

FROM THE SOCIETY: PART I

What is the Role of SGIM's Health Policy Committee?

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SGIM advocacy promotes and supports policies that improve patient care, strengthen education and training, and promote research in general internal medicine (GIM). The Society does not advocate for issues that are divisive within the SGIM membership. To use limited resources most effectively, advocacy focuses on issues that are critical to GIM's future or that allow SGIM to offer a unique perspective. SGIM follows a specific annual advocacy agenda that is categorized by the core areas of our organization. Thus, the Health Policy Committee (HPC), chaired by Thomas O. Staiger, MD, is organized into four subcommittees: Education, Research, Clinical Practice, and Member Outreach.

The Education Subcommittee, chaired by Robert B. Baron, MD, MS, and co-chaired by Jeffrey R. Jaeger, MD, is dedicated to advocacy in three major areas: 1) pre-doctoral education, residency training, and faculty development in primary care medicine, including the overall governance and financing of the federal government's graduate medical education system; 2) diversity of the health professions; and 3) interdisciplinary and rural health professions education. These three areas are embodied in federal legislation that is included in the Title VII Health Professions legislation, commonly known as "Title VII", and the Medicare graduate medical education program. Anyone with an interest in or dedication to educating health professionals or promoting access for disadvantaged, underserved, and vulnerable populations would be welcome to join the Education Subcommittee. Their work addresses professionalism, human

rights, health literacy, patient safety, quality improvement, recruiting a more diverse health professions workforce, and educating professionals to eliminate health disparities in the 21st century.

The Research Subcommittee, chaired by Gary E. Rosenthal, MD, and co-chaired by Nancy L. Keating, MD, MPH, generates policy recommendations and advocates for research support for the improvement of clinical care and health care delivery through clinical research and health services research. The subcommittee also advocates for education and training that supports such research. The primary focus is on supporting and providing input into research-related policies for the Agency for Healthcare Research and Quality (AHRQ), the National Institutes of Health (NIH), and other federal agencies and private sector agencies, including the Patient-Centered Outcomes Research Institute (PCORI).

To further these goals, the Health Policy Research Subcommittee advocates via initiatives organized on behalf of SGIM to inform and influence Congressional action and implementation by administration. These actions include short- and long-term efforts to ensure the support of research and research training consonant with SGIM's objectives.

The Clinical Practice Subcommittee, chaired by Keith A. Vom Eigen, MD, PhD, MPH, and co-chaired by Thomas A. Sinsky, MD, monitors governmental activities that enhance or restrict patient access to health care and/or improve reimbursement and support for clinical practice. Specifically, with the support of CRD Associates, SGIM's lobbyists, sub-

committee members track select Centers for Medicare and Medicaid Services (CMS) and Health and Human Services programs. Subcommittee members are encouraged to identify and collaborate with colleagues within SGIM and from other profession organizations, including the American College of Physicians and the American Academy of Family Physicians. Subcommittee members are asked to become knowledgeable in one or more issues. Areas of subcommittee focus include the following:

- *Physician reimbursement.* This includes the activities of the Relative Value Scale Update Committee (RUC), CMS changes in the conversion factor (CF), Congressional changes in the sustainable growth factor (SGF), and the Medicare Payment Advisory Commission.
- *Medicare.* This includes the patient-centered medical home; pay for performance; and national quality initiatives, program qualifications, and conditions.
- *Health information technology (HIT).* This includes monitoring federal plans to support HIT deployment and maintenance.
- *Health care access.* This includes activities related to any federal regulations that might interfere with health care access, including health disparities and barriers to care based on language. This also includes rural health initiatives, community health initiatives, and the National Health Services Corps. The subcommittee is committed to universal health care access.

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Finally, the Member Outreach Subcommittee, chaired by Cara B. Litvin, MD, MS, focuses on recruiting new members and encouraging the involvement of all HPC members. In the ideal world, every SGIM member is an advocate. In truth, advocacy can be daunting, time-consuming, and highly specialized. It takes a glossary just to know what all the acronyms mean.

Specific goals of the Member-

ship Development Subcommittee are to expand the diversity of the membership, create educational tools to make advocacy more accessible, and keep information on the SGIM website current and relevant. The subcommittee also takes a key role in planning and conducting "Hill Day." During this structured educational event, usually held in mid-March, members are guided through a day of advocating for

SGIM issues in their congressional representatives' offices in Washington, DC. The subcommittee also provides advocacy updates to the regional meetings, monthly articles for *SGIM Forum*, and health policy curriculum for the SGIM website.

For more information about joining any of these committees, please contact committee chair Thomas O. Staiger, MD, at staiger@u.washington.edu. **SGIM**