Annual Report from the Society of General Internal Medicine

May, 2013
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Highlights from the 2012–2013 Year
The Society of General Internal Medicine (SGIM) convened the National Commission on Physician Payment Reform in March 2012, chaired by Steven Schroeder, MD, with former Senator William Frist serving as Honorary Chair. The commissioners included general internists and other primary care clinicians, and other specialists and non-physicians with a deep understanding of physician payment to explore and assess how and how much doctors get paid, as well as potential impacts of proposed healthcare payment models such as accountable care organizations, patient-centered medical homes and value-based purchasing.

The commission developed a set of six principles and agreed on twelve recommendations to guide physician payment reform. The recommendations pertained both specifically to Medicare as well as to physician payment throughout the healthcare system (fee for service, bundling and capitation). The final report was released in March 2013 at a press conference on Capitol Hill in March and was presented at the April 2013 SGIM Annual Meeting. Follow up to the Commission is continuing targeted at informing policymakers and building consensus with other medical societies.
SGIM 36th Annual Meeting
April 24–27, 2013 Denver, CO

“Celebrating Generalism: Leading Innovation and Change”

Featured Sessions
• Quality Course “Get Better Faster: Quality Improvement Skills for Reliable Care”
• Communications Media Training: “Communicating with Impact”
• ACLGIM Leon Hess Management Institute
• TEACH: Teaching Educators Across the Continuum of Healthcare
• Clinical Vigndates – new this year
Outside Funding Sources

- Small Projects Grant from ASP in the amount of $25,000 with the goal of advancing the assessment of resident milestones through geriatrics and general internal medicine collaboration.
- Funding received from AHRQ, the VA and the Commonwealth Fund to host a second PCMH Research to highlight successes in the field and revisit policy recommendations. The summit will be held in May 2013.
- SGIM received a fourth $10,000 grant from the LiveSTRONG Foundation to support the Distinguished Professor in Cancer Program, and $25,000 in support for VA activities at the Annual Meeting from the VA HSR&D QUERI.
- Funding received from AHRQ for a three-year project highlighting research dissemination using social media.
- Funding received from the Hess Foundation in support of communications initiatives.
Launched in September, the new sites at www.sgim.org and www.aclgim.org help members find the most up-to-date information on our core functions of research, education, and clinical practice. The sites include GIM Connect, our first members-only community that features blogs, profile pages, resource libraries, a wiki glossary and a mobile app.
Executive Summary Reports
SGIM Membership – Annual Summary

- New Committee Chair – Dr. Chad S. Miller, MD
- Results of Membership Survey have been disseminated and published in the SGIM Forum
- Partnerships have been built with other organizations, including the American Medical Student Association (AMSA)
- The committee continues to work on recruitment and retention of SGIM members using improved reporting tools, data analysis, and outreach campaigns
- Current membership has increased 4.1% from last year with a 13.5% increase in associate members.
- Increased participation at the national meeting from “Full” members has been sustained since the 2011 annual meeting.
The Society of General Internal Medicine operates on a $2.5 million annual budget which supports membership, annual meeting, committee and Council activities and programs. Actual revenue and expenses are reported throughout the year to the SGIM Council/Executive Committee and a standing Finance Committee, who provide oversight on all fiscal activities. In addition, as a federally tax exempt 501 c 3 organization, SGIM is audited annually by Barwick and Associates, Certified Public Accountants, and has routinely received unqualified audit reports.

Our fiscal year runs from July 1 to June 30. In addition to our operating budget, SGIM maintains both restricted and unrestricted investment accounts that support our awards programs and reserve funds, respectively. We also receive external funding for programs and special projects, which are reported in the operating budget in terms of funds that come directly to SGIM, separate from the program costs per se.
The Board of Regional Leaders has four overarching goals:

- Coordinate regional representation to National Committees and Initiatives
- Identify and measure current accomplishments of each SGIM region
- Work with regional leaders to develop and implement infrastructure and programs
- Foster communication and collaboration across regions to improve regional programming

The BRL made progress in each area over the past year:

I. Coordinate regional representation to National Committees and Initiatives

- Presented annual BRL report at 2012 National Meeting and prepared annual BRL report and one-page overview (poster) for 2013 meeting.
- BRL Chair served as *ex officio* member of Council.
- BRL Chair participated in August 2012 Council retreat.
- BRL coordinated and promoted a Policy Update by a Council member at each regional meeting.
- BRL coordinated and promoted a Council Update by a Council member at each regional meeting.
- BRL identified candidates for BRL Chair-elect position and nominated a candidate to Council. A BRL Chair-elect is now in place.
- BRL chair will participate in 2013 Communications Workshop.
II. Identify and measure current accomplishments of each SGIM region

- Obtained attendance and abstract submission data from each region.
- Chris Wojcik prepared regional and national data regarding attendance at each regional meeting over the past year. Overall regional attendance was up from 1173 in 2011-2011 to 1387 in 2012-2013. Over the same period, attendance rose in the California/Hawaii region from 93 to 141, the Midwest region from 185 to 202, the Mountain West region from 53 to 79, the New England region from 275 to 416, and the Northwest region from 78 to 95. Attendance dipped slightly in the Mid-Atlantic region from 202 to 196, and in the Southern region from 287 to 258.

III. Work with regional leaders to develop and implement infrastructure and programs

- BRL Chair attended Midwest regional meeting and California/Hawaii regional meeting to provide updates and feedback.
- Obtained Annual Reports and Meeting Highlight Summaries from each region. These were distributed to each incoming Regional President to enhance horizontal communication, share lessons learned, and promote best practices.
IV. Foster communication and collaboration across regions to improve regional programming

- Conducted annual BRL retreat at 2012 national meeting. Similar retreat planned for 2013 meeting.
- Monthly conference calls led by BRL chair and attended by Regional Presidents.
- Call agendas focused on Council Updates, membership initiatives, plans for upcoming regional meetings, and review of highlights and lessons learned from recently completed meetings.
- Each Regional President published an essay in the *Forum*. Topics included promotion of upcoming regional meetings, reports on recently completed meetings, and tributes to outstanding regional faculty.
Three aims continue to guide our leadership of JGIM:

- to **improve service** for our contributors and our readers;
- to **consolidate and expand the innovations** we have implemented in our first four years; and
- to **raise the impact** of the journal including but not limited to the ISI impact factor.

We are guided by the principle that *JGIM* is a journal for generalists committed to improving the world in which they practice and teach. To enhance impact, we have worked with Springer to increase the number of press releases and note that there has been a significant increase in the number of citations that JGIM articles have received in the lay press from 2009 to present, including several stories based on JGIM articles in high profile outlets such as *The New York Times*.

With an eye on constantly improving our service to readers and contributors, we are pleased to report a further decrease in turnaround time for manuscripts sent for external review, a 26% decrease since 2008.

Over the past four years we have introduced a number of new features to JGIM; the latest, “Capsule Commentaries”, was launched in the March 2013 print issue of JGIM. Capsule Commentaries are brief companions to Original Research articles that place the work in the context of other theoretical and/or empirical literature, comment upon methodological strengths and weaknesses, and consider the implications of the results for clinical care, education, or research.

We are happy to report that JGIM’s 2011 impact factor increased to 2.830, continuing the recent upward trend. Prior to 2010, the IF had steadily declined for 4 years from a peak of 3.013 in 2005. We are also delighted to note that submissions to JGIM have steadily increased over the past four years while we have successfully pushed down the acceptance rate for citable content to 17%; these are the lowest acceptance rates JGIM has ever reported.
The goals for *FORUM* this past year had been to focus on current affairs, health policy and also develop theme based issues that would be valuable for educators and physicians developing programs, lectures or educational materials.

Following are the highlights of this last year:

- Article by Richard Baron, Then Director of CMMI
- Transitions of Care issues – two volumes on Transitions of Care edited by Michael Landry, Associate Editor of Forum
- Post election Issue: *Theme on Cost*
- *Health Information Technology* theme issue
- *Medical education* theme issue
- E-patient articles – engaging the patient empowerment movement
- Increased Twitter traffic and innovations in social media for Twitter
- “Article of the Month” – posted on the new *Forum* page of the SGIM website

Upcoming Theme Issues: Value-Based Purchasing

Focus for the next year

- Attempt to get indexed in Medline
- Focus on the electronic form – getting reader/ member comments