FROM THE REGIONS

Midwest SGIM 2015: An Innovative Success
Christopher Bruti, MD; Andrea Sikon, MD; and Michele Fang, MD

Dr. Bruti is membership chair of Midwest SGIM and assistant professor at Rush University Medical Center; Dr. Sikon is past-president of Midwest SGIM, chair of the Department of Internal Medicine & Geriatrics, and associate professor at the Cleveland Clinic; and Dr. Fang is president of Midwest SGIM and associate professor at the University of Iowa.

The Midwest is home to SGIM’s largest region, spanning 13 states with more than 700 members. This year, the Midwest SGIM Annual Meeting was held at the Cleveland Convention Center in downtown Cleveland, OH, on August 27-28, 2015. Our theme was “Engaging Patients in the 21st Century: Innovations in Models of Care, Education, and Research.” Tremendous work has been done in recent years to transform our models of care in general internal medicine (GIM). Technological advances and changing patient expectations have altered our relationships with the systems, teams, and patients we interact with daily. In this ever-advancing field, we are striving to meet patients where they are and when they need us in innovative ways to maximally engage them in their care. Recognizing that general internists need to find ways to use technological, educational, and clinical advances to improve patient care, we were excited to see our membership’s response to our call for work highlighting the innovations of the Midwest region. Attendance approached the record set in 2014, with 289 submissions and 209 attendees at the first Midwest SGIM meeting outside of Chicago, IL.

Each plenary speaker addressed a component of our innovations theme with six main objectives: 1) share successful innovations around engaging patients through the use of technology, 2) examine ways to blend demands for increasing patient access with provider needs for self-care and resilience, 3) share demonstrations of creative community-based partnerships that heighten patient education and outreach, 4) explore ways to teach trainees how to engage patients, 5) develop techniques for engaging trainees in practice transformation, and 6) distinguish how to conduct patient-centered outcomes research and effective quality improvement studies.

Neil Mehta, MBBS, MS, FACP, associate professor of medicine, director of Education Technology, director of the Center for Online Medical Education and Training at the Cleveland Clinic, and Web editor of the Journal of General Internal Medicine, delivered an engaging plenary titled “Helping Students Practice What They Preach—Leveraging Technology in Education and Patient Care.” He provided an enthralling talk about the challenges of medical education in the era of big data (i.e., electronic health records (EHRs), social media, and genomics). Maximizing the use of genetic data and artificial intelligence to customize care of patients will require general internists to learn the language of technology and collaborate with data scientists including computer scientists. Dr. Mehta encouraged the audience to embrace technology to augment but not replace the human role in patient care and education.

Elizabeth Jacobs, MD, associate vice chair for Health Services Research in the Department of Medicine & Health Innovation Program at the University of Wisconsin-Madison, discussed her exciting experience in Patient-Centered Outcomes Research Institute (PCORI)-sponsored research in a talk titled “Patient-Centered Outcomes Research: the Wave of the Future.” The PCORI model is an innovative research format that uses a combination of patient stakeholders, traditional research methods, and big data to provide truly patient-centered outcomes. PCORNet is a database that integrates health data for studies and catalyzes research partnerships among Clinical Data Research Networks (CDRNs), which are based in hospitals and health centers. Patient-Powered Research Networks (PPRNs) are run by groups of patients and their partners who are focused on one or more specific conditions or communities and are organized to share health information and participate in research. Dr. Jacobs described her research in comparing community-based peer-to-peer support to standard community services in the promotion of health and wellness among older adults at risk for frequent use of acute-health care services and/or nursing home placement.

The Thursday plenary session was devoted to top-ranking vignettes, innovations, and scientific research. Rushad Patell, MD, from Cleveland Clinic presented “Ockham’s Razor to the Rescue!” This presentation illustrated a rare case of Frederick’s ataxia presenting with abdominal pain, broad-based gait, and Romberg’s sign. Andrew Schamess, MD, from The Ohio State University presented his work demonstrating how home visits to patients with multiple comorbidities can lead to reductions in readmissions. The EHR was used to help select patients and follow outcomes in these patients after two years. Wei Lee, MD, described efforts at the University of Chicago to study patient perceptions on physicians’ use continued on page 2
of the EHR during office visits. Most patients in their study felt that the EHR improved coordination of patient care, especially among multiple specialties. The biggest challenge faced by physicians was to ensure that communication skills did not suffer while working with EHRs in the presence of patients.

In response to previous Midwest member regional surveys, we focused on promoting networking and collaboration and offered group-mentoring sessions on hospital medicine, work-life balance, contract negotiation, medical education, research, and SGIM Forum over lunch on each day. We also continued one-on-one mentoring this year. These activities were organized by our at-large council member Kurt Pfeifer, MD, of the Medical College of Wisconsin. In addition, we had the first ever Midwest “Night on Fourth Street,” where members gathered for informal appetizers and networking.

Meeting highlights included updates from national SGIM by SGIM president Marshall Chin, MD, of the University of Chicago; a health policy update presented by Health Policy Committee member and national SGIM award winner (2009) Mark Liebow, MD, of the Mayo Clinic; and a highly informative update in GIM presented by Michael Rothberg, MD, and Stacey Jolly, MD, of the Cleveland Clinic.

Our regional meeting was in itself a huge innovative success: We broke new ground with a new location, new mentorship opportunities, and new sponsors. Members from the entire region contributed by serving as committee chairs, institutional champions, reviewers, moderators, poster judges, mentors, and meeting participants. The success of the meeting is a direct result of everyone’s hard work and love for GIM. We look forward to building on the success of this conference and continuing to innovate as we look toward 2016.