Every SGIM Member Needs to be an Advocate—
Health Policy in SGIM
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Who should SGIM nominate to serve on the Patient-Centered Outcomes Research Institute (PCORI) Board of Governors? How should SGIM support the American Academy of Family Physicians (AAFP) in efforts to convince the Relative Value Scale Update Committee to increase primary care and geriatrics representation? How does SGIM advocate for increases in funding for primary care training? Should SGIM take a position on changes in graduate medical education (GME) funding? Which position? How should SGIM respond to the formation of the new National Center to Advance Translational Science (NCATS) at NIH? Should SGIM sign on to an amicus brief to the US Supreme Court supporting the individual mandate in the health reform legislation?

These are just some of the questions with which the SGIM Health Policy Committee (HPC) had to wrestle during the past year, and it takes a large number of committed SGIM members to advocate effectively across such a broad policy front. The HPC functions under the SGIM health policy agenda, approved by SGIM Council every year, and works to support SGIM policy positions in areas such as Federal budget requests, agency regulatory matters, and this past year in a case before the US Supreme Court.

Because policy issues can be complex and SGIM members have varied needs and interests, the HPC is organized into subcommittees to align with SGIM membership interests: 1) clinical practice, 2) education, and 3) research. A fourth subcommittee, membership and communications, is responsible for HPC outreach to SGIM members, writing issue briefs such as Quick Hits, and organizing SGIM Hill Day. HPC members work very closely with SGIM’s Washington DC-based government affairs consultants from CRD Associates, who keep the subcommittees informed as legislation evolves, regulations are promulgated, or federal agencies appoint members to a myriad of health advisory committees and commissions. Every month, each subcommittee has a conference call where active issues are discussed and advocacy plans are formed. More importantly, members of the subcommittees may plan to contact individuals with whom they have a relationship or join with other organizations in forming an advocacy coalition. Over the past year, the education HPC subcommittee, chaired by Angela Jackson, has monitored the recommendations of the Medicare Payment Advisory Commission, the bipartisan budget committee, and the Institute of Medicine related to GME funding. It has also tracked the ups and downs of Title VII funding, which is critical to many general internal medicine fellowships, and continues to advocate increases in funding within Congress and the Health Resources and Services Administration. The HPC clinical practice subcommittee, led by Scott Joy, has worked with an AAFP task force developing alternative primary care payment models. The HPC research subcommittee, led by Ira Wilson, has advocated to protect funding from NIH and the Agency for Healthcare Research and Quality in the face of large federal budget cuts and helped SGIM nominate several members to important PCORI committees.

SGIM is very fortunate to have a large number of members engaged in advocacy, and as chair of the HPC for the last four years, I have learned an incredible amount about health policy from an exceptional group of SGIM advocates. In the coming months, we hope to do the same for you. We will submit a series of issue summaries to SGIM Forum, and the subcommittees will present short issue discussions. You will hear from the talented SGIM members who work behind the scenes to support SGIM’s goals. In the end, we want every SGIM member to be an advocate; in fact, why not join an HPC subcommittee? The health policy area on the SGIM web site is a wonderful resource for members interested in SGIM positions (http://www.sgim.org).