FROM THE SOCIETY: PART I

Building the Next Generation of the GIM Workforce

Francine Jetton, MA; Ann B. Nattinger, MD, MPH; and Leslie Dunne, MA

Ms. Jetton is Director of Communications at SGIM, Dr. Nattinger is chair of the SGIM Communications Strategic Workgroup, and Ms. Dunne is Director of Development and Project Management at SGIM.

The field of general internal medicine (GIM) is challenged in the current health care system by poor systems of care (such as those requiring an undue emphasis on patient volume), poor reimbursement, and low prestige. These challenges have led trainees to avoid the field. For example, in recent years only 20% of internal medicine residency graduates have entered GIM practice compared to more than 50% a decade ago. These problems have developed, at least partially, due to unsatisfactory work environments and poor reimbursement for cognitive (as opposed to procedural) clinical care provided by general internists. These problems have led to poor primary care outcomes for many patients, high costs, and inequitable access to care.

As health care reform evolves and health systems are redesigned, there is a major opportunity to improve the primary care provided to our adult patients, thus leading to better health outcomes and less wasted care. The biggest opportunity for both improved outcomes and lower costs exists for those adults with chronic illnesses, such as diabetes, hypertension, and heart disease—the patients who are most likely to seek care from a general internist. However, it is critical that the voice of committed physicians be audible to ensure that the redesigned system does not replicate the problems of the current system. This voice must be audible both to policymakers designing systems of care and trainees who are deciding on career pathways.

SGIM has already undertaken multiple initiatives to influence policymakers regarding the redesign of care. For example, the SGIM Health Policy Committee is working on a regular basis to influence health care redesign for internal medicine and more broadly for primary care. In addition, SGIM sponsored a National Commission on Physician Payment Reform, which issued its report and recommendations in 2013. However, the Society believes that it is important to address the issue of trainees selecting GIM career pathways concurrently with efforts to redesign care systems for our patients.

In 2013, SGIM convened a strategic communications working group in order to address the issues of the GIM pipeline in an era of health care redesign. This group, funded by a generous grant from the Hess Foundation, has been working to identify solutions to this workforce issue. Knowing that SGIM alone cannot cover the entire waterfront, the workgroup narrowed the field of outreach to focus on engaging medical students (specifically M1 and M2) to consider career pathways available to them in GIM. Why should medical students choose a career in GIM? And how can that career become a pathway to “making a difference”?

This pilot program, slated to be launched at the 2015 annual meeting in Toronto, will consist of a six- to 12-month plan-do-study-act model. While this is a nationwide campaign in scope, the pilot phase of this initiative in terms of primary engagement—visible speakers and one-on-one interaction—will occur at five to 10 institutions where champions will bring the program forward. Secondary engagement (i.e., video, social media) will be nationwide in scope. In this effort, SGIM has teamed with Fenton Communications, a social change communications agency. Public relations, advertising, social media, video, design, research, and everything in between will be used to build a campaign that creates lasting change—like a re-invigorated primary care workforce!

Over the next six months SGIM and Fenton will be compiling qualitative research through focus groups, one-on-one interviews, and message development sessions to help us crystalize our messages and outreach to medical students. We’ll encourage early medical students to explore the possibilities of a career in GIM. Based on our initial success, we hope to broaden the program to other institutions over the next one to two years.

How can you help? Watch the SGIM website, Forum, and eNews for more information as the campaign progresses through the spring. Follow SGIM on social media channels (on Twitter @SocietyGIM and on Facebook at Society of General Internal Medicine). Look for our video debut and other materials at the 2015 annual meeting in Toronto. Volunteer to be a champion at your institution once the campaign launches, or simply talk to your students—and remind them how rewarding a career in GIM can be and how many career options are open to medical students just starting out. Why did you become a primary care physician? Why did you join SGIM? What makes you love your job? We are the best proponents of our field—let’s help others learn how they can make a difference.