

SOCIETY OF GENERAL INTERNAL MEDICINE

HEALTH POLICY AGENDA

This document, crafted by the Health Policy Committee's Executive Committee with input from its members and endorsed by the SGIM Council, reflects the Council's priority focus on Education, Research and Clinical Practice policy. It represents the 2015-2016 Health Policy Agenda for SGIM and defines the issues on which the SGIM Health Policy Committee, its staff and consultants will work during the 114th Congress.

Whenever possible, SGIM will work collaboratively with other organizations with similar interests, whether they are physician groups or patient-focused. Special attention will be paid to communicating SGIM's positions to its membership and to policymakers.

Note: In the policy topics listed 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 collaboratively with other stakeholder organizations to advance SGIM's positions. (M) refers to "monitoring," those issues on which 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.

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.

- The implementation of comprehensive health care reform under the Affordable Care Act (ACA) has fundamentally improved how patients obtain insurance and access care. As Congress develops legislation to repeal the ACA and replace it with an as yet undefined set of "reforms," SGIM will advocate to ensure that patients continue to have access to affordable health care services. Any future reforms targeting access to insurance and payment models must continue to improve patient access to needed, quality health care services. (AA, CA, M)
- Paying general internists appropriately to address primary care reimbursement inequities perpetuated by the Resource Based Relative Value System (RBRVS). (AA)
- The Centers for Medicare and Medicaid Services is in the process of implementing the Medicare Access and CHIP Reauthorization Act that will transform the physician reimbursement system, paying providers based on quality not volume. SGIM will monitor this process and advocate to ensure that these changes improve patient access to general internists. (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. (AA)
- 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 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)
- 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)
- Opioid addiction is a serious addiction in this country and for many patients. SGIM supports steps being taken to address this issue, including measures to ensure opioids are prescribed only when appropriate and patients have access to the necessary services to address their addiction. (CA)

EDUCATION:

In fulfilling their commitment to promoting public health and improving healthcare, 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 GME 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, including policies and programs involving VA hospitals. 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; policies which foster innovative education and training programs; and improved mechanisms for financing education and training for careers in primary care. (CA)(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 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 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. We will work to support the reauthorization of PCORI, while proactively opposing any efforts in Congress to repeal or de-fund the section of the ACA that created it. (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. SGIM continues to support funding for AHRQ from direct congressional appropriations as well as from PCORI transfers to AHRQ. 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. We oppose legislation that mandates funds to basic research to the exclusion of clinical and translational research, that prohibits NIH from funding patient-centered outcomes research, that reduces the maximum compensation to principal investigators below Executive Level II, that sets term limits on NIH institute directors, or that attempts to force certification of grants by Institute directors. (AA)(CA)

- Support for the continuation of the National Center to Advance Translational Science (NCATS) and the maintenance of the Clinical and Translational Science Awards program 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 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 and development agenda. (CA)

CROSS-SUBCOMMITTEE INITIATIVES:

In addition to the above on-going activities, SGIM supports the following activities that cut across subcommittee jurisdictions:

- The conduct of four "Virtual Hill Days" (VHDs) per year on real time legislative issues on which SGIM could have an impact. This will 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)
- Maintenance of a document that outlines advisory committees of interest throughout the federal government specifically in key NIH institutes, HRSA divisions, AHRQ, and PCORI and such other agencies as requested. (AA)

*Amended January 4, 2017