

PRESIDENT'S COLUMN

Everyone in SGIM is an Advocate

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SGIM's committees, task forces, and the annual program committee are in the process of developing a variety of career development curricula that will cover topics important for advocacy.



I'd like to describe SGIM's role in advocacy and explain how you can get involved. Whether you know it or not, everyone in SGIM, including you, is an advocate.

University of Chicago medical students take a required health disparities course in the fall of their first year, and over the past couple of years, course directors Monica Vela and Valerie Press have made advocacy a major theme of the course. For some students, the idea of being an advocate is a natural continuation of their prior lives as policy wonks, volunteers in political campaigns, participants in single-issue movements, and community activists. Many other students are familiar with the debates over the Affordable Care Act (ACA) and can easily visualize a role advocating for health policies that are important to them. Some students, however, are genuinely perplexed and wonder what advocacy has to do with their careers as physicians.

Over the ensuing weeks of the course, the medical students gradually realize there is a spectrum of advocacy, and the challenge is figuring out where along this continuum they personally feel most comfortable. Uniformly, the students will agree that one of their core responsibilities is to advocate for their patients. Increasing numbers of students envision quality improvement or health care administration as parts of their careers, and so advocacy for local systems improvement is natural. Other students are headed to careers in outcomes research and recognize the power of data in policy and advocacy. And some students see themselves marching in Wash-

ington or walking the halls of the Capitol in our stereotypical role of the health policy advocate.

One of the major benefits of being a member of SGIM is the power of the group. Organizations carry more power and influence than individuals. Each year, SGIM Council approves a health policy agenda that provides guidance for the work of the Health Policy Committee and the lobbying firm (Cavarocchi-Ruscio-Dennis Associates, LLC) SGIM contracts with. Here are examples of priority topics from this year's recently approved policy agenda:

1. *Education.* Graduate medical education reform, including adequate funding of primary care and adequate funding of the Health Resources and Services Administration (HRSA) Title VII, which supports primary care training;
2. *Research.* Funding of Patient-Centered Outcomes Research Institute (PCORI), the Agency for Healthcare Research and Quality (AHRQ), the National Institutes of Health (NIH), VA health services research, and the NIH Clinical and Translational Science Award (CTSA) program; and
3. *Clinical Practice.* Paying general internists appropriately; better physician reimbursement schemes than that of the American Medical Association's Relative Value Scale Update Committee (RUC); continued primary care bonus payment; and insurance reform that ensures patient access to care.

Given our limited resources, each policy topic receives a priority code that determines the level of our investment. Active advocacy issues are those in which SGIM members, staff, and consultants will be heavily involved. Coalition advocacy issues are those in which SGIM's consultants will work collaboratively with other stakeholder organizations to advance SGIM's positions. Monitoring advocacy issues are those in which SGIM's consultants will provide strategic advice and counsel but will not actively promote a position. The most resources go to issues central to SGIM's mission that are not covered in depth by our allies. For example, paying general internists appropriately is addressed by active advocacy, funding the NIH CTSA program is pursued with coalition advocacy, and improving patient access with insurance reform falls under monitoring advocacy. SGIM's lobbying firm complements our internal volunteer expertise, allowing SGIM to have a constant presence on Capitol Hill. The advocacy firm and SGIM receive information on current and emerging issues, educate legislators on general issues and specific pieces of legislation, and collaborate with other friendly organizations on areas of shared interest.

I'll give a couple examples of how SGIM as an organization is involved in advocacy. As of early July 2015, AHRQ experienced the most serious threat to its existence in years. The House Committee on Appropriations recommended zeroing out AHRQ's budget while its Senate counterpart proposed a significant

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reduction. SGIM's Health Policy Committee is currently acquiring more information and planning our advocacy. Part of the effort will be coalition advocacy. An organization named Friends of AHRQ coalesces the many organizations and stakeholders that support AHRQ. Friends of AHRQ has organized a campaign to get organizations to sign a letter of support for AHRQ and is actively reaching out to legislators on the Hill. Some of SGIM's efforts will be as an individual organization. We are currently gathering information to better understand the opposition of the House and Senate to AHRQ, which legislators may support AHRQ, and AHRQ's position within the wider Department of Health and Human Services. Several months ago, former SGIM president Eric Bass and former Health Policy Research Subcommittee chair Gary Rosenthal met with AHRQ Director Richard Kronick to discuss concerns that were raised when SGIM members spoke with their legislators and staff about AHRQ during last spring's Hill Day. Funding for AHRQ was one of the priority issues on Hill Day.

The AHRQ example relates to advocacy for legislative funding, and the second example is policy advocacy within the profession. Most of you are probably familiar with the current controversy over the American Board of Internal Medicine's Maintenance of Certification (MOC) program. While the MOC program has multiple important challenges, SGIM Council believes that we should focus our efforts on helping design what an ideal version of MOC

would be. SGIM meets yearly with the leadership of a number of other key professional organizations. At last April's SGIM Annual Meeting in Toronto, we met with SGIM member Bob Centor who was representing the American College of Physicians (ACP) as the chair of their Board of Regents. Bob invited SGIM to partner with ACP as they begin an effort to inform ABIM on the future of the MOC program. SGIM has a MOC Task Force, and SGIM Council has charged our task force and Chair Eric Green with representing SGIM on this important joint ACP-SGIM working group.

I'll end by giving my advice on how to get further involved in SGIM's advocacy efforts, which is something that I think you will find interesting and rewarding. First, participate in SGIM's spring Hill Day. Here, you will travel to Washington, DC, quickly get trained in Advocacy 101, and then spend the day on the Hill meeting with your House and Senate legislators and staff to discuss a few key issues important to SGIM and general internal medicine. Many of us initially feel intimidated by the idea of political advocacy. Nothing demystifies the process and gives you confidence in your ability to participate in and influence the political process like talking to your elected representatives on important issues. Plus, it's fun. Everyone I am aware of who has participated in a Hill Day has enjoyed the event. For those of you specifically interested in health policy, join the Health Policy Committee. I've participated on this committee for the past two years and have learned an immense

amount about the political process and specific issues by listening to, observing, and getting the advice of the committee. The committee is friendly, productive, and eager to welcome new members. To join the Clinical Practice, Education, Research, or Outreach Subcommittees, contact Francine Jetton at jettonf@sgim.org.

For those of you interested in advocacy for policies in specific areas such as education, equity, or aging, volunteer for the related SGIM committee, task force, or interest group, and then do a good job. Years ago I ran for Midwest SGIM Council twice and lost both times. I wanted to get more involved in SGIM, so I volunteered for a variety of regional and national activities and gradually got to know the organization well. If you do a good job in whatever you volunteer for, people will take notice, and you'll have more opportunities over time. SGIM is an easy organization to get involved with, and it does not take long before you can contribute and represent SGIM in important professional and policy advocacy efforts. Also, submit abstract and workshop applications on the topics of your advocacy interest to influence the program content at your regional and national SGIM meetings.

Finally, get more training in the different skills necessary for successful advocacy. Take workshops at the SGIM Annual Meeting on Advocacy 101, communicating with the media and lay community organizations, and writing op-eds and commentaries on specific policy topics. Many of your local institutions offer related

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training on topics such as being interviewed by the press; some have government relations departments that can support your advocacy. SGIM's committees, task forces, and the annual program committee are in the process of developing a variety of career development curricula that will cover topics important for advocacy. In addition, SGIM is blessed to have many master advocates from whom we can all learn. For example, John Goodson has devoted much of his career to advocating successfully for fair reimbursement for primary care physicians, and Oliver Fein has been a lifelong advocate for social justice in health.

Sometimes people will question whether they can truly be influential

as an advocate. Is it worth the effort? The last week of June 2015 was a good one for progressives. The Supreme Court upheld the ACA and a housing anti-discrimination law and legalized gay marriage nationwide. Why did this occur in a court with stark ideological divisions that mostly leans conservative? Several years ago, I asked one of my friends who is a law professor why the Supreme Court didn't more frequently stand up for justice. My friend told me that conceptions of justice are always contested and evolving. Public opinion inevitably affects the justices, so the Court's stance often shifts as public attitudes develop. The progressive Supreme Court decisions on the

ACA, housing discrimination, and gay marriage reflect the culmination of short- and long-term advocacy efforts. This advocacy led to dominant national attitudes supporting health insurance coverage for millions of ill Americans, preventing discrimination in access to housing, and affirming love and commitment to life partners, regardless of sexual orientation and gender identity. Each piece of advocacy and effort to speak out over the years was critical in creating the environment in which a generally conservative Supreme Court felt it was the right decision to uphold these ideals. Yes, advocacy makes a difference, and we are all advocates in SGIM.

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