

PRESIDENT'S COLUMN

What is SGIM Doing to Create Value for Clinicians, Educators, and Investigators?

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We owe it to our patients to discuss...why we do or do not recommend services such as a routine annual visit for asymptomatic adults.



What are the most important things that SGIM is doing for patients and members? I asked that question at the end of the SGIM Council's retreat in December, after we had finished reviewing the progress of the committees, task forces, and work groups. At the beginning of the Council's review of our progress, I asked the Council to focus on how we are creating value for patients and members (as indicated in my last column).¹ Nearly all of our efforts to create value for patients depend on how we support the work of members as clinicians, educators, and investigators. So here's what the Council said in response to my question.

When asked what we do for patients, the Council pointed to our advocacy efforts that are intended to improve the delivery of primary care to our patients. Those efforts focus on strengthening the primary care workforce. Although such efforts could be viewed as self-serving, I believe that our Health Policy Committee has consistently taken positions that are in the best interests of people who need better access to primary care.

The Council also cited SGIM's participation in the Choosing Wisely[®] campaign. Earlier this year, we released five evidence-based recommendations that were intended to support conversations between patients and physicians about what care is necessary (see <http://www.sgim.org/about-us/news/sgim-releases-choosing-wisely-list>). One of those recommendations has generated controversy within our membership—the idea of not performing

routine general health checks for asymptomatic adults. I encourage you to read the letters to the editor on this topic. We owe it to our patients to discuss these kinds of issues in an open manner that will help make transparent the reasons why we do or do not recommend services such as a routine annual visit for asymptomatic adults. I hope the discussion will help us improve communication with patients about what they should expect to gain from routine health checks.

When asked about the most important things we do for members in their roles as clinicians, the Council identified the top activities as the increased clinical content in the annual meeting, our advocacy for physician payment reform, development of maintenance of certification (MOC) modules in areas of interest to members, and development and dissemination of the Evidence-Based Medicine (EBM) Bottom Line summaries. Although the annual meeting has evolved gradually over many years to include more clinical content, the other activities are relatively new developments. We have decided to continue focusing on physician payment reform in our advocacy efforts. At the retreat, the Council approved additional funding for CRD Associates to go beyond their usual advocacy work on our behalf to devote more time to garnering broad support for action on key recommendations of the National Commission on Physician Payment Reform.² The Council also determined that we should provide more support to the MOC Task Force to enhance its ability to develop new modules in a

timely manner. We were pleased to hear that the EBM Task Force remains committed and on track to develop more Bottom Line summaries on timely clinical topics.

The Council felt that the top activities supporting educators are the TEACH Program (Teaching Educators Across the Continuum of Health-care), medical education content in the annual meeting, mentoring programs, publication of scholarly work in education by *JGIM*, and our regional and national awards for educators. The Education Committee has done a fabulous job launching the TEACH Program, which is half way through its inaugural year (see <http://www.sgim.org/communities/education/teach>). The Committee is in the process of selecting participants for the second TEACH cohort, which will begin the certificate program at the 2014 annual meeting in San Diego. This program will remain a high priority. Another priority in 2014 is to reinvigorate our mentoring programs. The Membership Committee is working on that now. In the meantime, we will continue to recognize leading educators with awards, and we will continue to offer diverse workshops and sessions on innovations in medical education at our meetings. Keep an eye out for the release of the exciting agenda that the Program Committee has prepared for our San Diego meeting on "Building the Bridges of Generalism: Partnering to Improve Health" (see <http://www.sgim.org/meetings/annual-meeting>).

In the Council's view, the top activities that should help support in-

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investigators are the research presentations and methods workshops at the annual meeting, the publication of primary care and hospital medicine research by *JGIM*, and our regional and national awards for investigators. Admittedly, these are not new activities. However, I would like to emphasize that neither the annual meeting nor *JGIM* has remained unchanged in recent years. I have been extremely impressed by the energy and creativity of the Program Committee, which is determined to host SGIM's best meeting ever by building on the successes of previous meetings while also incorporating new ideas. Similarly, I have been delighted to see how much energy and creativity the *JGIM* editors continue to devote to our journal. For example, in the November 2013 issue, the editors announced a call for cases for a new *JGIM* feature—Implementation Science Workshop—that will bridge research and practice.³ I encourage investigators to take advantage of the efforts that the editors have made to support the full spectrum of research being performed by our members. The Council also discussed opportunities for new research initiatives related

to the patient-centered medical home, team-based health care delivery, and other efforts to improve the quality and efficiency of health care, such as the work of the Health Services Research and Development Service of the US Department of Veterans Affairs. The Council was pleased to see that many SGIM members have been successful in winning support for their innovative research from the Patient Centered Outcomes Research Institute. Their success indicates that our members are taking advantage of the opportunities to be an “engine of innovation” as put forth by the *JGIM* editors in their June editorial.⁴

So are we doing enough to support members in our mission to lead excellence, change, and innovation in clinical care, education, and research? Soon you will have a chance to vote for new members of the SGIM Council. Each candidate will present a vision for what we can do better. I urge you to reflect on what you expect from SGIM and factor that into your votes. You may even want to review the article that the Council published in June 2013 outlining a mission for the future of academic general internal medicine.⁵ In the meantime, I'd

like to hear from you if have ideas, suggestions, or concerns that you'd like the Council to consider.

References

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