

SOCIETY OF GENERAL INTERNAL MEDICINE

HEALTH POLICY AGENDA: 2022-2023

This document reflects the Council’s priority focus on Clinical Practice, Education, and Research policy issues. It is the 2022-2023 Health Policy Agenda for SGIM and defines the issues on which the SGIM Health Policy Committee, its staff and consultants will work for the next year.

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.

ANTI-RACISM ADVOCACY

The Health Policy Committee (HPC) is committed to advancing anti-racist policies and will evaluate policies that fall within its scope through this lens. Additionally, the HPC will monitor opportunities to advocate and comment on policies outside the scope of our regular work and engage as the Executive Committee and Council deem to be appropriate.

CLINICAL PRACTICE:

SGIM will continue its advocacy efforts to support the delivery of high-quality primary care services that improve patient outcomes and health equity 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 existing and any new payment and delivery systems, including those that include telehealth, support the delivery of high-quality primary care for all patients. Successful models must address social determinants of health, support improved health equity, must not penalize physicians caring for populations that are disproportionately medically complex and socially vulnerable, appropriately pay for primary care services, and do not create additional administrative burden for physicians.
- 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.

Coalition Advocacy

- Advocate to ensure that all patients have access to affordable high-quality health care

services through the ACA and other coverage mechanisms.

- Support steps being taken to address substance use disorder and addiction, including measures to ensure opioids are prescribed only when medically appropriate, patients have access to the necessary services to address their addiction and steps to address the disparities seen in the populations with the highest rates of substance use disorder and addiction.

Monitoring

- Ensure that policies aimed at addressing the country's mental health crisis appropriately address the role general internists and other primary care physicians in treating patients.

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

- Advocate for a robust investment in graduate medical education (GME), including expanding the number of GME slots available for primary care and other specialties with well-documented workforce shortages. and reforming the program to better meet the country's health care needs.
- 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.

Coalition Advocacy

- Advocate for sustained, robust funding for HRSA Title VII programs, specifically Primary Care Enhancement and Training, Centers of Excellence, and the Health Careers Opportunity Program, and the Teaching Health Center Graduate Medical Education (THCGME) program.
- 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.
- Support legislation and policies regarding visa application processes for medical residents and physicians, to protect the role that International Medical Graduate (IMG) physicians with J-1, H-1B, and O-1 visas play in the provision of healthcare in the US, including the essential services

they provide in rural and medically underserved areas.

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 legislation and/or administrative actions that may impact education and training future physicians at VA facilities, including changes made to the Veterans Community Care Program or changes in the number of GME positions the VA currently funds.

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 and primary care research. The need for robust and sustained funding for research remains the Society's priority interest, with the inequities that have been exposed and exacerbated by the Covid-19 pandemic. The specifics are as follows:

Active Advocacy:

- Advocate for the strongest supportive policy environment for the National Institute for Minority Health and Health Disparities (NIMHD), consistent with SGIM's priority emphasis on eliminating disparities and promoting equity and inclusion.
- Support the highest possible overall funding level for the National Institutes of Health (NIH) to ensure that any new funding for the Advanced Research Projects Agency for Health supplements (ARPA-H), not supplants, existing NIH funding.
- Advocate for the retention and enhancement of the Clinical and Translational Science Awards (CTSA) program at the National Center for Advancing Translational Science (NCATS), which may be threatened by the creation of ARPA-H.
- Advocate for new funding to assess the impact of emerging value-based payment programs and their impact on access and equity to vulnerable populations and physicians. A minimum 50% of the research funding should be directed to investigator-initiated research.

Coalition Advocacy:

- Support the highest possible overall funding levels for health services, primary care and health disparities research at AHRQ, NIH, VA, and PCORI.
- Support research structures that enable 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. SGIM supports the provision of funding related

to health care disparities through research conducted or funded by AHRQ, CMMI, CDC and other relevant agencies.

Monitoring

- Monitor actions and legislation, including those aimed at increasing clinical trials diversity, being considered by the administration and Congress respectively and report to the subcommittee on the potential positive or negative impacts on the research enterprise.