PRESIDENT'S COLUMN

# What to Say, and When

Ann B. Nattinger, MD, MPH

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As many of our members know, the SGIM Council approved a communications plan about a year ago. The enhanced communications platform will greatly improve internal communication among our members and their various groups, such as committees, task forces, and interest groups. The improved internal communications will be introduced soon in more detail. Another part of the enhanced communications plan will be a new website that will debut this fall. The website will be modernized and will support newer communication methods, such as social media applications. Thus, our ability to communicate with the outside world will be much better than the current situation.

This leads to the question of what, exactly, to communicate.

During the recent annual meeting in Orlando, I met with several randomly selected groups of members in order to hear their thoughts about the direction the Society should take. One of the recurring themes was that SGIM should take a greater role in promoting the field of GIM and the visibility and status of our field. I have written in an earlier column about the need for us to promote a revision of the financial compensation system for GIM, a thorny problem that is being actively worked on via our Health Policy Committee (HPC) and also by the National Commission on Physician Payment Reform (chaired by Steven Schroeder, MD). I also have mentioned the workplace issues that affect our field, which will be addressed at least in part by the Agency for Healthcare Quality and Research-funded patient-centered medical home research summit to be held later this year. But since our national meeting, I have been mulling over options for increasing the visibility of GIM to the external world.

It seems to me that there are several options, and I would value the opinions of a wider group of our members on these options. One option that I am sure we will take is to make our health policy position statements more visible on the website. Our HPC members have put a great deal of effort into developing position papers that are well reasoned and support the broad field of GIM. These are admittedly a challenge to access with the current website but will be much more accessible with the new platform.

We presently allocate some effort to promoting the research and other scholarly work conducted by our members. Press releases are sent by the SGIM staff in conjunction with the annual meeting, and there has been greater attention to the use of social media as well to highlight interesting research results, plenary and symposium speakers, and workshop presentations. There is undoubtedly an opportunity for more attention to this. In addition, our cherished *Journal of General Internal Medicine* will have its own microsite associated with the new SGIM/Association of Chiefs and Leaders of General Internal Medicine website, which will assist the journal editors in promoting our published work throughout the year.

Some of those with whom I spoke at the annual meeting felt that we as a Society should do more to publicize our positions on clinical issues and practice guidelines. This is a tricky area. It is expensive to create practice guidelines, and there are already a number of entities developing guidelines or data syntheses, such as the US Preventive Services Task Force, the American College of Physicians, Evidence-based Practice Centers funded by the federal government, and subspecialty groups and societies. But perhaps there is a role for us to articulate a generalist perspective regarding the guidelines issued by other groups.

As a recent example, the May 20 issue of *JAMA* includes a systematic review of the benefits and harms of CT screening for lung cancer. Associated with this review is a practice guideline put forth by the American College of Chest Physicians and the American Society of Clinical Oncology that essentially recommends that smokers and former smokers (30+ pack-years) age 55 to 74 undergo annual CT screening in a setting that can deliver comprehensive care.[1] This screening would be continued for former smokers until 15 years after quitting. The systematic review finds that in each screening round, about 20% of participants will have a positive result requiring follow-up while about 1% will have lung cancer diagnosed (not all of whom will benefit from the screening). As a general internist, I found myself wondering about the views of my

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peers regarding this guideline—whether it is seen as very reasonable or as promoting full employment for thoracic radiologists and surgeons. My interest would not be to dispute the quantitative results of the systematic review but rather to promote the generalist perspective (as discussed so eloquently by Harry Selker during his presidential address) on how to weigh the 20% improvement in lung cancer mortality against the very substantial morbidity of dealing with the false positives, not to speak of the costs involved. This is just one example of many clinical issues for which we might provide a venue for the generalist perspective. Is this an area into which SGIM should put effort?

Another possible area for better external communications was raised with me at the annual meeting by trainee groups, including representatives of the American Medical Student Association and the Primary Care Progress group.

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These individuals were inspired by the GIM role models visible at our annual meeting but recognized that not all trainees can attend the meeting. We could potentially use our enhanced communication platform to partner with these and other groups to heighten trainee awareness of the different career paths available within GIM and the inherent satisfaction associated with these pathways. Again, I think we must be careful with this approach, as we know that our field is stressed by compensation and workplace issues. We wouldn't want to give the impression that these issues have been satisfactorily addressed. However, there are some glimmers of hope on the horizon, and maintaining a pipeline for trainees interested in the field may be very appropriate for us as a Society.

I welcome your comments, which can be directed to me at anatting@mcw.edu.

## Reference

1. Bach PB, Mirkin JN, Oliver TK, et al. Benefits and harms of CT screening for lung cancer: a systematic review. JAMA 2012. doi:10.1001/jama.2012.5521.

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