

FROM THE SOCIETY

The Year in Review: Priorities from the 2011-2012 Council Year

Francine Jetton, MA

Ms. Jetton is director of communications at SGIM and can be reached at jettonf@sgim.org.

How is SGIM working for me? What does SGIM do to increase the knowledge base for academic general internal medicine? How does the Society move forward? These are questions that many members ask themselves when it comes to strategic direction and governance of the Society. Each year, the SGIM Council sets strategic priorities for the coming fiscal year (July 1 to June 30) at its summer retreat and then works with the committees, task forces, workgroups, and individual members and staff to see that these goals are met. Last June, we reported the five strategic priorities for FY12:

1. Continue to support the reform of health care, building engagement and active involvement of SGIM committees and members;
2. Refresh SGIM's image and identity and enhance internal and external communication capabilities;
3. Create a dynamic learning and research community for promoting innovation in clinical practice and education;
4. Develop collaborative relationships with other organizations to support SGIM's mission and goals across policy, practice, and research; and
5. Ensure that resources are sufficient to support the mission and goals.

So how did we do? Did we work together to achieve forward movement under these priorities?

Certainly the National Commission on Physician Payment Reform (first reported here by past-president Harry Selker) is a giant step forward in payment reform. This independent commission was formed over the

past year and will spend the next year working to assess how physicians are paid and how payment incentives are linked to patient care. The recommendations from this commission will inform policy makers on how to reform the physician payment system in an effort to restrain health care costs while at the same time optimizing outcomes for patients. We were pleased to receive a grant from the Robert Wood Johnson Foundation for \$192,000 to do the work on this commission. The SGIM Health Policy Committee (HPC) worked tirelessly as well to continue advocacy efforts related to Title VII, Graduate Medical Education, funding for the Agency for Healthcare Quality and Research and the National Institutes of Health, and other issues. Buoyed by the movement created by the Affordable Care Act, the HPC saw its largest Hill Day ever with 52 members representing 16 states converging on Washington, DC, to advocate on behalf of the Society and GIM.

The second biggest project for the Society (as well as the Association of Chiefs and Leaders of General Internal Medicine (ACLGIM) and *the Journal of General Internal Medicine (JGIM)*) this year has been the new rebranding and website effort. Prepared to launch in September 2012, the new SGIM/ACLGIM website will offer members social media-type platforms to network with other members, dialogue on the latest happenings in GIM, and take advantage of the new streamlined resource library on the website. Coming a few months later, www.jgim.org will offer cases and images of the week, better access to articles, and interactive discussion boards and news feeds. Also in the fall members will see the roll out of new logos for SGIM,

ACLGIM, and *JGIM*. But this project didn't happen in a vacuum—SGIM offices spent the better part of six months upgrading a tactical plan to move its IT infrastructure from office-based servers to cloud computing. We also upgraded our membership database system and will soon launch GIM Connect—a social media and collaborative “community” for our members.

Much of the work of the SGIM committees and task forces has been aimed at priority #3—creating a dynamic learning and research community for our members. While all of the committees have been extremely active, some of the committee highlights include:

- *“Get Better Faster! Quality Skills for Reliable Care.”* This day-long workshop organized by the Quality and Patient Safety Subcommittee of the Clinical Practice Committee was held during the Annual Meeting in Orlando and was attended by more than 40 participants.
- *TEACH (Teaching Educators Across the Continuum of Healthcare) Certificate Program.* Created by the Education Committee, this certificate program for medical educators will be offered starting in 2013.
- *Phone Mentoring Program.* Developed by the Disparities Task Force, these sessions are hosted by two mentors (clinical educators and clinical investigators) and address both direct and anonymous questions posed by fellows and junior faculty.
- *Database Compendium.* The Research Committee added a new section to the Database Compendium at www.sgim.org

continued on page 2

FROM THE SOCIETY

continued from page 1

that features proprietary datasets, allowing senior researchers to share existing datasets and collaborate on new projects with junior faculty and fellows.

- *MOC Medical Education Pathway.* The pathway was presented at the annual meeting in Orlando by the newly formed MOC Workgroup and allows meeting attendees to make their time count twice by earning MOC credits in addition to CME.

In terms of collaborations, SGIM has long partnered with outside organizations. In November 2011, SGIM and American College of Physicians leadership met at SGIM national offices to discuss new directions for both groups. We've also had meetings with leadership at Alliance for Academic Internal Medicine, Society of Hospital Medicine, Association of Specialty Professors (ASP), Primary Care Organizations Consortium, American Board of Internal Medicine-Liaison Committee

on Recertification, and Association of American Medical Colleges/Council on Academic Societies that have continued to grow and develop. We've partnered with AHRQ, VA Health Services Research and Development (HSR&D), and Regenstrief Institute on supplements for *JGIM*. And SGIM has been awarded a number of small grants this year, including a Small Projects Grant from ASP (\$25,000), funding from AHRQ to host a second Patient-centered Medical Home Research Summit to highlight successes in the field and revisit policy recommendations, \$10,000 from the Lance Armstrong Foundation to support the Distinguished Professor in Cancer Program, and \$25,000 in support of the VA activities at the annual meeting from VA HSR&D. The Evidence-based Medicine Task Force received \$50,000 from Creston Electronics in support of their work.

Finally, the Society has been busy making sure that our resources are sufficient to meet our other goals. We do this through a number

of revenue streams, including the annual meeting (which this year showed the second highest attendance level ever), membership revenue (SGIM reached an all-time high this year with 3,384 members; ACLGIM had 174), the SGIM Career Center, royalties from *JGIM*, attendance at the regional meetings (1,173 registrants across the regions), revenue from the Academic Hospitalist Academy, and other outside sources, including a \$100,000 restricted donation from the Hess Foundation to be used to pay down the mortgage on the SGIM/ACLGIM national offices. We've also undertaken a membership survey this year to ensure that all member needs are being met to the best of our ability.

In short, it's been a good year. We're proud of what we've achieved and look ahead to working with members to continue this energy into 2013. Check this column back frequently to see how SGIM continues to work for you.

SGIM