

## Are We Creating Value for Patients and Members?

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**W**hen the SGIM Council meets for its mid-year retreat, we will face the daunting challenge of bringing strategic governance to an organization that has an extremely broad range of interests and activities. Indeed, as generalists we thrive on extending the breadth of our work while stubbornly resisting the urge to focus on a few priorities. As an organization, we remain firmly committed to supporting work in research, education, and clinical practice. At the same time, we continue to wrestle with the diverse roles of general internists and the shrinking number of members who remain involved in both inpatient and outpatient care. In our efforts to collaborate with other professional societies, we also wrestle with how to have a distinctive voice in advocating for innovative changes in clinical practice, education, and research. How can the SGIM president help the Council think strategically about all of the issues? Well, I plan to put our new tagline to use by asking Council members whether we are doing enough to create value for our patients (and for our members).<sup>1</sup>

At the Council's June retreat, we reviewed influences on the field of general internal medicine. We were conscious of the increasing emphasis on value in health care accompanied by rapidly expanding efforts to measure clinical performance. We applauded policy-makers' interests in changing how physicians are paid since such changes could bring more support to primary care providers. We noted how general internists can capitalize on the growth of patient-centered medical homes. We agreed

that general internists are well qualified to guide the growing use of health information technology and population-oriented approaches in health care. We acknowledged the enormous growth of hospital medicine as a distinct professional discipline. We also identified major developments in the approach to graduate medical education and continuing medical education. Lastly, we noted how the Patient-Centered Outcomes Research Institute will create new research opportunities for our members. Despite the opportunities to strengthen the role of general internists in our health care system, we expressed concern that our patients still lack a strong voice in how health care is delivered.

With that context, the Council reviewed the work of SGIM's 10 committees (Research, Education, Clinical Practice, Health Policy, Ethics, Annual Program, Membership, Awards, Finance, and Development); five task forces (Women's Health, Evidence-Based Medicine (EBM), Geriatrics, Academic Hospitalist, and Disparities); and three work groups (Veterans Affairs (VA), Board of Regional Leaders, and Maintenance of Certification (MOC)). The Council generally supported continuation of the excellent work being done by the groups and found very little that was not worth continuing—despite being urged to identify activities that could be dropped.

Several objectives emerged as priorities for the 2013-2014 academic year, including: 1) creating a communication strategy to attract trainees to general internal medicine and to support our health policy work; 2) revital-

izing the mentorship program within SGIM to give more support to educators and investigators; 3) designing a curriculum for non-physician members of care teams, which could focus on their roles in improving quality of care; 4) developing additional MOC opportunities; and 5) preparing a business and dissemination plan for the TEACH Program, MOC initiative, and EBM Bottom Line project.

The Council identified other important action items, including: 1) hiring new staff to bring the SGIM office to 14 full-time positions and developing metrics to guide future staffing decisions; 2) asking the Clinical Practice Committee to create a work group to collaborate with the American College of Physicians (ACP) on the High Value Care initiative; 3) asking the Membership Committee to make plans for recruiting more non-physician members of care teams and for increasing medical student attendance at regional SGIM meetings; 4) asking the Board of Regional Leaders to measure regional growth and success; 5) establishing a process for obtaining disclosures of potential competing interests before all Council meetings and calls; 6) asking the Finance Committee to review our reserves and make recommendations about reinvestment of last year's surplus; 7) asking the Development Committee to create a new policy for internal fund raising; 8) clarifying the roles of the Finance and Development committees and determining whether they should be combined; 9) determining whether

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the Awards Committee should become a function of the Council; and 10) creating a Task Force for Health Care Transitions for Young People with Chronic Conditions.

To reinforce the importance of the priority objectives and action items, David Karlson agreed to incorporate related goals into the process we established for evaluating his performance as our executive director. These goals should be viewed as measures of the organization's performance, so here is my assessment of our mid-term performance with five months left to make further progress.

**Goal #1:** *Hire four new staff and get them oriented and trained.* David and Kay Ovington (our chief operating officer) have hired and oriented four new staff members: Donté Shannon (manager of volunteer services); Brittany Benton (committee and initiatives assistant); Katherin Cooper (regional meetings assistant); and Tracey Pierce (regional meetings manager). They are already working hard in support of the organization's priorities.

**Goal #2:** *Establish a process for obtaining feedback from leaders of committees and task forces about the quality of staff support, demonstrate excellent staff support, and determine whether SGIM has sufficient staff to support all aspects of the strategic plan.* This work is in progress.

**Goal #3:** *Support all major initiatives.* The SGIM office has supported three initiatives that have the potential to create value for patients by strengthening primary care. The first is the Health Policy Committee's ad-

vocacy for physician payment reform. The committee has drafted three white papers on physician payment reform that have been submitted for publication. The committee may need additional resources in addition to narrowing its focus to achieve the goal of getting other organizations to support specific recommendations of the National Commission on Physician Payment Reform.<sup>2</sup> For the High Value Care initiative, SGIM's Clinical Practice Committee formed a work group to collaborate with the ACP. That work is proceeding on schedule. In the third initiative, the MOC Task Force has been working with the Disparities Task Force to create an MOC module. This work is a good example of how SGIM can have a distinctive voice in advocating for attention to disparities in health care. The Clinical Practice Committee considered the idea of designing a curriculum for non-physician members of care teams and found insufficient support to pursue that further.

The SGIM office also has supported initiatives intended to strengthen our overall capacity to achieve SGIM's mission. Ann Nattinger has worked with Francine Jetton (director of communications and publications) and Julie Machulsky (social media community manager) to launch a communications work group, which had a retreat in early November. The Council will need to discuss preliminary recommendations of the group. The SGIM office has developed a business plan for sustaining the TEACH Program but has not yet developed a business plan for the MOC initiative or the

EBM Bottom Line project. The Membership Committee was asked to work on several things, and the Council will need to review the committee's progress. As the new director of membership, Jillian Gann has brought renewed energy to the Membership Committee. The Council will also need to review the progress of the Board of Regional Leaders in addressing geographic areas with little participation.

Since the June retreat, the Council has completed several action items. It established a process for disclosing competing interests before all Council meetings and calls. It reviewed and approved plans for the new Task Force for Health Care Transitions for Young People with Chronic Conditions. It decided to keep the Awards, Finance, and Development committees. We are waiting for the Finance Committee to make recommendations about an optimal level of reserves.

**Goal #4:** *Foster collaborative relationships with other organizations.* In the past few months, Council members have had productive meetings with leaders of the Alliance of Academic Internal Medicine, the American Board of Internal Medicine, the Association of American Medical Colleges, and Primary Care Progress. SGIM worked effectively with the Society of Hospital Medicine and the Association of Chiefs and Leaders in General Internal Medicine (ACLGIM) in running the Academic Hospitalist Academy in October 2013. Council members will have their next meeting with the leaders of ACP in March. We have not had

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much recent engagement with leaders of the American Geriatric Society or the Society of Teachers in Family Medicine. We need to follow-up on the last meeting we had with leaders of the American Medical Student Association. We need to hear from the VA Task Force about opportunities to continue working with the VA leadership.

**Goal #5:** *Foster growth of a leadership development program.* The SGIM office has been working with ACLGIM leaders to continue developing its leadership programs, including the ACLGIM Summit and the Hess Leadership Institute.

**Goal #6:** *Prepare a business plan and/or obtain funding for at least two of the organization's priorities.* The goal was to obtain at least \$150,000 in additional funding. To date, \$30,000 has been obtained with several proposals pending. We hope that hiring additional staff will allow our director of development (Leslie Dunne) to devote more time to fund raising.

**Goal #7:** *Obtain funding for the Brancati Mentorship and Leadership Award.* We have succeeded in raising more than \$50,000 for the Brancati Award with additional pledged donations pending.

**Goal #8:** *Establish a new policy*

*for internal fund raising.* The Development Committee drafted a new policy that has been approved by the Council.

**Goal #9:** *Ensure the Council has excellent understanding of major issues when making decisions about the organization's budget.* The SGIM office has made some changes to enhance the ability of all Council members to understand the complexities of the organization's budget.

**Goal #10:** *Ensure clear communication with the JGIM editors.* The SGIM office has been working with the editors to enhance communication about JGIM's revenue, expenses, staffing needs, Web site issues, and interactions with the publisher.

**Goal #11:** *Increase submissions and registration for the annual meeting.* The Program Committee is doing a fabulous job planning for the annual meeting in San Diego with the assistance of Sarajane Garten. Workshop submissions have exceeded the number in the previous year. We are optimistic about seeing an increase in abstract submissions and registration.

**Goal #12:** *Finalize a new process for evaluating the executive director, and develop a plan for regularly reviewing the performance of the*

*Council.* This article is an example of how we have specified evaluation criteria linked to strategic priorities. This article is also an example of how we are trying to be more transparent about evaluating the performance of the Council so that we can continue to grow in our effectiveness as a governing board.

Many of the goals are intended to strengthen the capacity of SGIM to achieve its mission. To help us think strategically about how to prioritize our work, I would like for the Council to consider how specific activities will enhance our ability to create value for patients and for our members. I hope that SGIM will always be known for having a distinctive voice that speaks for the welfare of our patients.

**References**

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2. Report of the National Commission on Physician Payment Reform, March 2013. Available at [http://physicianpaymentcommission.org/wp-content/uploads/2013/03/physician\\_payment\\_report.pdf](http://physicianpaymentcommission.org/wp-content/uploads/2013/03/physician_payment_report.pdf) (accessed on November 29, 2013).

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