# Notable Highlights from the 2014-2015 Year

1. David Karlson, Ph.D. has decided to retire in early June after 18 years as Executive Director of SGIM. At the request of the SGIM Council, Kay Ovington, SGIM Chief Operating Officer, has accepted appointment as interim Executive Director, effective as of David's retirement. An Executive Director search committee has been formed from the SGIM membership and is chaired by Bob Centor. A national search for a new Executive Director will be initiated in the next few months.

2. Council paid off the remainder of the mortgage on the SGIM national offices at 1500 King Street (approximately $895,000 on what had been a $1.5M purchase price).

3. ProudtobeGIM is a new campaign from the Society of General Internal Medicine (SGIM) aimed at encouraging medical students and residents to pursue GIM. This work is the result of the Communications strategic workgroup and includes a website, brochure, video and other promotional materials to be previewed at the SGIM annual meeting.

4. At the time of the 2015 Annual Meeting, SGIM has 2,970 active members. This includes 2,331 Full Members (faculty, health professionals), 612 Associate Members (trainees), and 27 Emeritus Members (retired, long-standing members). Of our current membership, 83% are returning members and 17% joined in 2015.

5. In 2014, the SGIM Membership Committee launched a membership survey to obtain data on our members and their satisfaction with the Society. The survey was launched on Thursday, October 16, 2014 to all 3,300 members. The survey closed on Monday, December 22, 2014, receiving 1,011 responses. The Membership Committee is charged with analyzing the survey results and providing SGIM leadership and members with their findings between April and June 2015. From the data acquired, SGIM can develop programs and initiatives to best meet the needs of its members.

6. SGIM successfully prepared its 38th Annual Meeting "Generalists in Teams: Adding Value to Patient Care, Research and Education", April 22-25, 2015 in Toronto, Ontario, Canada. We experienced an increase in the submission numbers in all but clinical update submissions between 2104 and 2015. Innovations in Clinical Practice submissions increased by 63%. As of April 8, registration was at 1658 with two days left before closing. We believe the increases are due to increased outreach and better marketing of our Calls for Submissions and a collaborative relationship with the Canadian Society of Internal Medicine.

7. ACLGIM Summit took place in December 2014 with an attendance of 50 Chiefs and leaders focusing on "Celebrating the Strength and Success of Leadership in GIM" this year's theme. Highlighting the key roles general internists have played within their own institutions, regionally and nationally in improving access to care, reducing healthcare disparities, shaping and implementing health care reform, and developing innovative approaches to medical education.

8. ACLGIM Leon Hess Management Training and Leadership Institute is poised for great success with nearly 70 registrants including LEAD program participants and UNLTD Scholars. Focus this year will be on the ever evolving need for leadership to "Managing Change". Talks on Conflict management, strategic planning, team facilitation, leader development of future leaders and capped with a discussion

of the Value of GIM from the Canadian perspective.

9. Regional Meeting Highlights: Each of the seven regions held their 2014-2015 annual meetings between September 2014 and March 2015. The regions include California-Hawaii, Mid-Atlantic, Midwest, Mountain West, New England, Northwest, and Southern. Overall, the 2014-15 total regional meeting attendance continues to hold steady with a combined total of 1459 attendees for all regions. Content submissions showed a marked increase for most regions with a combined submissions total of 1375 with 913 submissions accepted. Overall meeting attendee satisfaction is at an all-time high across the regions with an average evaluation rating of 7.2 on a scale of 1-10.

10. The Work Group on Regional Growth and Development was formed by Council with the intention to evaluate the current formulation of the BRL, geographic make-up of the Regions, the timing of Regional meetings, Regional governance practices, member engagement, and leadership best practices. After data review and fact gathering, the Work Group is in the process of creating a report detailing suggestions for best practices, standardization, and strategies to enhance regional growth and development.

11. *Forum* offered three special themed issues during the 2014-2015 year. The issues and guest editors include: Rita Lee, MD, LGBT Theme Issue (October); Tanu Pandey, MD, MPH, Correctional Health Theme Issue (January); Doug Olson, MD, LGBT Theme Issue (January); and Michele Fang, MD, Hospitalist Theme Issue (March).

12. JGIM's 2013 impact factor increased to 3.423, continuing the upward trend over the past five years. Submissions to JGIM have remained at historic numbers while the acceptance rate for citable content remains low. JGIM remains the #1 ranked journal in the primary health care category according to the Google scholar H-5 index, beating out several of our highly regarded peer journals.

13. JGIM published five supplements/symposia during the year, including: Translating geriatrics research in Policy (ASP - June 2014); National Implementation of the Patient-Aligned Care Team Model (VA – June 2014); Research Methods for Evaluating Patient Health Outcomes in Rare Diseases (AHRQ – August 2014); Advancing Partnered Research in the Veteran's Health Administration (VA – December 2014); and Fair Information Practice Principles (Regenstrief Institute – January 2015).

14. SGIM, ACLGIM and SHM cosponsored a successful 6th Annual Academic Hospitalist Academy in Englewood, Colorado this past October. The AHA provides academic hospitalists with the educational, scholarly and professional development skills they need to advance their careers and begin a pathway to success in academic hospital medicine. At 84 attendees, this was the most highly attended AHA to date.

15. LEAD program – in its 2nd year ACLGIM LEAD program graduates its first cohort and engages 15 more LEAD scholars in a year-long structured program experience designed to explore and expand the leadership capabilities. Through skill based in person sessions, asynchronous learning throughout the year and monthly leadership coaching, the program continues to improve its offerings.

16. Work Life Wellness program – In partnership with Mark Linzer, ACLGIM has launched a program to survey up to 50 divisions of GIM on their worklife satisfaction. Division will receive aggregate data to pinpoint potential issues such as retention, morale, productivity, and quality of care and provide as well as comparison report of individual division analysis inclusive of comparative local data and national benchmarks. Lastly, ACLGIM will provide an evidenced-based intervention toolkit designed to help target those that are clearly burdened.

17. GIM Connect, which launched in 2013, continues to evolve to meet member needs. Notable upgrades in the past year include the ability to send messages to the community through email only (without the need to log in) and a new mobile friendly website design. Since last April, over 7400 messages have been sent through the community site. SGIM members continue to actively collaborate through GIM Connect by asking questions, sharing information and compiling resources.

18. Due in part to the addition to TweetWalls at the Annual Meeting in San Diego, Twitter activity surrounding the SGIM meeting hashtag increased by 66%. In addition to tweets from attendees, members of the media, patients, journals, research and professional organizations, NGOs and non-GIM healthcare personnel engaged in the conversation.

**19.** In 2014-15, the new internal funds donation line has earned $10,000 overall for six target programs: Regional Training Fund, Distinguished Professor in Geriatrics (Geriatrics Task Force),Distinguished Professor of Women and Medicine, Career Advising Program and Women's Health Programming (Women and Medicine Task Force), Toolkit of Measures for Research on Root Causes of Health and Health Care Disparities (Disparities Task Force), and the Unified Leadership Training for Diversity (UNLTD) Program in Internal Medicine.

20. Funding and Grants: 1) In 2014-15, SGIM received $41,000 in support for VA activities at the Annual Meeting from the VA HSR&D Quality Enhancement Research Initiative (QUERI and the VA Office of Academic Affiliations (OAA). 2) SGIM received $50,000 from the Association of Specialty Professors for the Geriatrics Task Force to develop guidelines for the care of seniors transitioning from skilled nursing facilities to outpatient primary care. 3) SGIM was awarded a two-year conference grant ($100,000 per year) from the Patient Centered Outcomes Research Institute (PCORI) to engage SGIM clinician and clinician-educators in the PCOR process.

21. SGIM hosted a successful Hill Day March 10-11 in Washington, DC. 68 members made over 100 Hill visits and attended a pre-Hill Day orientation with speaker Dr. Joseph Selby, the Executive Director of PCORI. The event drew the most junior faculty ever, aided by the Chief's Challenge (which provided complementary hotel rooms for five junior faculty so long as their home institution provided funds for travel and additional expenses). The health policy committee also continued their work to ensure successful implementation of health care reform.

22. SGIM and CRD held an event on September 30 on Capitol Hill to reissue the National Commission on Physician Payment reform report. Alongside this, an op-ed written by Steve Schroeder and former Senator Bill Frist was published in *The Hill*. There were about 50 people in attendance including some staffers from high level offices and both sides of the aisle were equally represented. The speakers included Bill Moran, Mark Schwartz, Reid Blackwelder (AAFP) and Steven Weinberger (ACP). Afterwards, Mark Schwartz, Bill Moran and CRD made visits to members of Senate Finance and Ways & Means committees.

23. A policy statement entitled "Addressing the nation's physician workforce needs: The Society of General Internal Medicine (SGIM) recommendations on graduate medical education reform" was published in the November 2014 issue of JGIM. This policy was authored by members of the health policy education subcommittee and endorsed by Council.

24. Two papers (to date) from the 2013 Patient-Centered Medical Home research conference have been

published in *JGIM* and *Pediatrics,* with other articles forthcoming in the next few months.

25. TEACH: In San Diego, the inaugural class of TEACH graduated from the year-long program. This year, the second class graduates and a new class begins. Graduates from the first two cohorts will meet in Toronto for TEACH 201, a session focused on mentoring and community building for SGIM TEACH scholars. The TEACH certificate program consists over 12 hours of course work at two annual meetings. In addition, scholars complete both independent and online study and create interactive ePortolios.

26. The MOC task force currently has three MOC Modules that are in production: Cultural Competence and Disparities in Health and Healthcare Module (tests core knowledge about racial, ethnic, and other disparities in health and health care); Women's Health Module (assesses a series of women's health cases encountered in an ambulatory care setting); and the Evidence-Based Medical Education Module (focuses on best practices in teaching medicine, including evidence-based methods for educating medical students and resident physicians).

27. The Evidence-Based Medicine Task Force has added five new Bottom Line Summaries to their website. These include: Low Carbohydrate Diets for Weight Loss & Cardiovascular Risk, Aspirin for Primary Prevention of Cardiovascular Disease, Radical Prostatectomy in Early Prostate Cancer, Vitamin & Mineral Supplements, and Risk of Breast Cancer After Stopping Hormonal Therapy.

28. The Ethics Committee introduced a paper, endorsed by Council, which addresses a series of clinical scenarios to illustrate the ethical tensions that arise in caring for VIP patients. By analyzing the ethical principles of autonomy, privacy, conflicts of obligation and interest, and justice, and drawing on prevailing ethics standards, the paper aims to illuminate how to improve the quality of care for these patients and improve physicians' competency in managing these dilemmas.