational domain” of leadership and mentorship necessary to confront tough issues, to fully engage, include, and retain all of our human resource talent, and to effectively respond to complex organizational, research, and personnel challenges that arise.

In the Winter Summit session, we leveraged the expertise in the room and collaboratively engaged participants in exploring and strategizing around questions that SGIM members might want to ask of their own institutions:

What are the major elephants in your Academic Health Center? What do you believe to be the most prevalent reasons people do not speak up? What are the consequences of remaining silent? How do these consequences vary depending on power, position, and social identities? When have you seen people effectively engage with and transform elephants? What were the key ingredients? What would you need personally and systemically in order to transform these situations more often? How can you influence your culture so that there's more awareness of elephants at the top? How might you help yourself and your fellow mentors cultivate this leadership capacity?

