Annual Report from the Society of General Internal Medicine

April 2017
2017 SGIM Annual Meeting
April 19-22, 2017 Washington, DC

“Resilience & Grit: Preventing Burnout in GIM and Pursuing Organizational Change”

The Program Committee successfully organized the 2017 SGIM Annual Meeting “Resilience & Grit: Preventing Burnout in GIM and Pursuing Organizational Change”, April 19-22, 2017 in Washington, DC. We experienced an increase in the number of submissions overall in both Round 1 and Round 2. As of April 10, registration was at 2316, making this the largest meeting in SGIM history. There will be many firsts at the meeting this year; a brief list of enhancements and improvements include:

The Program Committee increased the value of the meeting by providing Maintenance of Certification (MOC) points for attendees.
The workshop acceptance rate increased to 48% at SGIM17 from 21% at SGIM16 (largely due to scheduling more frequent, shorter sessions).
The pilot of a mobile app during the meeting
Complimentary access for all attendees to an online conference library of 30 recorded plenary sessions, Updates, and Symposia.

Featured Sessions

• CaReer – Cultivating Care, Resilience, and Excellence in Education and Research Workshop Series
• Quality Course “Get Better Faster: Quality Improvement Skills for Reliable Care”
• ACLGIM Leon Hess Management Institute “Making the Case: Tools to Advance Personal and Professional Fulfillment in GIM”.
• ACLGIM LEAD Program – for junior mid-career level faculty to develop leadership skills
• TEACH: Teaching Educators Across the Continuum of Healthcare
• LEAHP: Leadership in Health Policy
The Society of General Internal Medicine (SGIM) membership is comprised of health professionals, or students in the health profession, interested or involved in teaching, education, and/or research related to primary care and general internal medicine, in the United States, Canada, and 17 other countries. The membership year is January 1 to December 31 and the renewal process begins in October of each year.

- **Total Membership:** At the time of the 2017 Annual Meeting, SGIM has 2,736 active members. This includes 2,212 Full Members (faculty, health professionals), 489 Associate Members (trainees), and 35 Emeritus Members (retired, long-standing members).

- **Notable Change:** Overall membership decreased 11%. Full Members decreased 6% while Associate Members decreased by 29%. This, in part, was caused by conflicting renewal and Annual Meeting registration cycle and annual meeting registration fees that discouraged new membership. A mid-year increase to registration fees for the capture of audio recordings of annual meeting presentations did not account for the price differential thus de-incentivizing non-members from joining at the time of registration. This seemed particularly relevant for the more price sensitive trainee registrants. Emeritus membership remained the same.

- **Member Location:** Of the total membership, 2,644 members live within the United States and 92 members live outside of the United States. Members living in the U.S. are divided into seven regions: California-Hawaii, Mid-Atlantic, Mid-West, Mountain West, New England, Northwest, and Southern. The largest regions are Mid-Atlantic (23% of membership), Southern (21% of membership), and Mid-West (19% of membership).

- **Member Retention:** Of the total membership, 81% are returning members and 19% joined in 2017.

While SGIM continues to seek out prospective members and demonstrate its value to their career in General Internal Medicine, its foremost goal continues to be ensuring its current members find their affiliation one of value and that the organization remains their “professional home”.

SGIM Membership - Annual Summary
The mission of the regions is to promote interest, innovation, and scholarship in general internal medicine throughout the regions.

The regional leadership boards for each region are responsible for the development and implementation of regional programs, member engagement and collaboration, and the oversight, planning, and execution of successful regional meetings.

Each region holds an annual meeting and invites both members and non-members within that geographic area to attend. These meetings offer the opportunity to present scholarship and innovations, share research, teaching methods, clinical best practices, and also allow members to network and build relationships with peers and mentors throughout the region.

Six regions held their 2016-2017 annual meetings between September 2016 and March 2017. The regions include California-Hawaii, Midwest, Mountain West, New England, Northwest, and Southern. In an effort to unpack spring regional meetings and ease staff workload, the Mid-Atlantic region skipped their 2016 meeting cycle to move their meeting to the fall of 2017. Overall, the 2016-17 total regional meeting attendance had several all-time attendee highs and/or comparable attendance from the previous year with a combined total of 1449 attendees for all regions. Content submissions for a combined submissions total of 1341 with 1019 submissions accepted. The overall regional acceptance rate of 76% is up from 70% in the previous year.
The Society of General Internal Medicine operates on a $3 million annual budget which supports staff, membership, annual meeting, JGIM, committee and Council activities and programs. Actual revenue and expenses are reported throughout the year to the SGIM Council/Executive Committee and a standing Finance Committee, who provide oversight on all fiscal activities. In addition, as a federally tax exempt 501 (c)(3) organization, SGIM is audited annually by Barwick and Associates, Certified Public Accountants, and has routinely received unqualified audit reports.

Our fiscal year runs from July 1 to June 30. In Fiscal Year (FY) 2015-16, our Operations revenue was $3,171,211, and our expenses were $2,974,022, with a surplus of $197,189. This includes external funds raised in excess of $400,000, $250,000 of which went to the SGIM Operations budget. The final close numbers for FY 2016-17 will be reported following the end of the fiscal year.

Although SGIM is funded predominantly through our membership dues and conference registrations, we have been successful in bringing additional funding (representing about 10% of our total revenue) through a variety of external funding sources, including government, corporate and foundation grants and individual donations. These activities are managed in conjunction with our Development Committee, which identifies potential revenue sources, reviews grant opportunities and supports implementation of the Development Strategic Plan. They have also created a series of guidelines to enable staff and leadership to prioritize and maximize potential funding opportunities moving forward. In addition to development activities, SGIM initiatives like the Teaching Educators across the Continuum of Healthcare (TEACH) Certificate Program, the Academic Hospitalist Academy and the Career Fair bring in modest revenue to support Society operations.

In April, 2017, we are initiating a donor campaign to support the advocacy and educational work SGIM does to promote primary care nationwide. This is in alignment with the current state of health care in our country and to respond to the shared vision of our members regarding key health policy issues today.
SGIM’s development activities in 2016-2017 included:

- Continuing the Capital Campaign (launched in late 2015) to support the purchase of adjacent office space to our national office; funds raised totaled $18,000.
- Hosting the third annual Career Fair, which showed continued expansion with 20 participants and over $32,000 in revenue. SGIM’s virtual sponsorship program earned over $10,000.
- Finishing the internal funds donation line item pilot project on the website, which earned $7,000 overall for five 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.

Funding and Grants: In 2016-17, SGIM received $32,000 in support for VA activities at the Annual Meeting from the VA HSR&D Quality Enhancement Research Initiative (QUERI) and an additional $55,000 from the VA to support a future JGIM supplement on Weight Management. SGIM also received $25,000 in funding from the Hess Foundation, which is being used to support our advocacy activities.
Journal of General Internal Medicine  
Annual Summary 2016-2017

JGIM is a journal for generalists committed to improving the world in which they practice, teach and conduct research.

- In the past 12 months, 5 JGIM deputy editors have stepped down and 7 new DEs have joined the team. As submissions to the journal have increased, and as other demands encroach on our deputy editor’s time, we aim to maintain a robust number of deputy editors always keeping in mind the balance between distributing the work more widely and maintaining editorial consistency.

- JGIM has improved manuscript ‘turnaround time’ and in 2016 was below the target of 60 days for manuscript submission to decision for manuscripts sent for external review. This target has become increasingly challenging because of ongoing barriers to securing timely, high quality reviews. we continue to partner with the University of Alabama CME office to offer eligible JGIM reviewers the ability to apply for CME credit upon completion of a satisfactory review. In 2016, 270 reviewers claimed CME credit for their reviews.

- Under the leadership of JGIM web editor Neil Mehta, MBBS, MS, www.jgim.org offers another outlet by which JGIM can connect more directly with its readership. The JGIM web editor blog, reader polls and interactive material bring JGIM content and the JGIM brand closer to our core readership as well as bring in new readers who may not have accessed JGIM content previously. JGIM Web features articles from JGIM print as well as web only content including Bottom Line Summaries and Choosing Wisely.

- JGIM’s 2015 impact factor increased to 3.494 and continued the upward trend first seen in 2010. Prior to 2010, the IF had steadily declined for 4 years from its previous peak of 3.013 in 2005. Submissions to JGIM also increased to historic levels in 2016 and acceptance rates for citable content are at historic lows at approximately 9% in 2016 (i.e. for original research, perspectives, reviews and vignettes). 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.

- JGIM continues to be committed to publish supplements and symposia that meet the goals of JGIM, our readers and SGIM. In 2016-2017, we published five new supplements and symposium including a special issue on International Perspectives on General Internal Medicine.

- After 8 years at the helm, JGIM editors-in-chief Richard L. Kravitz and Mitchell D. Feldman will publish their last issue in December 2017. The new editorial team, Steven Asch MD MPH, Carol Bates, MD, and Jeffrey L Jackson MD MPH, will assume control of the Journal as of January 2018.
SGIM advocacy promotes and supports policies that improve patient care, strengthen education and training, and promote researchers and their research in general internal medicine. The Society does not advocate for issues that are divisive within SGIM membership. To use limited resources most effectively, advocacy focuses on issues that are critical to General Internal Medicine’s future or on which SGIM offers a unique perspective.

- SGIM hosted a successful Hill Day March 7-8, 2017 in Washington, DC. 58 SGIM members took their message directly to Capitol Hill, lending their front-line experience on some of the big issues confronting lawmakers. SGIM members took part in 97 meetings with members of Congress and their staff, covering a range of topics from the Affordable Care Act (ACA) and graduate medical education reform to research funding and health professions training. Speaker Eugene C. Rich, MD, FACP, Center Director, Mathematica Policy Research Center on Health Care Effectiveness, hosted a talk and Q&A session on March 7 at a pre-Hill Day orientation session. Orientation for this session occurred via SGIM’s first ever webinar.

- The Health Policy committee has successfully started a Leadership in Health Policy Program (LEAHP) for the 2017-2018 year. 20 applicants were selected from an amazing group of 40 applicants to participate in the inaugural program which will run from the 2017 annual meeting through the 2018 annual meeting. The program will include in-person sessions, independent coursework, webinars, conference calls, and a mentorship program.

- The Health Policy committee has increased its advocacy efforts since the latter half of 2016. SGIM has been active on a number of issues including the President’s Executive Order on Immigration, the nomination of Tom Price for Secretary of HHS, and the possible repeal of the ACA. CRD, SGIM’s long-time government relations firm, is now working Policy News”, aimed at education of the SGIM membership.
#ProudtobeGIM Campaign

#ProudtobeGIM is a campaign from the Society of General Internal Medicine aimed at encouraging medical students and residents to pursue GIM. We give general internists a framework to explain why their field is special. This web portal provides facts about the field of general internal medicine, information for students, and mechanisms through which established GIM physicians can interest their students and residents in the field.

The ProudtobeGIM campaign funded 20 institutions at $1000 each to organize local ProudtobeGIM events aimed to increase understanding about the field of general internal medicine (GIM) and recognition of SGIM. These events were publicized through extensive use of social media platforms, increasing the reach of our organization and potentially leading to growth. Many of these events highlighted the diverse career opportunities within GIM, and thus expanded the knowledge about career development options for current and potential future SGIM members. The campaign also produced two new videos, which can be found on the SGIM YouTube channel.

The ProudtobeGIM campaign held #ProudtobeGIM week, January 23-27, 2017. During this week, members of the ProudtobeGIM workgroup held SGIM’s first Tweet Chat in which 60+ people joined during the hour and exchanged 300 tweets. Social media metrics from the month of January recorded over 1.23 million timeline impressions, the largest SGIM has ever recorded.
Highlights from 2016-2017