Hooray for Hollywood!
Sarajane Garten, MA, and Francine Jetton, MA

Ms. Garten is SGIM Director of Meetings, and Ms. Jetton is SGIM Director of Communications.

The 2016 SGIM Annual Meeting was held May 11-14 in Hollywood, FL, at the Diplomat Hotel & Spa. Our theme was “Generalists Engaged in Population Health: Improving Outcomes and Equity through Research, Education, and Patient Care.” Population health focuses on the health outcomes of a group of individuals, including the distribution of those outcomes within the group. General internal medicine (GIM) sits uniquely at the nexus of caring for individuals and populations, affording us the opportunity to achieve innovation and excellence in the education, research, and patient care of populations—one patient at a time.

The meeting was a success in many ways. With 2,193 attendees, it was certainly the largest in the history of SGIM. This year, 784 peer reviewers—more than 25% of SGIM members—developed the content; these peer reviewers read and scored the 2,229 submissions received—another record-setting number! Participants were offered a variety of educational formats at 13 different session times, including three major plenaries, a dozen poster session times, and countless workshops/abstracts/oral vignettes.

At the plenary session on Thursday, Marshall Chin, MD, MPH, 2015-2016 SGIM president, opened the meeting with his presidential address titled “SGIM and the Developmental Life Course: Current Challenges and the Path Forward.” Timothy G. Ferris, MD, MPH, delivered the 2016 Malcolm L. Peterson Honor Lecture (Friday) titled “Progress in Improving Healthcare Delivery.” The Program Committee re-conceptualized the Saturday morning plenary session. Rather than a traditional keynote address, they organized a CaREER Development session titled “Mapping Your Journey: An Armchair Conversation Across Generations About CaREER Development.” This session presented a conversation on career development and work-life balance. Panelists of different generations and academic levels highlighted their own strategies at each career stage as well as lessons learned along the way. Additionally, Frank Fortin, the new SGIM executive director, was introduced to the continued on page 10
Health Policy Committee Annual Meeting Update: Planning for a Year of Successful Advocacy

Thomas O. Staiger, MD

Dr. Staiger is chairperson of the Health Policy Committee and medical director of the University of Washington Medical Center. He can be reached at staiger@uw.edu.

At our annual meeting in Florida, members of the Health Policy Executive Committee, Committees (i.e. Clinical Practice, Education, and Research), and Interest Group met to reflect on what we have accomplished in the last year and to identify opportunities to influence health policy in support of our three major committee objectives:

- Fair and equitable Medicare reimbursement policies,
- Adequate funding for health professions training, and
- Support for health services research.

Accomplishments

In the last year, the Health Policy Committee has achieved the following:

1. The Cognitive Care Alliance (CCA) was created through SGIM’s leadership. The CCA has brought together eight specialty societies, including the American Gastroenterology Association, the American Academy of Neurology, and the Endocrine Society, to advocate for improved reimbursement for evaluation and management (E&M) services.

2. SGIM was an active participant in a successful advocacy effort to reduce proposed cuts to the Agency for Healthcare Research and Quality (AHRQ) budget.

3. Hill Day 2016, which attracted 63 SGIM members and students from 18 states, included 68 meetings on Capitol Hill to advocate for our research, education, and clinical care priorities. Cara Litvin and Ted Long did an outstanding job of organizing this event, in partnership with our colleagues at CRD Associates.

4. A Leadership in Health Policy (LEAHP) proposal was submitted to Council to provide career development resources and opportunities to SGIM members and help broaden engagement in the Society’s health policy efforts.

5. An update in health policy was presented at the annual meeting.
Networking SGIM
Eileen E. Reynolds, MD

SGIM leaders have a robust schedule of formal sessions with external leaders, connecting in person with strategically placed members and leaders to help us advance our mission and priorities...

This issue of Forum is filled with reflections on the amazing 2016 SGIM Annual Meeting. With record-breaking attendance, the meeting helped our members take advantage of many career development opportunities. There are so many reasons to attend the meeting—to hear leaders speak, to present your work, to learn from workshops, to engage a new mentor, and to develop your network.

When doctors hear the word “networking,” they tend to think of smartly dressed business people drinking fancy cocktails and trying to meet someone who can “do” something for their careers. For SGIMers, though, networking means meeting other people who do similar work across the country or world, getting advice from wise faculty who are at distant institutions, and collaborating with members who have similar passions and interests. In fact, in the 2014 SGIM Member Survey, 53% said that networking was an “important” function at regional and national meetings, and 42% said that it was “critical.” That makes networking the single most important service that SGIM provides, at least according to the survey.

It’s ironic that our membership survey identified networking as a highly important opportunity because the residents and leadership fellows I teach most often feel uncomfortable about very deliberate networking. Given that networking is really about intentionally meeting people who may be able to help your career (or you theirs) and then maintaining a relationship with them, the concept can feel inappropriate for us generalist physicians who spend our work time trying to help others instead of ourselves. However, networking is an important skill. Increasingly, research suggests that faculty with broad professional networks have greater academic success. In fact, professional societies do play a key role in professional networking for physicians.

In a classic article from the business literature on networking (a quick and useful read), Ibarra and Hunter suggest that leaders develop three types of networks:

1. **Operational networks.** These are typically within your organization; they are connections and contacts that help you get work or projects done. For example, if you know a surgeon well, you can curbside her about clinical questions rather than have your patient wait for a formal consultation. Leaders need strong interpersonal skills and relationship building to develop and maintain these connections throughout their organization, which helps them succeed at work.

2. **Personal networks.** These networks provide personal and professional benefit to a leader. Those in a leader’s “personal” network are typically external and relate directly to current and future career interests. Leaders with the strongest personal networks have breadth in their influence and connection. These leaders can reach out to their network for referral to yet another more distant layer of connection. This is the essence of the networking that our members typically seek during the SGIM annual meeting.

Catching up with friends from other institutions, signing up for a mentoring program, and introducing yourself to a speaker or an abstract presenter are all examples in this category of networking. Keeping in touch with this group is not only fun, continued on page 12...
The Society of General Internal Medicine presented numerous awards and grants during its Annual Scientific Meeting, held May 11-14, 2016, at the Diplomat Hotel & Spa in Hollywood, FL. SGIM is proud and pleased to announce the recipients by category:

**Recognition Awards**

The Robert J. Glaser Award was presented to Ann B. Nattinger, MD, MPH (Medical College of Wisconsin), for outstanding contributions to research, education, or both in generalism in medicine. The award is supported by grants from the Henry J. Kaiser Family Foundation, the Commonwealth Fund, and individual contributors.

The Elnorah M. Rhode Service Award was presented to Martha Gerrity, MD, MPH, PhD (Oregon Health and Science University), for outstanding service to SGIM and its mission of promoting patient care, research, and education in general internal medicine.

The Herbert W. Nickens Award was presented to Giselle Corbie-Smith MD, MSc (University of North Carolina at Chapel Hill), for a demonstrated commitment to cultural diversity in medicine.

The Association of Chiefs and Leaders of General Internal Medicine (ACLGIM) Chiefs Recognition Award was presented to Wishwa N. Kapoor, MD (University of Pittsburgh Medical Center). This award is given annually to the general internal medicine division chief who most represents excellence in division leadership.

The Lawrence S. Linn Award was presented to Jonathan Ross, MD (Montefiore Medical Center). This award is presented to young investigators to study or improve the quality of life for persons with AIDS or HIV infection.

The ACLGIM UNLTD (Unified Leadership Training in Diversity) Award recognizes junior and mid-career faculty from underrepresented groups with proven leadership potential. Recipients of this award receive a training scholarship to attend the Leon Hess Leadership Institute hosted by the ACLGIM. The 2016 recipients are Claudia L. Campos, MD (Wake Forest University), and Anika A. H. Alvanzo, MD, MS (Johns Hopkins University).

The ACLGIM Leadership Award is given to a member of the ACLGIM who is within the first 10 years of faculty appointment. It recognizes skills in leadership in any number of areas of academic medicine, including clinical, educational, research, or administrative. The 2016 recipient of this award is Carla L. Spangnoletti, MD, MS (University of North Carolina at Chapel Hill).

The Quality and Practice Innovation Award recognizes general internists and their organizations that have successfully developed and implemented innovative systems of practice improvement in ambulatory and/or inpatient clinical practice. The 2016 award was presented to Gary S. Fischer, MD (University of Pittsburgh GIM Ambulatory Clinic).

The Mary O’Flaherty Horn Scholars in General Internal Medicine (a.k.a. Horn Scholars Program) is a three-year career development award for outstanding junior medical school faculty in general internal medicine. The Horn Scholars Program is intended to foster a new career track for physicians centering on successful balance of career, family, and social responsibilities. This year’s recipient is Abigail Lenhart, MD (Oregon Health and Science University).

The Founders’ Award was presented to Reem Hasan, MD (Oregon Health and Science University), for her proposal titled “Inpatient Hospitalization: Patterns in Adolescents and Young Adults.” The SGIM Founders Award provides $10,000 support to junior investigators who exhibit significant potential for a successful research career and who need a “jump start” to establish a strong research funding base.

The National Award for Career Achievements in Medical Education was presented to Melissa A. McNeil, MD, MPH (University of Pittsburgh Medical Center), for a lifetime of contributions to medical education.

**Research Awards**

The John M. Eisenberg National Award for Career Achievement in Research was presented to Lisa V. Rubenstein, MD, MSPH (VA Greater Los Angeles), in recognition of a senior SGIM member whose innovative research has changed the way we care for patients, conduct research, or educate our students.

SGIM member contributions and the Hess Foundation support this award.

The Outstanding Junior Investigator of the Year was presented to Ryan Greysen, MD, MHS, MA (University of California, San Francisco), for early career achievements and an overall body of work that has made a national impact on generalist research.

The Mid-Career Research and Mentorship Award was presented to L. Ebony Boulware, MD, MPH (Duke University School of Medicine), in recognition of mentoring activities as a general internal medicine investigator.

The Best Published Research Paper of the Year was presented to Rebecca T. Brown, MD (University of California, San Francisco), for her publication “Health Outcomes of Obtaining Housing Among Older Homeless Adults.” This award is offered to help members gain recognition for papers that have made significant contributions to generalist research.

The Founders’ Award was presented to Reem Hasan, MD (Oregon Health and Science University), for her proposal titled “Inpatient Hospitalization: Patterns in Adolescents and Young Adults.” The SGIM Founders Award provides $10,000 support to junior investigators who exhibit significant potential for a successful research career and who need a “jump start” to establish a strong research funding base.

**Clinician-Educator Awards**

Ms. Jetton is the Director of Communications at SGIM and can be reached at jettonf@sgim.org.
I am not a “Monday morning quarterback.” I try to avoid living vicariously through others. So why on earth am I—someone who was unable to attend the 2016 SGIM Annual Meeting—writing about tweeting at the meeting?

Health care is in the midst of a social media revolution, which continues to radically change the nature and capabilities of dialogues in medicine. Health care social media (#hcsm) is dynamic and inclusive, facilitating two-way conversations rather than static output of data. SGIM Forum dedicated the June issue to health care social media and Internet/mobile-based technologies. Our goal was to illustrate the many ways in which physicians, residents, students, and patients can benefit from these rapidly expanding communication tools. I hope this piece further highlights the value of social media in the health care arena.

It is easy to feel intimidated by the vast landscape of social media in medicine. I recommend starting by identifying goals and objectives from which you can build a roadmap. Start by identifying key hashtags and Twitter handles; then find elements of familiarity in your social media network. On the first day of the conference, I chose to follow the dedicated meeting hashtag #SGIM16. I also knew that my co-lead on the June SGIM Forum issue, Amanda Clark (@amandavclark), MD, would be tweeting at the meeting, so I kept my eye out for her regular tweets. One of the first tweets that caught my eye was from a fellow member of my division of hospital medicine, Ximena Levandar (@xlevander), MD. She posted a picture of her badge ribbon, stating “I’m Tweeting,” and thus I quickly added her name to my mental list of “go to” tweets. Additionally, because different social media platforms overlap and intersect in different ways, I also read Ximena’s tweets as she cross-posted them to Facebook.

Social media guru Vineet Aurora (@FutureDocs), MD, in her June SGIM Forum interview, described the social media pyramid of participation: observe-learn-advocate-create content. Because meeting attendees were disseminating content from the top of the tweeting pyramid, those at the bases—including health care providers who remained behind in clinics and on the wards—could benefit. From my own personal Twitter account, I mainly “followed.” I read other people’s tweets and occasionally replied to colleagues. I also followed the meeting via the other account I manage, our internal medicine residency program’s account (@OHSUIMRes). I learned which members of our faculty were attending the conference through tweets of group photos. I then broadcast OHSU faculty participation in the conference to other OHSU social media channels (i.e. @OHSUSOM, @OHSUNews), including the tweet of Meredith Niess (@DrNermal), MD, about our division of internal medicine’s impressive representation at the #SGIM16 awards.

To further expand the value and impact of #hcsm, one needs to measure and analyze its trajectory. The SGIM annual meeting has been registered with Symplur® (symplur.com, @symplur) every year since 2013 (i.e. #SGIM13, #SGIM14, #SGIM15, and #SGIM16). Symplur runs the “Healthcare Hashtags Project” (@healthhashtags), which tracks social media utilization. As you can see from the figure above, the social media footprint from the SGIM meetings has dramatically expanded and evolved over the years. This year, during the week of the meeting, 4,193 tweets included #SGIM16. This was a 94% increase compared to #SGIM15 and a 360% increase compared to #SGIM13! In sum, 904 different participants tweeted #SGIM16—a 61% increase compared to #SGIM15 and a 324% increase compared to #SGIM13! #SGIM16 averaged 25 tweets/hour during the week of the
I hope everyone had a great time in Hollywood, FL, at the SGIM 2016 Annual Meeting. Now that you have traveled home safely and had some time to reflect on all you learned, how about reconnecting with SGIM? Get to know GIM Connect and increase the impact of your SGIM membership throughout the year.

Follow these clues to launch your own personalized GIM Connect scavenger hunt. Get started on a journey that can catalyze your career trajectory!

Ready, set... GO!!!

1. Visit connect.sgim.org. Log on to GIM Connect with your SGIM username and password. (Visit www.sgim.org, and click on “member login” to request a password if you have forgotten yours.)

2. Customize your GIM Connect profile. Go to your member home page and upload your photo by clicking on “My Profile.” Follow prompts to edit your biographical, career, and contact info or sync with your LinkedIn account to import this information.

3. Join your regional community. Look under “Communities” in your profile. Calendar the dates of your regional meeting, and plan to attend. Do you know your regional leaders? Look over the list. Send someone an e-mail, and volunteer to assist in planning for the regional meeting. Whether you are an ambulatory practice clinician or hospitalist, educator, or researcher, reviewing abstracts for the regional meeting is a great way to meet colleagues who share your interests in general internal medicine (GIM)!

4. Follow SGIM on social media. Click on one of the social media icons at the bottom of the page, and follow SGIM. Follow @SocietyGIM on Twitter. Retweet or like a posting from the #ProudtobeGIM campaign. Add your voice to support GIM with a tweet. Look for the SGIM Council photo from the June Council Retreat (originally posted on June 17 by @BLeemdRVA).

5. Use the member directory. Search for someone you met at the annual meeting. Send them an e-mail.

6. Join an interest group. Click on “Communities” and then “Interest Groups.” Find an interest group you would like to join? All it takes is a click to add yourself to the interest group.

7. Participate in the all-member forum. Want to pose a question to the entire membership? Find the all-member forum under “Communities,” and ask a question. See who answers. Strike up a conversation with members from all over the world.

8. Want to do more with SGIM? Write a reflection about how SGIM membership and members have influenced your career. Send it to Editor. SGIMForum@gmail.com. You may be included for publication in an upcoming issue of SGIM Forum!
members at the opening plenary session where many of the attendees took the opportunity to welcome him to the SGIM family. For only the second time in 18 years, a medical student, Jerry Lee, was one of the featured plenary speakers with a presentation on “The Duke Hotspotting Initiative (DHSI): Integrating Medical Education with Community-Based Care Coordination.” Another plenary highlight was SGIM’s first “second-generation” plenary presenter, Danielle Fine, who spoke on “Hypoparathyroidism Masquerading as Neuropsychiatric Illness: Unmasking the Importance of Cognitive Bias in Clinical Decision-Making.” Dr. Fine’s father is long-time member (and past meeting chair) Michael Fine, MD, MSc.

Distinguished Professors in Geriatrics (Elizabeth Eckstrom, MD, MPH) and Women’s Health (Karen B. DeSalvo, MD, MPH, MSc) presented keynote addresses and conducted poster tours. In addition to this programming, the Program Committee organized poster “walk and talk” sessions on medical education, hospital-based medicine, and cancer research. Several special series/programs happened throughout the meeting. The second annual Patient-Centered Outcomes Research (PCOR) series and the annual VA series drew crowds over the course of several workshops. Immediately following the meeting on Saturday afternoon, SGIM held the Third Annual GIM Fellows Symposium. During this four-hour course, fellows heard a keynote presentation by John Steiner, MD, MSPH, and panel discussions with GIM chiefs and former fellows, including breakout sessions during this interactive workshop. Topics included how to get the most out of a mentor/mentee relationship, maintaining work-life balance, funding your research, optimizing the transition from fellow to faculty, career opportunities for clinician-educators and investigators, and jobs outside of academia. SGIM also hosted its first Book Club, where participants discussed Creativity, Inc: Overcoming the Unseen Forces That Stand in the Way of True Inspiration by Ed Catmull and Amy Wallace.

Did you miss the SGIM annual meeting this year? Catch up with videos from the plenary sessions at http://www.sgim.org/meetings, or visit the #SGIM16 and #proudtobeGIM hashtags on Twitter and follow along with the conversation from the annual meeting—more than 900 people tweeted 4,193 different messages (with a reach of more than 4 million impressions).

Being ocean-side did not seem to affect the number of people attending sessions, but it did seem as if everyone was smiling a lot! Outside lunches, beach happy hours, and tweeting from the sand all happened—and the conversations and networking continue on.

Join SGIM in planning for the annual meeting April 19-22, 2017, in Washington, DC! The workshop/update/interest group submission deadline is October 4, 2016. Abstracts, vignettes, and innovations in both medical education and clinical practice are due January 4, 2017. SGIM
HEALTH POLICY CORNER
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6. Advocacy for improved treatment of opioid addiction was organized.

Goals
We identified the following goals and areas of focus for the coming year:

1. Successful launch of the first LEAHP program;
2. Continued support and leadership for the CCA to improve reimbursement for E&M services;
3. Increasing funding for AHROQ;
4. Organizing meetings with White House and agency (i.e. CMS, the National Institutes of Health, and/or the Health Resources and Services Administration) staff during the 2017 Annual Meeting and Hill Day to broaden the scope of influence SGIM has at the executive/agency level;
5. Increasing involvement by SGIM members in advocacy and advocacy alerts;
6. Growing the diversity of the Health Policy Executive Committee;
7. Providing more educational information for members on the SGIM website;
8. Creating workgroups that move into new policy positions (i.e. physician-focused payment, graduate medical education financing after the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) implementation, social determinants of health/social justice); and
9. Integrating the regions more into Health Policy Committee (HPC) activities.

Opportunities for Involvement
Our subcommittees and subcommittee chairs are as follows:

- Research: Nancy Keating (keating@hcp.med.harvard.edu)
- Education: Bobby Baron (Bobby.Baron@ucsf.edu)
- Clinical Practice: Keith Vom Eigen (vomeigen@uchc.edu)

We welcome your participation in the HPC. Expertise in health policy is not required to get involved; however, interests in learning and making a positive difference are highly desirable. If you would like to join an HPC subcommittee, please contact Francine Jetton (jettonf@sgim.org), and ask to be added to the subcommittees’ listserv. You may also contact a subcommittee chair or me if you have questions. We also welcome your participation at our interest group meeting or any of the subcommittee meetings at our annual meeting next April in Washington, DC. I look forward to seeing you there!

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during the 2016 SGIM Annual Meeting. Awards are made based on participant evaluations of the presentations and are endowed by the Zinkoff Fund for Medical Education. The award winners for 2016 are:

- Samuel T. Edwards, MD (VA Portland Healthcare System Internal Medicine), “Preventing Hospitalizations with Veterans Affairs Home Based Primary Care: Which Patients Benefit Most?”
- Meredith A. Niess, MPH, MD (Oregon Health and Science University), “Specialty Physicians and Medicaid: Problems Beyond Low Reimbursement?”
- Mitesh Patel, MD, MBA, MS (University of Pennsylvania), “Change in Generic Medication Prescribing Rates after Health System-Wide Redesign of Default Options Within the Electronic Health Record”

The SGIM Clinical Vignette Oral Presentation Award recognizes the best-presented clinical case by medical students, internal medicine residents, or GIM fellows (not faculty) at the SGIM annual meeting. This year’s recipient is Scott Pilla, MD (Johns Hopkins University School of Medicine), for “Remission of Adult Onset Type 1 Diabetes in a Patient Prescribed Immune Modulating Therapy.”

The Outstanding Quality & Patient Safety Oral Presentation Award recognizes the most outstanding oral abstract presentation related to quality assessment, gaps in quality of care, medical errors, quality improvement, or patient safety in the inpatient or outpatient setting at the SGIM annual meeting. This year’s awardee is Michael E. Bowen, MD, MPH, MSCS (UTSW Medical Center), for “When is Random glucose Abnormal? Determining the Upper Limit of the Random Glucose Reference Range Using Nationally Representative Data.”

The Women’s Health Oral Abstracts Award was presented to Marilyn Schapira, MD, MPH (University of Pennsylvania), for “A Randomized Controlled Trial of a Risk Based Mammography Screening Decision Aid for Women 39-48 Years of Age.”

The Best Geriatrics Research Poster Presentation was awarded to Lee Jennings, MD, MSHS (University of California, Los Angeles), for “Advance Care Preferences in the Physicians Orders for Life Sustaining Treatment among California Nursing Home Residents.”

The Best Geriatrics Research Oral Abstract was awarded to Jonathan Liu, MD (University of Pennsylvania), for “Hospital in Home Patients Suffer Fewer Patient Safety Events than Comparable Hospital Inpatients.”
but it’s also wise and may help with your next job search, grant collaboration, or promotion letter.

3. **Strategic networks.** These connections may be internal or external to your current organization and are future oriented; that is, they are aimed to help a leader understand the environment and trends that influence his/her work. It’s harder to imagine how academic generalists utilize and grow strategic networks, but one way SGIM members can grow theirs is by attending the Association of Chiefs and Leaders of General Internal Medicine (ACLGIM) Summit (http://www.aclgim.org/), an annual gathering of leaders across our generalist fields to discuss clinical work and payment environments.

These types of networks pertain to each of us as individuals, but SGIM itself needs to network, too. It’s the third type—strategic networking—that SGIM uses to advance its organizational priorities. What you don’t see during the annual meeting is the “meeting within the meeting.” SGIM leaders have a robust schedule of formal sessions with external leaders, connecting in person with strategically placed members and leaders to help us advance our mission and priorities and to seek advice and wisdom about how to react and plan given ongoing environmental change.

Some of these leaders are appointed by SGIM to be our representatives to other organizations. As just one example, the Alliance for Academic Internal Medicine (AAIM) asks SGIM to appoint two members to sit on the Internal Medicine Education Advisory Board (IMEAB). This group of organizations, which is deeply invested in internal medicine education, meets twice each year to forecast and innovate around environmental changes in graduate medical education. Other members of this board include appointees from the American Board of Internal Medicine, the American Council on Graduate Medical Education, the American College of Physicians, and the Society of Hospital Medicine. It’s important that we are represented to be sure our viewpoints are heard and considered. Shobhi Chheda and Monica Lypson have represented us, with Eva Aagaard now taking over for Monica. During the annual meeting, we met with Shobhi and Craig Brater, president of AAIM, to discuss the ways our organizations can and do collaborate. SGIM has appointees to many different committees, committees, and councils.

SGIM leaders also spend time networking with our members who are themselves leaders in other organizations. Through these meetings we are able to advocate for our positions and needs, and we are able to learn how outside organizations will be evolving and thinking in the coming months. Examples of this strategic networking include our formal meetings with Andy Bindman (director of the Agency for Healthcare Research and Quality), Karen DeSalvo (acting assistant secretary for health in the US Department of Health and Human Services), Tom Tape (chair of the ACP Board of Regents), and David Atkins (director of Health Services Research and Development at the VA). It’s easy to see how these members would have wisdom for us—and how SGIM’s reach and influence expand when our members assume leadership positions in other governmental or membership organizations.

Finally, SGIM invites a small number of external organizations to the annual meeting to explore areas of mutual benefit. One terrific example is the meeting we had with Kelly Thibert, DO. Kelly is the current president of the American Medical Student Association (AMSA). The AMSA is a key ally and target for the #ProudtoBeGIM campaign. SGIM also continues to explore opportunities to collaborate with family physicians. Tony Kuzel, president of the Association of Departments of Family Medicine, met with us in Florida to continue the alliance we have formed over the past few years. Just one example of our growing relationship with family medicine is the recent Starfield Summit, held in April by the Graham Center—the policy and advocacy home of the American Academy of Family Physicians. The summit of primary care leaders included the Society of Teachers of Family Medicine and SGIM and focused on measurement, payment, and deploying teams in primary care. You can read more about the Summit at http://www.graham-center.org/rcg/press-events/events/forums/primary-care-macra.html.

Networking at the SGIM meeting is something we all do, whether we call it networking or not (though I hope you got a fancy cocktail). Our national meeting is fertile ground for members to expand their reach by growing and maintaining personal and strategic networks. You should network deliberately and consciously. Likewise, SGIM’s strategic networking is becoming more and more intentional. We have broad reach with many members in important places and many connections in like-minded organizations. It’s one way that our medium-sized organization works to achieve our outsized goals and priorities.

**References**


conference—a 92% increase compared to #SGIM15 and a 400% increase compared to #SGIM13—further cementing how markedly professional engagement and participation using social media has expanded in a very short time.

Another key way to analyze social media impact is by tallying “impressions.” An impression is defined as the number of times the tweet is viewed on Twitter—for example, by being seen on a newsfeed or during a search for a handle or hashtag. Mentioning other handles and including hashtags are prime ways to boost your own impression counts. The week of the meeting gained #SGIM16 4.7 million impressions, a 22% increase compared to #SGIM15 and a 78% increase compared to #SGIM13. SGIM’s Twitter handle itself, @SocietyGIM, earned 38,400 impressions during the week of the conference, reaching approximately 20,000 impressions alone on the last day of the conference.

While social media is certainly a very potent “real-time” technology, it is also the gift that keeps on giving. While the goal of meeting tweeting is to engage, connect, and network during the meeting itself, tweeting and engagement via social media channels continue after the conference has ended. The meeting may finish on a Saturday, but come Monday, colleagues, administrators, and others are back at their desks catching up on the #hcsm news. In the week following #SGIM16, an additional 196 tweets by 120 participants were tweeted, earning another 179K impressions. In the month since the meeting, a total of 245 tweets and 360K impressions were generated. Since the hashtag was registered, #SGIM16 has gained 5.2 million impressions through 4,613 tweets by 1,004 participants. The last tweet containing the hashtag was sent almost a full month after the meeting, indicating that the conversations continue.

An old adage says absence makes the heart grow fonder. Unfortunately, I could not attend the national meeting this year. However, I do not think that I can overstate the value of being able to follow the meeting in real-time through Twitter. Tweets containing #SGIM16 dramatically shrunk the 3,000-mile distance to Hollywood, FL. They continued to educate and inspire me days after the meeting. I was able to connect with content, current events, and colleagues. I felt engaged, enthused, energized, and educated. This experience certainly increased my enthusiasm and motivation to attend the national SGIM meeting in person in years to come.

References
Dear SGIM, I am honored to be your next executive director.

My first official duties began with the 2016 SGIM Annual Meeting in Florida in May. From the first moment I arrived at the Diplomat Hotel, I sensed that this was a special community. I ran into former SGIM president and search committee chair Bill Moran while waiting to check in. Bill greeted me warmly and introduced me to a volunteer leader who immediately seized the opportunity to share his goals for his committee and ask me to support his committee’s work.

Welcome to SGIM! And I hadn’t yet picked up my room key!

That was a most fitting introduction to this community: energetic, gregarious, and always searching for what we can do better.

Why did I come to SGIM? Probably for the same reason you became a member and offer your time: the mission. There are many important medical societies in the Washington area alone, but no opportunity inspired me in quite the way that SGIM did. I was especially drawn to the desire to reinvent health care—not for the sake of protecting professional turf but authentically for the greater good.

This may be the most important endeavor in health care today. That’s the game I want to play.

We certainly have our work cut out for us. The work environment must be improved. Patients’ experiences are all too often difficult and enervating. Medicine’s financial and organizational infrastructures can frustrate our progress.

But as Bill Moran told me recently, “It’s general medicine time.” I see what he means. Patients are craving the holistic patient-centered approach that is at the core of general internal medicine. The world is urgently searching for care models that achieve the Triple Aim—great patient experience, a focus on population health, and improved efficiency. This was once thought to be medicine’s unicorn—often described but never seen. But general internal medicine has shown that it is possible not only in small projects but also on a larger scale.

There is so much for me to learn. SGIM must address the challenges that face many small organizations in an uncertain environment. But SGIM’s influence far outweighs its size. This is directly attributable to you (our members) and to our remarkable staff.

I’ll spend my first months listening and learning about our members, our organization, and the work that’s ahead of us. To that end, expect no sweeping 90-day plans. Instead, my charge is to sustain well-earned gains and strengthen SGIM to serve the field long into the future. I’ll be reaching out to you and joining some of your committee calls. My goal is to ensure that SGIM continues to make a difference for you, your colleagues, and your patients. If you have thoughts, observations, and advice to share, please contact me at fortf@sgim.org.

It is my extraordinary privilege to be your partner in this journey. Let’s get it started!

Mr. Fortin is the Executive Director of SGIM and can be reached at fortf@sgim.org.
The population health theme of the 2016 SGIM Annual Meeting showcased the myriad ways generalists are targeting high-risk groups to improve outcomes and reduce costs. Ever since Jeffrey Brenner’s Camden Coalition was recognized for its innovative care of “super-utilizers,” the term and practice of hot spotting have found their way into every payer system and a variety of care venues.

But what is hot spotting, really? For one, it isn’t entirely new. We are reminded by sage SGIM colleagues that practice and research on the topic date back decades. After all, taking care of vulnerable patients with complex medical and social needs is not new to the field of primary care. We have long known that the sickest patients often are tangled in a web of multiple chronic conditions and social and economic barriers to accessing the medical care they need. We have also known that improving the health of these patients is not easy work. Health systems—in particular safety net hospitals and clinics—have long bolstered medical care with case management and social services to improve the health and lives of these patients. We also know that the care of these patients is costly, particularly when they receive care in the acute care setting.

Herein lies the core of what fuels the current hot spotting explosion. Reducing the cost of care for these patients is a major economic imperative for the future of health care. The looming health care economic crisis has spurred payment reform and a growing interest in population health. Pair this with the burgeoning field of big data, and the time is ripe for hot spotting programs. Identifying the patients that cost the most and targeting interventions to improve their health and lower total expenditures are the goals of hot spotting.

At the SGIM annual meeting, we saw examples of hot spotting programs along the entire care continuum, from hospital discharge to long-term home-based care. Our plenary sessions showcased a program using medical students as patient navigators for high-risk patients and highlighted two home-based primary care hot spotting programs. Workshops highlighted VA programs targeting the highest-risk patients using a risk prediction score and VA homeless programs that are using risk prediction models to anticipate acute care utilization and eviction among recently housed veterans. Yet another workshop highlighted case-based strategies to optimize hot spotting interventions. More than a dozen posters and presented abstracts highlighted strategies to implement and evaluate hot spotting programs.

Our plenary lecturer, Tim Ferris, provided the population health management perspective on hot spotting with a poignant case. He asserted that while the ideal configuration and implementation of hot spotting programs may require ongoing investigation, there is no uncertainty as to the necessity of the expansion of such programs to improve care and reduce acute care utilization.

Future research will continue to delineate just how to craft the best risk prediction models, target resources to the high-risk patients most likely to benefit from intensive management programs, build an intervention team, and set a time frame for providing intensive management. The billion-dollar question remains: Will these programs reduce total health care costs?

As we look ahead to next year’s meeting theme of resilience we may ask increasingly about the impact hot spotting programs have on primary care providers. Are effectively crafted teams that help manage the most challenging patients improving the job satisfaction of busy practitioners?

As I reflected on the countless ways we saw hot spotting being incorporated into patient care, a colleague jokingly added, “It sounds like Green Eggs and Ham!” We do hot spotting in the home, in the clinic, and on the phone. It’s in our research, education, and care. I see hot spotting everywhere. I’d say my colleague’s observation is true. I like hot spotting. How about you?
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