



Mid-LEAHP-Year Check-in

November 15, 2017

Appreciative Inquiry: How working with your LEAHP mentor is promoting your learning and progress...

- Promoting my advocacy interests in the clinical practice subcommittee calls
- Ongoing support of my ideas with positive affirmations and interest
- Helped me focus my interests and goals
- Great way to keep me on track
- Broadens the way I look at health policy and advocacy
- Helps me understand better what's going on in US politics
- Outstanding coaching on how to frame and approach project work
- Good advice for contacts

LEAHP Scholars, Mentors, and Capstones

Scholar	Institution	Mentor	Capstone Project
Amy Baughman	VA Boston	Scott Joy	Guide to Advocacy for Federal and State Employees - Forum article
Jake Berman	U Washington	John Goodson	Implementing MACRA in an Academic Health System - Forum article
Jennifer Bracey	Emory	Gene Rich	"Health Policy, a deeper dive" (workshop)
Elena Byhoff	Tufts	Nancy Keating	
Sarah Candler	Baylor	Mark Liebow	Advocacy Curriculum for Baylor's IM Residency
Avik Chatterjee	Harvard	Tom Staiger	A Gender Identity Crisis at the ACGME - Article
Amira Del Pino-Jones	U Colorado	Preston Reynolds	Why SGIM Supports Health Professions Pipeline Programs - Forum article
Elizabeth Dzung	UCSF	Eric Bass	Advocating for Immigrants, Refugees and Asylum Seekers in a Challenging Political Climate - Workshop submission
Molly Fisher	U Pittsburgh	Preston Reynolds	HP Curricular Objectives for Residents in IM - Survey
Gaby Frank	Denver Health	John Goodson	"Advocacy 101" (Mountain West Regional Workshop)

LEAHP Scholars, Mentors, and Capstones

Scholar	Institution	Mentor	Capstone Project
Maura George	Emory/Grady	Mark Liebow	Health Care Advocacy in the South: Finding Common Ground - Workshop
Dianne Goede	U Florida	Scott Joy	Hot Topics in Medical Advocacy - Workshop
Kelly Kyanko	NYU	Nancy Keating	AcademyHealth Panel on Hospital Safety Measures Using EHR Data - Workshop
Susan Lane	Stony Brook	Mark Schwartz	Performance Metrics for GME - Article
Anish Mehta	Harvard	Gene Rich	Advocacy Curriculum for IM residency - Curriculum
Michael Mueller	U Miami	Bill Moran	Health Policy in the South: Finding Common Ground -workshop
Rhea Powell	Jefferson Univ	Eric Bass	Physicians, MACRA, and the Policy Process: A Health Policy Primer - Workshop
Colin Robinson	UCLA	Tom Staiger	LEAHP Health Policy Curriculum
Ankita Sagar	Northwell Health	Bill Moran	Physicians, MACRA, and the Policy Process: A Health Policy Primer - Workshop

What can the LEAHP leadership do to make the program more useful?

- Since there appear to be many regional submissions going in, might be helpful to have a group debriefing to optimize next year
- Learning more about policy related to Medicaid and the federal vs. state levers
- Longer session at beginning and end of program (at AM), including brainstorming and work/meeting time with other scholars
- Spreading out the initial reading would have been more feasible for me and kept me engaged in reading material throughout the year
- LEAHP leadership to sit in on one of our curricular committee calls
- Guidelines or templates for the types of projects being considered
- Include us in preparation for hill day - can we help with developing leave-behind, prep sessions, etc.?

3 Capstones, <10 minutes each...

- Health Policy Curriculum Proposal
 - Molly Fisher, et al
- Health Care Advocacy in the South
 - Sarah Candler, et al
- Hill Day Priorities and Planning
 - Jake Berman



SGIM
LEAHP
Leadership in Health Policy

Health Policy Curriculum

Jennifer Bracey, Sarah Candler, Amira del Pino-Jones, Molly Fisher, Maura George, Susan Lane, Anish Mehta, Michael Mueller, Colin Robinson, Ankita Sagar

Overall Goal

- Problem: There is a growing interest in health policy, but no standard curriculum
- Create a health policy curriculum that is comprehensive, sustainable, and widely available
- Audience:
 - 101: Medical Students
 - 201: Internal Medicine Residents (maybe peds in the future)
 - 301: Health Policy Elective

Deciding On Topics

- Decided as a group on topics for the 101 curriculum:
 - Civics 101
 - Players in the Game
 - GME Funding
 - Insurance – Private
 - Insurance – Public
 - Media for Advocacy
 - Health Economics, Quality, and Cost
- 201 topics will be determined by a Delphi survey (Molly)
- 301 topics will be addressed at a later date

Creating the Curriculum

- Divided into working groups
- Will create topic outlines
- Will review outlines with LEAHP mentors
- Will have other LEAHP mentees in the curriculum group edit and cross check the facts
- At the annual meeting, will talk about the curriculum delivery

Housing the Curriculum – Collaboration with ACP and AAIM (Susan)

- Working with ACP and AAIM
- Current plan is to collaborate with ACP on content
- It is still undecided how to navigate this relationship and how far to go on our content before involving other organizations
- We also want to make sure that SGIM still gets credit for its creation and ownership

Maintaining the Curriculum

- This is still to be determined – any suggestions from the group?
- Some ideas:
 - Future LEAHP mentees
 - Work on getting funding to have an SGIM employee

Timeline

- Jan 1: complete content outlines
- Feb 1: Have LEAHP mentors review outlines
- March 1: Make changes based on feedback
- April 1: Feedback from ACP and AAIM
- At annual meeting: discuss organization and redistribute tasks

Health Policy in the South: Finding Common Ground

LEAHP Webinar Nov 15, 2017

Sarah G. Candler, MD, MPH

Jennifer Bracey, MD

Michael Mueller, MD

Maura George, MD

Dianne Goede, MD

Southern SGIM Workshop proposal

- "Health Policy and Advocacy in the South: Finding Common Ground"
- A workshop applying a shared decision-making framework to developing effective, evidence-based, patient-centered advocacy messages, ranging from op-eds to Tweets.
 - Breakouts for building long-form and short-form narrative drafts

What problem did you choose to address?

- Political differences lead to difficulty engaging in respectful policy problem-solving discourse
- Physicians aren't trained to use broad variations of writing skills as advocacy tools

Why should we care?

- Successful policy requires bipartisan support
- Lessons learned in the South could benefit any district attempting to engage more members (constituents or officials), regardless of party line

What was your approach to addressing this problem?

- Utilize familiar skills (shared decision-making)
- Focus on easily accessible platforms
- Emphasize platforms that focus on patient-facing or public-facing advocacy (media, social media, elected officials)

Sources, collaborators, and strategies you are using

- AHRQ's Shared decision-making model (SHARE)
 - Seek participation, Help compare, Assess values, Reach a decision, Evaluate that decision
- Jonathan Haidt concepts of political ideology and moral roots
- RWJF approach to discussing Social Determinants of Health

<https://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/index.html>

<http://www.yourmorals.org>

Lowe, Jane Isaacs "A New Way to Talk About the Social Determinants of Health" Vulnerable Populations Portfolio; Robert Wood Johnson Foundation, 2010.

<https://www.rwjf.org/en/our-focus-areas/topics/health-disparities.html>

What has surprised you so far?

- Internal hesitation to choose or address specific issues as examples
- Similarity in experiences across the South when advocating at both local and national levels
- Most organizations focus heavily on basic advocacy skills and specific asks
- Hesitation to embrace social media as a platform

Any key lessons learned along the way

- Texas: personalize the ask for the region, be creative applying policy
- SC: don't push too hard (or give up)
- GA and FL: choose battles and battleground
- Overall:
 - Longitudinal relationships are key
 - No personal attacks / opinions, only facts
 - Twitter is still cool (for advocacy engagement)

What are you struggling with?

- How much time do we spend describing the platforms?
- Which platforms do we focus on? (op-eds, narrative/reflection pieces, Tweets, elevator speeches)
- Do we need to pick an example policy issue? (tending toward “no” to focus on crafting skill)
- Is this the correct work for the correct 101 audience?
- (How) Do we address “advocacy morale” —burnout from thinking it’s “not worth it here”?

How can the group help you?

- Examples of successful tactics in other regions?
- Existing theories/approaches we haven't thought of?
- Are these approaches used "in reverse" to engage minority views in supportive states?
- Anticipated challenges we haven't expected?
- Do y'all have example pieces we could share?
- Any suggested "how to write narrative medicine" pieces we should be sure to include?

What are your next steps?

- Plan didactic presentation and build slide set
- Continue to explore literature to find precedents
- Scan media for examples of each skill to highlight

SGIM Hill Day 2018

March 14



Hill Day Overview

- Advocacy agenda development
- Outreach/education
- Event logistics (March 13 and 14)

Advance work we can do

- Research our reps
- Engage with the health policy subcommittees
- Provide input on what would be useful in pre-Hill Day LEAHP webinar

