HEALTH POLICY CORNER: PART II

Reflections on Hill Day

Hilary Mosher, MD, MFA

Dr. Mosher is a hospitalist and clinical assistant professor at the University of Iowa Carver College of Medicine.

I believe we change the world one person at a time. This belief drew me to medicine. Whatever the chaos of the wider irrational world, I could feel secure in my belief that I was doing good in a small way—face to face, patient by patient.

So what was I doing on Capitol Hill?

When I was given a chance to travel to Washington, DC, for the annual SGIM Hill Day, I agreed without too much thought. As a new hospitalist and clinical assistant professor in general internal medicine, I still answered most offers with "yes." But as Hill Day approached, my apprehension grew and with it my cynicism. What, after all, did I *really* know about health care policy? And why would anyone, in the complicated machinery of government, listen?

Once in Washington, it didn't take long for these questions to evaporate. Our first evening we met our fellow participants, more than 50 physicians from across the United States, some there for the first time, others enthusiastic and experienced advocates. We heard a fascinating account of program development from Mai Pham, MD, director of Accountable Care Organization Programs at the Innovation Center within the Centers for Medicare & Medicaid Services, which underscored that policies touching many are birthed by a few.

We were then briefed on the research, practice, and education agendas we would cover in meeting with our congresspeople: supporting funding for the Agency for Healthcare Research and Quality, the National Institutes of Health, and the National Center to Advance Translational Science; increasing incentives for the practice of primary care through changes in the payment system; and funding training and graduate medical education directed at primary care. Significantly, the Hill Day veterans reassured us that we didn't need to be experts in policy—we could use our expertise in telling a story.

The following day, we met in small groups with our respective senators, representatives, and their staffers. No matter how often one does it, I think there will always remain a certain magic in walking among the various Senate and House office buildings on a beautiful spring day, the walkways bustling with citizens from around the nation here to exercise their voices as constituents.

The receptions we received were unfailingly cordial and predictably variable; the sense that our Congress is bifurcated, polarized, and thus hobbled was in no way diminished by seeing it at work firsthand. The contrast between the grandeur of the setting, speaking to the dignity of our institutions of government, and the frank admissions of political gamesmanship, was stark but fortifying. I realized my previous sense of "who am I to advocate" was entirely replaced by "who am I not to?" Our patients deserve better than to be collaterals in political skirmishing.

The shear volume of information the congressional staffers were called on to marshal impressed me. If I'd thought the alphabet soup of agencies and acts we'd tried to digest the previous evening was overwhelming, it was nothing compared to what these professionals swam in every day. Communicating in this situation suddenly felt familiar—wasn't this a bit like a patient encounter, where as physicians we convey, often to an overwhelmed listener, our recommendations in accessible language and in a way that appeals to the beliefs and goals of our audience?

Speaking with patients, I've learned that a story is often the most efficient and effective way to communicate. Narrative is one of the oldest forms of passing on information and engages both emotion and intellect. As health care providers, we know, story by story, the challenges patients face in accessing and navigating an often-irrational health care system. We see and experience the successes and failures of incentives and of innovations in delivery. We harbor important opinions and insights into how our patients and our colleagues can be empowered to do better—and to be better done by.

As someone who tends to regard discussions of politics as bad manners, I've been slow to integrate advocacy into my professional life. I'm glad to say that my experience at SGIM Hill Day turned the page on all that. During these challenging times in health care, as a patient or a provider, it is nearly impossible to separate the individual encounter from the political, economic, technological, and cultural forces that shape public policies and personal decisions. Good medicine, I teach my residents, requires understanding both the patient and his/her context; advocacy, to make that context better, is just another way to change the world one person at a time. SGIM