“Tell me how loan repayment programs can help improve the number of specialists in medicine,” said the first congressional staffer we met at SGIM Hill Day 2013. Dr. Atul Jain and I quickly realized we had quite the “hill” to climb and much advocating on behalf of primary care ahead of us that day.

This year’s SGIM Hill Day was another success. Almost 50 members went to Washington, DC, to advocate on important issues in education, clinical practice, research, and gun safety. Before our meeting with legislators, we were briefed on the issues. All the first-timers like me received “Advocacy 101” and learned what to expect from the day, including jargon we might hear on the Hill. Then we were off!

Dr. Jain and I first met with the health policy staffer for Republican Senator Mark Kirk from Illinois. She assured us that the senator’s official stance was against the Affordable Care Act (ACA) but that they wanted to ensure a smooth transition. We launched into our talking points, but the staffer quickly steered us to her priority: primary care workforce. She punted us policy nuggets, like the use of loan repayment programs as incentives that she had gathered from other lobbyists. We told her that we had benefited from loan repayment programs and grant funding for primary care training. Then the knock on the door came, and we had 10 seconds left to sum up the rest of our agenda. What did we get out of the meeting? We learned that primary care workforce is a major issue that senators are hoping to influence. What did she get? The potential to bounce legislative ideas off actual health care providers

We could not meet with Democratic Senator Dick Durbin because he was on the floor (being televised live to the staff office) defending the ACA. And, even more interesting, his reception staff was fielding a barrage of phone calls—including one threatening the office—from his constituents who opposed the ACA. Clearly, health care and the ACA are divisive topics. We met with Senator Durbin’s health policy staffer, who was probably better versed in US health policy than Dr. Jain and I combined. Our conversation focused on the need to address the shortage of primary care physicians.

Lastly, we met with Rep. Bobby Rush and his staffer. Rep. Rush had 10 minutes to talk and began the conversation with: “What do you want us to legislate on?” We quickly ran through our talking points and hoped that he would find something there. He then had to run to the floor to vote.

In US history class, we all learn how the legislative process works and how an idea can become a bill and then a law. However, the lessons I learned from Hill Day gave me more insight into the process.

Everyone else is doing it, so should we! Advocacy is important to bring attention to specific issues. The number of advocacy groups that we saw on the streets was astounding. People had matching t-shirts, ribbons, and pins to identify their issue. Next year, we may need flare of our own! Truthfully, if we want legislators to start making policy recommendations that promote primary care issues, our voices need to be heard.

Staffers are the eyes and ears of our legislators. I wondered how legislators got their information and drafted policies that addressed timely issues. Answer: their staffers. Who the staffer meets with and talks with seems to influence the ideas that get into bills. Many of the staffers relied on interest groups briefing them on the salient policy issues. Many staffers are bright and well versed in health care, but all can benefit from conversations with practicing physicians.

Continuing contact with staffers is even more important. Two days after we got back to Chicago, one of the staffers e-mailed us and asked for our input on a bill that was being submitted to committee on increasing primary care residency spots. It was an amazing experience to read through the bill, send the staffer our thoughts, and hear back right away on the progress of the bill. This continued contact with staffers and legislators is critical to getting our ideas written into policy.

In all, SGIM Hill Day was a fantastic way to have issues that are dear to us heard by legislators. I was a first-timer and think it’s an experience that every student, resident, and physician (heck, even patient) needs to have at least once in his/her lifetime.