

PRESIDENT'S COLUMN

Who is SGIM? Focusing on Six Strategic Priorities

Marshall H. Chin, MD, MPH

...with several other medical societies having areas of overlap, it is important to define the areas in which we are “best in class” and work to deliver that value.



At the April 2015 annual meeting in Toronto, the SGIM Council and chairs of committees and task forces identified answering the question “Who is SGIM?” as a top priority. SGIM Council discussed this question extensively at its June 2015 retreat and further honed the strategic priorities I described in last month’s *Forum* column. I will review Council’s exploration of this question and explain Council’s updated six strategic priorities.

Council first tried to understand what the question “Who is SGIM?” means. Part of the question is literal: SGIM is doing many different things, and communication can improve members’ awareness of all these activities. Filling that knowledge gap about what SGIM is doing is part of the issue. However, Council thought that the question also posed a more fundamental inquiry into what SGIM should be.

SGIM is diverse. We are active in education, research, clinical care, management, and policy. We cover the gamut of women’s health, inpatient and outpatient medicine, health equity, geriatrics, quality of care, behavioral health, and countless other areas. While SGIM’s breadth may make it harder for us to define ourselves, Council felt strongly that diversity is one of our great strengths and that the range of areas we engage in should be reassuring rather than angst inducing to us.

Nonetheless, energy and resources are limited, and with several other medical societies having areas of overlap, it is important to define the areas in which we are “best in class” and work to deliver that value. Council

then considered if we could define ourselves more clearly. We started by looking at the 2012 and 1998 versions of SGIM’s mission statement. The first clarification is that, as expressed in the 1998 statement, our focus is academic general internists. Virtually all SGIM members take care of patients, and clinical care is the soul of our jobs. However, a number of other societies focus on providing services to non-academic practicing general internists. Our special focus is general internists and related colleagues who have some combination of teaching, research, scholarship, administration, and policy work as part of their jobs. Thus, a key mission of SGIM is to help provide resources and opportunities for members to grow in these different facets through training, networking, and opportunities to present and share work.

A key theme during the Council discussions was that SGIM must not be a static organization but instead must be a thought and change leader that advocates for patients, learners, the health of the population, and the innovation and policy that spur that change. We must push the field ahead. Our efforts are geared toward making things better by reshaping the academic health center so it does a better job delivering care to patients and populations, re-engineering workflow to improve provider satisfaction and sanity, developing the best ways to train learners, performing research to improve quality of care and health outcomes, partnering with the community to advance health equity, and informing the health policies that have the

greatest impact on the nation’s health. SGIM as leader and change agent is a core concept. We need to create the future of general internal medicine for the next generation. We all want to make a difference in our careers and do work that innovates, improves care, and advances social justice.

In light of this fundamental discussion about “Who is SGIM?”, Council further developed the initial set of three strategic priorities I discussed in last month’s *Forum*:

1. *Improving the work environment.* Council clarified that the environment includes both the clinical practice environment as well as the academic environment for general internists.
2. *Fair reimbursement for primary care providers.* Current payment methodologies do not accurately measure the complex functions of the primary care physician who cares for complicated patients with multiple medical, behavioral, and social comorbidities.
3. *Increasing the value of SGIM for members.* Council added the following three strategies, which primarily describe in more detail key aspects of increasing SGIM’s value to members.
4. *Increasing career development opportunities.* These opportunities include skills development, mentoring, leadership, and engagement in SGIM. These topics align well with the three areas for which

continued on page 2

PRESIDENT'S COLUMN

continued from page 1

members wanted more support from SGIM as assessed by the 2014 membership survey: career development, leadership skills, and administrative skills. The 2015-2016 SGIM Annual Program Committee and many of SGIM's committees and task forces have also identified career development as a key priority, and enhancing members' professional development will be an important focus of a significant portion of their work. Some of this work will likely include planning some structured multi-year training pathways and resources to help members develop their professional skills.

5. *Leadership in cutting-edge issues.* Besides developing core professional skills and networking, members tend to engage in SGIM to help expand opportunities in their fields. The programming of SGIM, including that of its regional and national meetings as well as other offerings in between meetings, needs to help members push their fields forward. This year's program theme of population health is one example of trying to keep SGIM at the cutting edge.
6. *Growing SGIM membership at a healthy rate.* Recruiting and retaining more members who share the mission of SGIM is a good thing. More members bring more resources, allowing SGIM to do more. For example, SGIM could create and expand programs and advocate more successfully. Council felt there

are important largely unrealized sources of new members. For the pipeline, the "Proud to be GIM" campaign encourages medical students to enter the field of general internal medicine. Among existing general internists, a large potential growth group is the clinician-educator who primarily takes care of many patients and also has a teaching role. SGIM is the premier organization for academic general internists seeking ways to improve their teaching skills. In addition, Council thought it important to reduce barriers that may impede academic advanced care providers, including nurse practitioners and medical assistants, from joining SGIM.

I will end by recapping why this year's SGIM Council has concentrated so much of its early effort on clarifying SGIM's mission and creating and honing its six strategic priorities for the year. A diverse organization like SGIM needs to balance the strengths of a "let a thousand flowers bloom" approach of nurturing the many exciting interests and initiatives of our incredible membership with the benefits of focusing on the most important issues for our membership. Just like the specific aims section of a grant or the learning objectives of a curriculum, the mission statement and strategic priorities of an organization provide the guidepost that informs every major decision and enables it to maximize its impact and effectiveness with the resources at its

disposal. Already this year's strategic priorities have helped tremendously in informing the planning of the Annual Program Committee at its May 2015 retreat, and these priorities also helped Council greatly as it evaluated each committee and task force's requests for funding and staff support over the next year. Other key initiatives will be greatly influenced by the mission and strategic priorities, including SGIM's communications and marketing plan; the growth, development, and evolution of regional efforts within SGIM; and the nature of our partnerships with external organizations.

Council's early work this year has enabled us to build upon outstanding work by prior Councils. We have started a process that has explicitly brought SGIM's committees, task forces, and regional leaders into the strategic planning process. We have reviewed and clarified SGIM's mission and core constituency, identified six concrete strategic priorities, and begun operationalizing them as we provide feedback to the committees and task forces about their plans and resource allocations. We are also trying to create processes and structures that will enable coordination and continuity of planning over time so each newly elected Council can contribute its own innovations within the flow of strategic planning and implementation that spans years. SGIM Council has established a foundation for the work of the upcoming year and looks forward to working with you and SGIM's many committees, task forces, and interest groups on specific initiatives.

SGIM