

## HEALTH POLICY CORNER: PART I

## SGIM Members Convene on Capitol Hill for Most-attended Hill Day Ever

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**A**s Congress considers the impact of impending cuts to the federal budget in 2013, it is imperative for general internal medicine physicians to advocate on behalf of programs that ensure patients have access to primary care and patient-centered treatments. On March 7, 2012, nearly 50 SGIM members participated in SGIM's annual Hill Day, descending on Capitol Hill to advocate for these important issues. This was the most-attended Hill Day ever, with many first-time participants, including several residents and fellows.

Hill Day is organized by the SGIM Health Policy Committee and Cavarocchi-Ruscio-Dennis (CRD) Associates, LLC, which provides government affairs representation to SGIM. This year's activities began the evening prior to Hill Day with a dinner for Hill Day participants. Invited speaker and SGIM member Mai Pham, MD, MPH, discussed her experiences as leader of the Accountable Care Organizations program at the newly formed Centers for Medicare & Medicaid Innovation (CMMI) and helped acquaint SGIM members with active policy issues. SGIM Health Policy Committee member Mark Schwartz, MD, also discussed his recent experiences on Capitol Hill as a Robert Wood Johnson Foundation health policy fellow. Participants were then briefed on advocacy issues and techniques. On the morning of Hill Day, participants met with CRD and chairs of the Health Policy subcommittees for additional briefings. Participants then proceeded to Capitol Hill for two to four scheduled meetings with their congressional members or staff.

The Clinical Practice health policy subcommittee, chaired by Scott Joy, MD, encouraged participants to ask Congressional members to support legislation that would increase incentives to improve the practice of, delivery of, and access to primary care. Specifically, we asked Congressional members to press the Centers for Medicare & Medicaid Services to create a new family of codes for evaluation and management services provided by primary care physicians and to consider payment for additional non-face-to-face services such as telephone evaluation and management, home care plan oversight, and anticoagulation management, including an online evaluation and management code.

The Education health policy subcommittee, chaired by Angela Jackson, MD, focused its advocacy agenda on urging Congress to continue to support Title VII programs administered by the Health Resources and Services Administration. These programs have a track record of increasing the supply of primary care physicians. In particular, Congressional members were asked for \$150 million in funding for training in primary care medicine through grants to hospitals, medical schools, and other entities; \$30 million for Centers of Excellence to increase the number of minority youth who pursue careers in the health professions; \$30 million for the Health Careers Opportunity Program to provide students from disadvantaged backgrounds an opportunity to pursue health professions; and sufficient funds to establish the National Health Care Workforce Commission to provide

unbiased recommendations on workforce goals and policies. SGIM also supports a graduate medical education payment structure that encourages primary care, is transparent, holds teaching institutions accountable, and results in a highly trained appropriately distributed workforce.

The Research health policy subcommittee, chaired by Ira Wilson, MD, asked Hill Day participants to urge Congress to continue to support funding for the Agency for Healthcare Research and Quality and the National Institutes of Health, as well as continued support for Clinical and Translational Science Awards. SGIM also advocated to retain the Patient-Centered Outcomes Research Institute, which some members of Congress have recently threatened to repeal. Finally, SGIM advocated for restoration of the former salary level that academic researchers can earn. This level was recently reduced and, as it stands, effectively results in a 10% pay cut for scientists funded by the NIH.

Repeated visits to Hill Day can lead to a true relationship with an SGIM member's representative. As Mark Schwartz, a repeat attendee, noted:

*At this year's SGIM Hill Day, my fifth, I was delighted that I was scheduled to meet with the senior health staffer of my senator, a woman I've met three times before. Like a patient I've known for years, she has a personal history with me that made it easy to cut to the chase of the advocacy requests I had for her. Unlike other visits I had*

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*that day with staffers I was meeting for the first time, I knew she could trust me to tell her the truth and follow up with anything I did not know. We shared insights about graduate medical education policy issues, which would not have happened without our prior relationship. Un-*

*derneath all the power and the money in Washington, influence boils down to social capital, personal relationships, and trust.*

Overall, we held about 80 meetings between SGIM members and members of the House and Senate,

or their congressional staff, on Hill Day. First-time attendees also reported that the day was an excellent learning experience as well. Ideally, our collective voice will influence policies that secure the future of general internal medicine.

**SGIM**