

## Building the Bridges of Generalism: A Year's Work

Eric B. Bass, MD, MPH

*I'm pleased to report that by the time this column reaches you, the American College of Physicians (ACP) and Council of Subspecialty Societies will have released the products of their High-Value Care Coordination (HVCC) initiative.*



**T**ime passes much too quickly. When I wrote my first presidential column 12 months ago, I declared that my top priority was “to strengthen partnerships with organizations that are willing to work with us to advocate for a team-based approach to health care that values the roles of all health professionals in providing high-quality primary care, especially for patients with chronic and complex conditions.”<sup>1</sup> So what does SGIM have to show after a year of work at building the bridges of generalism?

I'm pleased to report that by the time this column reaches you, the American College of Physicians (ACP) and Council of Subspecialty Societies will have released the products of their High-Value Care Coordination (HVCC) initiative. The purpose of the project was to develop recommendations and tools to facilitate more effective and efficient patient-centered referrals and referral response interactions between primary care and medical specialty practices. The tools include: a generic checklist of patient information to be included in all referrals, “pertinent clinical data sets” developed by participating specialty societies for common problems that prompt referrals, a referral implementation guide, a guide on promoting a patient-centered approach to discussing referrals with patients, and a checklist for guiding the specialist's response to referrals. SGIM had a prominent role in the project, from its beginning just one year ago, thanks to Laura Sessums and Jim Richter. Laura served on the HVCC

executive team until she accepted a position at the Centers for Medicare and Medicaid Services, and then Jim took over as SGIM's representative on the executive team. In addition to helping oversee the entire initiative, Laura and Jim led a working group (including Aziz Ansari, Manisha Bhide, Richard Gitomer, and Larissa Nekhlyudov) that developed a list of pertinent clinical data that should be included in referrals to general internists for pre-operative evaluations or for management of hypertension or diabetes mellitus. I see the HVCC initiative as an outstanding example of how general internists can advocate for a team-based approach to health care by partnering with our medical specialty colleagues.

As exemplified by our involvement in the HVCC project, SGIM has a strong bridge connecting us with the ACP. One way to keep that bridge strong is to get the leaders of SGIM and ACP together on an annual basis to discuss topics of common interest. This year's leadership meeting will cover a wide range of issues, including physician payment reform, primary care workforce, performance measurement, practice satisfaction, maintenance of certification, and relationships with other professional organizations.

In October, Stewart Babbott joined me in a meeting with the Board of the Alliance for Academic Internal Medicine (AAIM). As the president of the Association of Chiefs and Leaders of General Internal Medicine (ACLGIM), Stewart was able to update the AAIM board on

ACLGIM's leadership training initiatives and the plans to conduct site visits for general internal medicine (GIM) divisions. The AAIM board expressed interest in collaborating on future site visits, potentially including other specialty divisions. We also discussed how SGIM has been working with the AAIM on the Internal Medicine Redesign initiative, thanks to Shobhi Chheda and Monica Lypson who serve on the advisory board for that project. We identified several other areas for collaboration, including efforts to promote trainee interest in GIM, education about high value care (Wendy Levinson leads AAIM's High Value Care initiative), education in quality improvement, and promotion of faculty involved in quality improvement and clinical innovation. Such work cuts across specialties. When we discussed health policy issues affecting all medical specialties, such as physician payment reform and graduate medical education (GME) funding, the chair of AAIM's Advocacy Committee volunteered to help coordinate future advocacy efforts with SGIM's Health Policy Committee. That connection has been made, courtesy of the energetic chair of our Health Policy Committee, Mark Schwartz. SGIM's bridge with the AAIM is as strong as it has ever been.

Thanks to SGIM's Academic Hospitalist Task Force (led by Luci Leykum and Will Southern), we have succeeded in solidifying SGIM's bridge with the Society of Hospital Medicine (SHM). The most prominent result of that collaboration is the

continued on page 2

## PRESIDENT'S COLUMN

continued from page 1

SGIM-SHM-ACLGIM Academic Hospitalist Academy. The mission of the Academy is to provide academic hospitalists with the educational, scholarly, and professional development skills to promote academic success, personal growth, and work satisfaction. After another successful four-day meeting in 2013, plans are already underway for the Fifth Annual Academic Hospitalist Academy in Denver on October 14-17, 2014.

Now we are working to strengthen the bridge with the Association of American Medical Colleges (AAMC) through the newly formed Council on Faculty and Academic Societies (CFAS). The CFAS replaced the Council on Academic Societies in an effort to increase the contributions of faculty at both junior and senior levels. The mission of the CFAS is to identify critical issues facing faculty in academic medicine, provide a voice to the AAMC on these issues, and serve as a conduit to faculty for information relating to core functions of academic medicine. The CFAS met for the first time in November 2013. SGIM now has two representatives on the CFAS, Valerie Weber and Mitch Wong. They will represent SGIM at the next meeting of the CFAS in March 2014. Keep an eye out for a report from them.

We also are working to strengthen SGIM's relationship with the American Academy of Family Physicians (AAFP). Although we have many interests in common with family medicine, SGIM has not been interacting with

the AAFP on a regular basis. To rectify the situation, we made plans for members of the SGIM Council to meet with AAFP leaders in March. The agenda includes health policy issues related to GME funding, physician payment, primary care delivery models, quality improvement programs and their burden on primary care providers, and federal support for primary care research.

To reinforce the bridge we recently established with Primary Care Progress (PCP), SGIM and ACLGIM agreed to support PCP's Primary Care Project. For more information about the Primary Care Project, see the article by Brita Roy in this issue of *Forum*. PCP is a grassroots organization of students, residents, fellows, and faculty devoted to innovation in primary care practice and training.

The SGIM Annual Meeting in San Diego should provide a great opportunity to celebrate what SGIM members have accomplished in the last year. In keeping with the top priority for the year, the theme of the meeting is "Building the Bridges of Generalism: Partnering to Improve Health." The idea is to celebrate the depth and diversity of connections that inspire and empower generalist medicine.<sup>2</sup>

I would like to thank all of the members who contributed to the year's work in SGIM's committees, task forces, work groups, and interest groups. However, none of the work would have been possible without the dedicated efforts of our phenomenal SGIM office staff. To support the

ever-expanding scope of SGIM's activities, we needed to give extra attention to our own infrastructure. Accordingly, one of the other priorities for the year was to expand staff capacity and reorganize the core team. I'm delighted to report that David Karlson and Kay Ovington have succeeded in recruiting several outstanding new staff members—Donté Shannon (Manager of Volunteer Services), Brittany Benton (Committee and Initiatives Assistant), Katherin Cooper (Regional Meetings Assistant), Tracey Pierce (Regional Meetings Manager), Candace Goggans (Meetings Assistant), and Muna Futur (Member Services Assistant)—to join the team that includes Sarajane Garten (Director of Meetings), Leslie Dunne (Director of Development and Project Management), Francine Jetton (Director of Communications and Publications), Jillian Gann (Director of Membership), Julie Machulsky (Social Media Community Manager), and Bonnie Messink (Administrative Assistant). We now have a superb team that is well positioned to help us take full advantage of all the bridge work!

### References

1. Bass EB. Building stronger bridges with medical subspecialists. *SGIM Forum* 2013; 36(5):3,12,13.
2. Ratanawongsa N, Menard GE, Garten S. Get ready for San Diego and the 37th SGIM Annual Meeting this spring! *SGIM Forum* 2014; 37(1):7.

*SGIM*