

HEALTH POLICY: PART I

MANAGING HEALTH POLICY AND ADVOCACY ACTIVITIES FOR SGIM

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Background

Executives of the Health Policy Committee (HPC) and SGIM leadership met at the SGIM headquarters for a retreat back in March 2019. Our goals were to review SGIM’s health policy work and develop a plan for how we can most effectively manage it. Outputs of the retreat included a conceptual model of the policy and advocacy activities of SGIM and a SWOT (strengths, weaknesses, opportunities, and threats) analysis of our health policy activities. We began by establishing these basic background points:

- **SGIM is a small professional society in numbers and resources.**
- **Significant assets include:**
 - **A membership that includes many members who are influential leaders with significant local, regional, and national impact.**
 - **A top notch government relations team.**
 - **An excellent, talented staff, and organizational leadership.**
- **Our challenges include:**
 - **A broad set of missions and a creative, passionate membership that together make it hard to focus.**
 - **A history of taking on more missions than our capacity can support.**
- **Finally, we face broader social/political trends that have increased the importance of health policy and interest among our members at a time when our resources are not expanding.**

After identifying a need to more clearly conceptualize and communicate our approach and process for work in health policy and advocacy, we developed categories of our health policy activities represented in the adjoining graphic and table. The pyramid graphic demonstrates the different categories of policy and advocacy activities. The vertical lanes behind the pyramid show the criteria by

which we will discern what level of institutional support to assign to a given priority. The table shows some examples of what activities will fall into each tier.

SGIM Supported Policy and Advocacy Activities

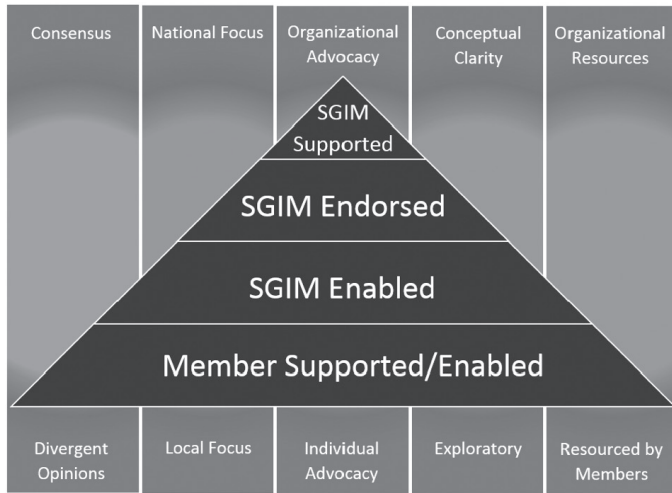
These are the issues and activities that are the highest priority for the organization. Annually, the SGIM Council and the Health Policy Committee (HPC) create an advocacy agenda for SGIM. This agenda sits atop this pyramid. To reach the top, agenda items must be issues that are national in their scope and impact. These top agenda items must also have significant clarity with

Tiers of Activity	Examples
SGIM Supported	Active priorities for lobbying and member education Policy-related professional development activities like LEAHP Official member-engaged lobbying activities like Hill Day and Health Policy Alerts
SGIM Endorsed	Coalition membership and participation Policy positions White papers
SGIM Enabled	Networking activities like interest groups Policy-focused activities at national and regional meetings (advocacy and policy focused workshops, abstracts, plenaries, and mentoring activities)
Member Enabled	Local and/or national advocacy and policy related activities that are not consensus issues for SGIM which members pursue outside of SGIM structure/resources, etc.

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near consensus among our members. Priorities in this category will receive more attention from leadership and will be given priority in terms of time and attention by our own SGM staff and the government relations team.

Our government relations team is Cavarocchi Ruscio Dennis Associates (CRD). For almost 40 years, CRD has worked with many nonprofit organizations and academic institutions. CRD provides “Washington updates” and “policy alerts” regularly to SGIM members. Policy issues which SGIM identifies as important are triaged with CRD’s assistance. CRD helps us to navigate the political landscape and understand how we can maximize our influence within the contemporary political environment. They help us effectively harness our passions and expertise to maximize our impact. CRD knows how to help SGIM get, and keep, a seat at the negotiating table. CRD recognizes that, although our membership represents various states and regions of the country, we must be mindful, focused and strategic to be effective in moving our agenda. They have been invaluable in helping SGIM leverage its resources to move the field of GIM forward.

Another crucial consideration SGIM must attend to in our policy and advocacy activities is our status

as a 501c3 tax-exempt organization. Council and the HPC must carefully avoid advocacy which could violate the conditions of our 501c3 status such as supporting particular candidates or adopting partisan positions.

SGIM Endorsed

SGIM can influence policy and opinions by lending our name and our collective endorsement to certain positions, policies, groups, ideas, and actions. SGIM is an institutional member of a number of coalitions. Although we support certain coalitions which are aligned with our interests, we do not necessarily have to support all of the positions of any particular group we belong to. We work continually to get our members seated on boards and task forces that further our mission. SGIM has endorsed policies and policy principles that we have defined in position statements and white papers and those positions bear the official stamp of the organization. These can be found on SGIM’s webpage in the Policies and Positions section of the “About Us” link and in the “Policy White Paper” link.

Before SGIM endorses a policy or policy position, Council must approve it. Our Council is busy with a wide range of activities. To make the best and most efficient use of Council’s time, the process of vetting

policy and advocacy positions for SGIM is delegated to the HPC. Most endorsements start as a proposal from a member to the HPC. We are planning a future Forum article outlining the process of white paper proposals and approval.

SGIM Enabled

Advocacy and policy activities are increasingly visible at the national and regional meetings. The number of interest groups with an advocacy or policy focus has grown steadily as have the number of abstracts and workshops presented. SGIM national and regional meetings offer opportunities to develop health policy and advocacy knowledge and skills through activities such as abstracts, workshops, career development, networking, and mentorship. These activities build the capacity of our members and of our society collectively. They are also the components of our advocacy and policy pipeline through which younger members can connect with a growing network of more senior and experienced members who can, and do, serve as mentors and advisors.

Member Enabled

“Every member an advocate” has for years served as an aspirational organizational goal. While our organizational bandwidth is limited, SGIM does a great deal to support this concept. Indeed, SGIM’s greatest impact may be the tremendous amount of advocacy work our members do as leaders and citizens from their home communities and places of work. Our members advocate and lead in countless ways that may never be visible to SGIM nor necessarily bear the imprimatur of our society. If SGIM is living up to our goal of “every member an advocate,” then we will do a great deal to support and encourage such individual action through many of the means described above. Being part of SGIM should

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be inspiring and empowering in a way that encourages such individual action. We want members to feel supported in their advocacy through their membership and connections to the SGIM community. We encourage our members in this work, recognizing that many members will advocate for issues where SGIM cannot. This may particularly be the case for issues which are regional or local in nature. We need to recognize this not as a weakness of SGIM but rather a strength. Our diversity is an asset, particularly when our membership is enriched with empowered, effective advocates dispersed across this country. Because the number of items

which can be addressed by SGIM as an organization is limited, much of the collective advocacy impact of our society will be the result of what our members accomplish at the state and local level.

Discussion and Summary

We receive many requests for advocacy support on a range of important issues. There are great benefits that come from us speaking with one voice, but we must recognize the limits of our resources and the risk that comes from diffusing our efforts. The number of health policy topics we can effectively address as a society is limited and we must be

intentional about choosing which topics we prioritize. A key part of our strategy has been and should remain, preparing and supporting our members as leaders and advocates as individual, dispersed advocacy by our members can lead to enormous collective impact. Finally, we must also remain aware of our 501c3 status and of the limits of our resources. We hope this model provides a useful framework to clarify the range and types of SGIM's health policy activities.

Stay tuned for an upcoming article describing the process of white paper proposals, approvals and official SGIM position statements!

SGIM