

SOCIETY OF GENERAL INTERNAL MEDICINE

HEALTH POLICY AGENDA – 2014

This document, crafted by the Health Policy Committee’s Executive Committee with input from its subcommittees and endorsed by the SGIM Council, reflects the Council’s priority focus on Education, Research and Clinical Practice policy. It represents the 2014 Health Policy Agenda for SGIM and defines the issues on which the SGIM Health Policy Committee, its staff and consultants will work during the Second Session of the 113th Congress.

Whenever possible, SGIM will work closely with other organizations with similar interests, either in formal or in *ad hoc* coalitions. Special attention will be paid to communicating SGIM’s positions to its membership and to policymakers.

Note: In the items below, (AA) refers to “Active Advocacy,” those highest priority issues in which SGIM members, staff and consultants will be heavily involved. (CA) refers to “Coalition Advocacy,” those issues on which SGIM’s consultants will work with other stakeholder organizations to advance SGIM’s positions. (M) refers to “monitoring,” those issues where SGIM’s consultants will provide strategic advice and counsel, but will not be actively engaged in promoting a position. SGIM members, of course, are free to advocate on any of these or other issues as they see fit.

EDUCATION:

In fulfilling their commitment to promoting public health and improving healthcare, the Society of General Internal Medicine (SGIM) members lead the education of medical students, residents, and fellows as well as faculty at academic centers, teaching hospitals and in the community. They are leaders in developing and evaluating innovations in medical education to prepare tomorrow's clinicians to deliver the highest quality evidence-based, culturally appropriate and cost-effective clinical care.

To support this effort, SGIM will continue to focus on: Graduate Medical Education (GME) reform and appropriate, sustained HRSA Title VII funding.

Graduate Medical Education:

- 1) SGIM will aggressively advocate for reform of the nation’s Graduate Medical Education program, including the establishment of a payment structure that adequately supports primary care; is transparent; holds teaching institutions accountable for their training outcomes; and results in a highly-trained, appropriately distributed workforce that is well-equipped to meet the nation’s health care needs. (AA,CA)
- 2) SGIM will support efforts that foster the development and implementation of national healthcare workforce priorities, goals and policies. To those ends, SGIM supports the collection, analysis and dissemination of information relating to healthcare workforce supply and demand; the development of recommendations for eliminating the barriers

to entering and remaining in primary care; and improved mechanisms for financing education and training for careers in primary care. (CA)(M)

- 3) SGIM will monitor legislation and regulatory policy that may affect the ability of international medical graduates to secure a residency or practice position, and their current and future role in healthcare delivery, medical education and research. (M)

HRSA Title VII:

1) SGIM will focus its efforts on seeking robust, sustained appropriations for the following Title VII workforce training and diversity programs:

- Primary Care Training and Enhancement (AA), (CA);
- Centers of Excellence (AA), (CA); and
- Health Professions Training for Diversity (formerly Health Careers Opportunity Program). (AA), (CA)

2) SGIM will advocate for the allocation of annual appropriations for primary care on the basis of merit and national need, to ensure that funds are distributed in accordance with current law. (AA) (CA)

3) SGIM will participate proactively in the HRSA workforce advisory committees, such as the ACTPCMD and COGME, including seeking SGIM member representation as membership slots become available. (AA)(CA)

RESEARCH:

SGIM members are national and international leaders in a wide range of research, including the many subfields that fall within the broad category of health services research. The Society's priority interests for this time period are:

- Working to ensure that available funding through the Patient Centered Outcomes Research Institute (PCORI), supports comparative effectiveness research studies that inform general internal medicine practice, particularly regarding patients with multiple chronic conditions, while proactively opposing any efforts in Congress to repeal or defund the section of the ACA that created PCORI. (AA)(CA)
- Increased funding to the highest attainable level for the Agency for Healthcare Research and Quality (AHRQ), with direction that AHRQ increase funding for investigator-initiated research grants and provide consistent support for career development awards. In addition, SGIM supports funding for AHRQ from direct congressional appropriations as a first priority, rather than from the evaluation tap, or the Prevention and Public Health Fund. PCORI transfers to AHRQ are critical and must be maintained. (AA) (CA)
- The enactment of reauthorization legislation that strengthens AHRQ and establishes the appropriate and substantial role for health services research within the federal health research structure. (AA) (CA)
- Increased funding for the National Institutes of Health (NIH) to the highest attainable level and enhancement of NIH's support of health services and health care

delivery research. In addition, we strongly oppose legislative provisions that direct funds to basic research to the exclusion of clinical and translational research, that prohibit NIH from funding patient-centered outcomes research, and that reduce the maximum compensation to principal investigators below Executive Level II.

(AA)(CA)

- Support for the continuation of the National Center to Advance Translational Science (NCATS) with the assurance that the Clinical and Translational Science Awards program be maintained at no less than its current funding levels and that the breadth of its research continue to reflect the full scope of translational research, including T3 and T4 translational research. (CA)
- The highest attainable funding levels for Medical Services and for Medical and Prosthetic Research in the Veterans Health Administration that will meet the nation's obligation to its veterans and provide support for a robust health services research agenda. (CA)

CLINICAL PRACTICE:

SGIM will continue its advocacy efforts on clinical practice issues by working in conjunction with Congress, federal agencies and other organizations with similar goals to support the activities listed below.

- Paying general internists appropriately by working in conjunction with other likeminded organizations, to address primary care reimbursement inequities perpetuated by the Resource Based Relative Value System (RBRVS). (AA)
- Address the impact of the flawed Sustainable Growth Rate (SGR) on primary care reimbursement and advocate for a new payment system that promotes patient access to comprehensive primary care. (AA)
- Reimbursement reforms, like the Patient Centered Medical Home (PCMH) and Accountable Care Organizations (ACOs) rely on the reporting of patient quality outcomes rather than the volume of services provided to determine physician reimbursement. This change is likely to favor a strong primary care system. SGIM will ensure that general internists are educated about these models and provide input as regulations impacting their implementation are developed.. (CA)
- Physician reimbursement continues to be strongly influenced by the AMA RUC. The RUC process continues to lack transparency and openness, while contributing to the inequity in work values between cognitive and procedural services. SGIM will work in conjunction with other cognitive groups, most notably AAFP and ACP, to address the RUC process and continue to support legislative and regulatory efforts aimed at alternative RVU validation processes that utilize health services research data. (AA) (CA)
- Ensuring that the continued adoption of health information technology is done in a manner that is equitable for those practicing internal medicine, so physicians regardless of practice setting or economic means can acquire and utilize this technology effectively (M)

- Monitor the pilots being conducted by the Center for Medicare and Medicaid Innovation (CMMI) to ensure that the interests of primary care physicians and their patients are being advanced. (M)
- The implementation of comprehensive health care reform will alter how patients obtain insurance and access care. SGIM will monitor the implementation of insurance reforms and the development of health information exchanges to ensure all patients have access to needed health care services. (CA)
- To the extent that health disparities issues arise in the clinical practice area, the Subcommittee will address the issue to ensure that all patients have access to linguistically, culturally and gender appropriate health care services. We will advocate increasing access to health care for all patients. (CA)
- Increasing funding to the highest attainable levels for the Community Health Centers, the National Health Service Corps, and rural health programs within the Department of Health and Human Services. (M)
- The HPC will advocate for the implementation of the recommendations in the NCPPR report, following through on the initial and separate task of re-issuing the report, adding cosponsors, and continuing existing communication tactics. (AA)

CROSS-SUBCOMMITTEE INITIATIVES:

In addition to the above on-going activities, the HPC Executive Committee, comprised of the leadership of all the subcommittees and the full committee, has requested that we undertake three additional major projects:

- The Committee would like us to establish and conduct four “Virtual Hill Days” (VHDs) per year on real time legislative issues on which SGIM could have an impact. The HPC has defined our responsibilities to include identifying the issues; vetting them through the HPC; scheduling and announcing the VHD; drafting Quick Hits to define the issue; drafting templates of letters to be sent; and, “brand” it in such a way as to build long-term engagement in the advocacy process, particularly among younger SGIM advocates. (AA)
- The Committee would like CRD to support the HPC-designee who will be responsible for organizing a SGIM community of teachers of health policy intended to share curricula, resources, learning objectives, evaluation tools, and other educational strategies. CRD will assist in the development and design of a half-day event (possibly at the 2015 Annual Meeting) regarding the teaching of health policy, as well as participate in the presentation. (AA)
- CRD will support a pilot program targeting state/local advocacy for up to three diverse states focused on Medicaid expansion and other policies that would expand access to care for vulnerable populations. (Note that this proposal was also raised in the HP Interest Group meeting in San Diego.) Among our responsibilities would be to engage with the Board of Regional Leaders, update advocacy materials already available to SGIM, and coordinate with state-based advocacy of such groups as the ACP and the AAFP. (AA)

- Finally, CRD will create a document by July 31, 2014 that outlines advisory committees of interest throughout the agencies of interest specifically in key NIH institutes, HRSA divisions, AHRQ, and PCORI and such other agencies as requested. (AA)