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Reflection on SGIM Hill Day

George Weyer, MD

Dr. Weyer is assistant professor of medicine and associate medical director for population management in the Primary Care Group at the University of Chicago.

I would be the first to admit that lobbying in Washington, DC, as part of this year's Society of General Internal Medicine (SGIM) Hill Day was not something I had expected to be doing this March. Coming of age in an era of entrenched political dysfunction and economic instability had given me a healthy sense of skepticism regarding the benefits of political engagement. However, by the time I was watching the Capitol building recede from view on my return flight, I had realized that direct political engagement is a natural and essential part of my role as a primary care physician.

My transition toward this sort of direct political engagement started after joining the general medicine faculty at the University of Chicago. I have had the privilege of becoming deeply involved in efforts to reshape our care model in response to a shifting reimbursement environment. We at the University of Chicago, like others across the country, are grappling with increased financial risk sharing and developing strategies to manage health outcomes within attributed populations. This work has made it abundantly clear that decisions made in Washington have significant impact on the health resources available to my patients. Unfortunately, it has also become clear that physicians do not advocate with one voice and that opposing factions of organized medicine are as much a barrier to reform as the political log jams in Washington.

At the suggestion of my section chief, Deborah Burnet, MD, I applied for and received funding from SGIM to participate in this year's SGIM Hill Day as part of the "Chief's Challenge." I was grateful for the opportunity to try a new approach and, given SGIM's focus on academic primary care, research, and education, found the advocacy positions to be refreshingly aligned with my own values.

Even before arriving in Washington, it was apparent that SGIM's Health Policy Committee was organized and mission driven. I had been receiving weekly e-mails with logistical updates and background reading. For first-time attendees like me, there were helpful introductory sessions organized by Cara Litvin, MD, that included a presentation by the Patient-Centered Outcomes Research Institute (PCORI) director Joe V. Selby, MD. Cavarocchi-Ruscio-Dennis (CRD) Associates, SGIM's advocacy firm, had secured interviews with legislative aides from the home districts of all 70-odd attendees. We also were armed with "leave behind" materials and briefed by SGIM health policy aficionados including Mark Schwartz, MD, and Gary Rosenthal, MD, who updated us on the current efforts to avoid yet another patch for the flawed sustainable growth rate (SGR) and SGIM's position on graduate medical education (GME) reform.

When fellow Illinoisans and I headed out to Capitol Hill, I was struck by how busy the place was. With appropriations season in full swing, the sidewalks and hallways were teeming with groups of sightseers, student groups, advocates, lobbyists, and bureaucrats all jostling to voice their opinions (or at least to take a selfie). Living in a democracy that provides such direct access to the legislative process has certain advantages but, as a consequence, obliges each of us to advocate for our interests lest they be drowned out by the other voices seeking attention.

In our meetings with Congressional and Senatorial legislative aides, my group (SGIM President-Elect Marshall Chin, MD; Anna Volerman, MD; and Tony Jiang, MD) pressed a variety of issues on SGIM's policy agenda including SGR repeal, restoration of Medicaid reimbursement parity, better accountability for GME funding, protection of PCORI from anti-Obamacare activism, and expansion of funding at the National Institutes of Health with a focus on the Clinical and Translational Sciences Award program. The legislative aides, despite varied levels of experience, were well informed about the issues, polite, and interested in our perspective. It was empowering to sit in my elected representative's office while a staff member responded to my concerns.

For me there were a few surprises (evidently neurologists have been pressing to be recognized as primary care providers in reference to Medicare primary care bonus payments) and a few expected responses (passing a replacement to the SGR is going to be really expensive). On the whole, it seemed that there is support in Washington for efforts to improve primary care training, methods for reimbursement for primary care services, and funding for the health services research that guides our work. The details of how and when those goals will be accomplished remains to be seen, but I left each meeting with a new e-mail con-

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tact, a new perspective on my ability to influence reform, and the satisfaction of having voiced my opinion.

Speaking for myself, Hill Day changed my perspective on the value of political engagement and the responsibility I have as a physician to advocate for my patients. The future holds many challenges for American health care. As an aging baby boom generation meets a physician workforce that is both undersized and unevenly distributed, the challenges of delivering high-value health care will only increase. In response, we will need thoughtful reimbursement, education, and research funding policies. Additionally, as health care organizations shoulder financial risk for the costs of care, physicians will soon find that policy concerns previously relegated to the realm of public health (such as environmental or tobacco regulations) are also directly connected to reimbursement. This alignment between the interests of health care providers and public health policymakers is equally important at the national, state, and local levels.

As I envision the future of my career as an academic primary care physician, I can see that I will be held increasingly accountable for the health outcomes achieved by my patients. From my perspective, as physician responsibilities encompass population health in addition to individual health, our advocacy responsibilities should expand from the individual level to the political as well.

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