This document reflects the Council’s priority focus on Education, Research and Clinical Practice policy issues. It is the 2020-2021 Health Policy Agenda for SGIM and defines the issues on which the SGIM Health Policy Committee, its staff and consultants will work during for the duration of the COVID-19 public health emergency (PHE) and through June 2021.

Whenever possible, SGIM will work collaboratively with 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, “Active Advocacy” refers to those highest priority issues in which SGIM members, staff and consultants will be heavily involved. “Coalition Advocacy,” refers to those issues on which primarily SGIM’s consultants will work collaboratively with other stakeholder organizations in Washington and beyond to advance SGIM’s positions. Monitoring” refers to those issues on which SGIM’s consultants will track and advise but will not actively promote 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.

**Active Advocacy**

- Advocate to ensure any new payment delivery systems support the delivery of high quality primary care for our patients. Successful models must have appropriate risk adjustment (including social determinants) and patient attribution methodologies, appropriate reimbursement for cognitive medical services must not create additional administrative burden for providers, and must not worsen disparities (e.g. by placing those who care for socially complex patients at a financial disadvantage). In response to the COVID-19 PHE, our advocacy will also focus on appropriately adjusting the reporting requirements, risk adjustment, and deadlines for these payment models in response to the outbreak.

- Advocate to ensure that evaluation and management services reflect the full range of care provided during primary care and cognitive office visits, particularly those delivered remotely during the COVID-19 PHE and as long as virtual visits are deemed to be safer and clinically appropriate. We will also advocate to ensure that SGIM members treating COVID-19 patients are reimbursed in a manner commensurate with the risk they are taking.

**Coalition Advocacy**

- Advocate for expanded access to COVID-19 testing and contact tracing to accurately identify COVID positive patients; protect the health and safety of general internists and other frontline providers; prevent widespread outbreaks in the community; and facilitate a safe re-opening of the country.
Advocate to ensure that patients continue to have access to affordable health care services through the ACA and that any future reforms targeting access to insurance and payment models must continue to improve patient access to needed, quality health care services.

Support steps being taken to address opioid use disorder, including measures to ensure opioids are prescribed only when medically appropriate and patients have access to the necessary services to address their addiction.

Monitoring

Monitor the implementation of health information technology concerning its equitability for those practicing internal medicine, so physicians regardless of practice setting or economic means can acquire and utilize this technology effectively.

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:

Active Advocacy

Providers play a critical educational role at VA facilities to train future providers to care for our country’s veterans. With the recent launch of the Veterans Community Care Program, SGIM will educate both Society members and policy makers on the important role of medical education at the VA, how being an educator at the VA is changing the current climate, and advocate to preserve this important training function.

Advocate for loan forgiveness and hazard pay for primary care physicians, including medical residents and fellows, on the front lines of the COVID-19 pandemic. SGIM will educate policy makers on the importance of providing financial relief to providers on the front lines to ensure a robust primary care workforce for the future.

Coalition Advocacy

Advocate for reform of the nation’s Medicare 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.

Advocate for sustained, robust funding for Primary Care Enhancement and Training, Centers of Excellence, and the Health Careers Opportunity Program at HRSA.

Support the collection, analysis and dissemination of information relating to the health care workforce.
supply and demand; the development of recommendations for eliminating the barriers to entering and remaining in primary care; policies that foster innovative education and training programs; and improved mechanisms for financing education and training for careers in primary care.

**Monitoring**

- Monitor the HRSA workforce advisory committees, such as ACTPCMD and COGME, and alert leadership of opportunities for SGIM member representation as slots become available.

- Monitor policies from the US Department of State (DoS) regarding routine visa services, specifically routine visa processing for medical residents and physicians, to ensure that International Medical Graduate (IMG) physicians with J-1, H-1B, and O-1 visas remain exempt from future immigration bans or suspensions in services so these doctors can respond to the COVID-19 pandemic and future pandemics.

**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 threats to robust and sustained funding for research remains the Society’s priority interest. These needs have been intensified by the Covid-19 pandemic. The specifics are as follows:

**Active Advocacy:**

Advocate for the highest possible funding levels and strongest supportive policy environment for the National Institute for Minority Health and Health Disparities (NIMHD) and for the Clinical and Translational Science Awards (CTSA) program at the National Center for Advancing Translational Science (NCATS).

**Coalition Advocacy:**

- Support the highest possible overall funding levels for health services and primary care research at AHRQ, NIH, VA, and PCORI. With regard to all federally-funded research, SGIM supports the provision of sufficient funding to restart research projects and clinical and research training programs disrupted by the Covid-19 pandemic.

- Support research policies that allow SGIM members to conduct high-quality research unencumbered by restrictive policies, and support SGIM’s priorities of improving health care delivery and promoting health equity. To address the problems exposed by the pandemic, SGIM supports the provision of funding for research related to health care disparities, funded by AHRQ, CMMI, CDC and other relevant agencies.

**Monitoring**

- Monitor administrative actions taken by the executive branch and report to the subcommittee on the potential positive or negative impacts on the research enterprise.

- Monitor legislation pending in Congress and report to the subcommittee on the potential positive or negative impacts on the research enterprise.