Annual Report from the Society of General Internal Medicine

April 2015
SGIM 38th Annual Meeting
April 22-25, 2015 Toronto, Canada

SGIM successfully prepared its 38th Annual Meeting “Generalists in Teams: Adding Value to Patient Care, Research and Education”, April 22-25, 2015 in Toronto, Ontario, Canada. We experienced an increase in the submission numbers in all but clinical update submissions between 2014 and 2015. Innovations in Clinical Practice submissions increased by 63%. As of April 10, registration was at 1758. We believe the increases are due to increased outreach and better marketing of our Calls for Submissions and a collaborative relationship with the Canadian Society of Internal Medicine.

Featured Sessions

• Quality Course “Get Better Faster: Quality Improvement Skills for Reliable Care”
• ACLGIM Leon Hess Management Institute “Managing Change”
• ACLGIM LEAD Program – for junior mid-career level faculty to develop leadership skills
• TEACH: Teaching Educators Across the Continuum of Healthcare
At the time of the 2015 Annual Meeting, SGIM has 2,970 active members. This includes 2,331 Full Members (faculty, health professionals), 612 Associate Members (trainees), and 27 Emeritus Members (retired, long-standing members). Of our current membership, 83% are returning members and 17% joined in 2015.

Both Full and Associate membership remained consistent between 2014 and 2015. There was a 56% increase in Emeritus membership as long-time members reached eligibility. Also notable is the increase of Full Members (Step 1) indicating that former Associate Members are continuing their membership after they’ve transitioned into a faculty position.

Currently, SGIM has 155 International Members, located outside of the United States. International Full and Associate membership continues to rise. Between 2014 and 2015, International Full Membership increased by 11% and International Associate Membership increased by 55%. International Membership remains approximately 5% of total membership.

In 2014, the SGIM Membership Committee launched a membership survey to obtain data on our members and their satisfaction with the Society. The survey was designed to be comparable to the 2012 membership survey. The development of the survey was shaped by experiences from the 2004, 2009, 2012 and partial surveys of 2007 and 2008.

The survey was launched on Thursday, October 16, 2014 to all 3,300 members. Survey information and reminders were distributed via email, e-news, and GIM Connect. The survey closed on Monday, December 22, 2014, receiving 1,011 responses. The Membership Committee is charged with analyzing the survey results and providing SGIM leadership and members with their findings between April and June 2015. From the data acquired, SGIM can develop programs and initiatives to best meet the needs of its members.
The mission of the regions is to promote interest, innovation, and scholarship in general internal medicine throughout the regions.

The regional leadership boards for each region are responsible for the development and implementation of regional programs, member engagement and collaboration, and the oversight, planning, and execution of successful regional meetings.

Each region holds an annual meeting and invites both members and non-members within that geographic area to attend. These meetings offer the opportunity to present scholarship and innovations, share research, teaching methods, clinical best practices, and also allow members to network and build relationships with peers and mentors throughout the region.

Each of the seven regions held their 2014-2015 annual meetings between September, 2014 and March, 2015. The regions include California/Hawaii, Mid-Atlantic, Midwest, Mountain West, New England, Northwest, and Southern. There was a slight but statistically insignificant decline in 2014-15 total regional meeting attendance by approximately four percent from the year prior with a combined total of 1459 attendees for all regions. However, there was an increase in total content submissions for most regions for a total of 1375 with 913 submissions accepted. Attendee satisfaction was at an all-time high across the regions with the average evaluation rating of 7.2 on a scale of 1-10.
The Society of General Internal Medicine operates on a near $3 million annual budget which supports staff, membership, annual meeting, regional meetings, the *Journal of General Internal Medicine*, 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 Fiscal Year 2013-4, our Operations revenue was $2,941,425, and our expenses were 2,862,425, with a surplus of $79,000.

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. Although, SGIM is funded predominantly through our membership dues and conference registrations, we have been successful in bringing additional funding (representing 10% of our total revenue) through a variety of external funding sources, including government, corporate and foundation grants and individual donations. These activities are managed in conjunction with our Development Committee, which identifies potential revenue sources, reviews grant opportunities and supports implementation of the Development Strategic Plan. In the past year, this has included the initiation of a new award in memory of Frederick Brancati to recognize junior faculty who inspire trainees to pursue academic GIM and provide support for their trainees who aspire to become leaders in the transformation of health care through innovations in research, education, and practice. In addition, we have developed an internal fundraising policy to allow committees and task forces the opportunity to be listed as a line item on our website donation page.
In addition to efficiently managing our resources during the past fiscal year, SGIM’s development team has had a number of successes in creating new opportunities for our members to help lead in fiscal stewardship and in fundraising (restricted and unrestricted).

- In 2014-15, the new internal funds donation line has earned $10,000 overall for six target programs: Regional Training Fund, Distinguished Professor in Geriatrics (Geriatrics Task Force), Distinguished Professor of Women and Medicine, Career Advising Program and Women’s Health Programming (Women and Medicine Task Force), Toolkit of Measures for Research on Root Causes of Health and Health Care Disparities (Disparities Task Force), and the Unified Leadership Training for Diversity (UNLTD) Program in Internal Medicine.

- In 2014-15, SGIM received $41,000 in support for VA activities at the Annual Meeting from the VA HSR&D Quality Enhancement Research Initiative (QUERI and the VA Office of Academic Affiliations (OAA).

- SGIM received $50,000 from the Association of Specialty Professors for the Geriatrics Task Force to develop guidelines for the care of seniors transitioning from skilled nursing facilities to outpatient primary care.

- SGIM was awarded a two-year conference grant ($100,000 per year) from the Patient Centered Outcomes Research Institute (PCORI) to engage SGIM clinician and clinician-educators in the PCOR process.
After 10 years as JGIM Managing Editor, Cyndy Byrne retired from her position. Jenni Clarkson has been named as the new JGIM Managing Editor, Rebecca Berry is Assistant Managing Editor and Erica Swanfeldt-Stout is the JGIM Editorial Assistant. These three staff members manage all manuscripts submitted to JGIM.

JGIM’s 2013 impact factor increased again to 3.423, continuing the upward trend over the past five years. Submissions to JGIM have remained at historic numbers while the acceptance rate for citable content remains low. JGIM remains the #1 ranked journal in the primary health care category according to the Google scholar H-5 index, beating out several of our highly regarded peer journals.

The goal for turnaround time for manuscripts sent for external review is under 60 days; this past year has seen a slight slippage to 63 days mainly due to challenges securing external peer reviewers, however this still represents an 18% decrease since 2008.

New series in 2014-2015:

- **Frontline Account**: Edited by Ishani Ganguli and Tom Bodenheimer, Frontline Account uses narrative to provide the perspectives of teachers and learners as they work to improve clinical care
- **Implementation Science Workshop**: Edited by Lindsay Jubelt (NYU) and Joshua Metlay (MGH), ISW disseminates novel ideas in healthcare delivery and relies, in part, on contributions from our readers by soliciting “Cases” followed by invited commentary.

JGIM published five supplements/symposia during the year, including: Translating geriatrics research in Policy (ASP - June 2014); National Implementation of the Patient-Aligned Care Team Model (VA – June 2014); Research Methods for Evaluating Patient Health Outcomes in Rare Diseases (AHRQ – August 2014); Advancing Partnered Research in the Veteran’s Health Administration (VA – December 2014); and Fair Information Practice Principles (Regenstrief Institute – January 2015).
SGIM advocacy promotes and supports policies that improve patient care, strengthen education and training, and promote researchers and their research in general internal medicine. The Society does not advocate for issues that are divisive within SGIM membership. To use limited resources most effectively, advocacy focuses on issues that are critical to General Internal Medicine’s future or on which SGIM offers a unique perspective.

- SGIM and our government lobbying firm, CRD Associates, held an event on September 30, 2014 on Capitol Hill to reissue the National Commission on Physician Payment Reform report. Alongside this, an op-ed written by Steve Schroeder and former Senator Bill Frist was published in The Hill. There were about 50 people in attendance including some staffers from high level offices and both sides of the aisle were equally represented. The speakers included Bill Moran (SGIM), Mark Schwartz (SGIM), Reid Blackwelder (AAFP) and Steven Weinberger (ACP). Afterwards, Mark Schwartz, Bill Moran and CRD made visits to members of Senate Finance and Ways & Means committees.

- A policy statement entitled “Addressing the nation’s physician workforce needs: The Society of General Internal Medicine (SGIM) recommendations on graduate medical education reform” was published in the November 2014 issue of JGIM. This policy was authored by members of the health policy education subcommittee and endorsed by SGIM Council.

- SGIM hosted a successful Hill Day March 10-11 in Washington, DC. 68 members made over 100 Hill visits and attended a pre-Hill Day orientation with speaker Dr. Joseph Selby, the Executive Director of PCORI. The event drew the most junior faculty ever, aided by the Chief’s Challenge (which provided complementary hotel rooms for five junior faculty so long as their home institution provided funds for travel and additional expenses). The health policy committee also continued their work to ensure successful implementation of health care reform.
Highlights from 2014-2015