

PRESIDENT'S COLUMN

Research and Leadership in Cutting-edge Issues

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One of SGIM's six strategic priorities is leadership in cutting-edge issues. I'd like to reflect on the role of research in leading improvements in patient care and outcomes. I'll use as an example the field I know best: achieving health equity through research on health disparities and quality of care. First, I'll take the perspective of a researcher and then a user of research. I'll end by discussing what SGIM is doing in the research innovation space.

My wife, son, and I like road trip vacations. We pile our gear into our Subaru Outback and head out in any direction from Chicago. We've gotten into the habit of listening to books on tape during these long car rides and try to pick books that have something to do with our trip. On our winter 2015 driving trip to Michigan's ski slopes (Yes, Michigan has mountains!), we listened to *Whistling Vivaldi: How Stereotypes Affect Us and What We Can Do*, a book written by the eminent social psychologist Claude Steele, PhD. At the time, I was struggling to write an essay about how movement advocacy could integrate with personal relationships to help end health care disparities, and so my colleague Monica Vela recommended that I read this book.

Written for the lay public, *Whistling Vivaldi* is the story of how Dr. Steele and his colleagues around the world developed the concept of stereotype threat, which elucidates how our social identities impact our behavior and performance. The book unfolds like a good mystery novel, describing how each research study supplied a piece of the puzzle and left intriguing clues for the next set of studies. This incre-

mental approach to research is the classic paradigm. When we write a research paper, we honor and acknowledge the prior work that informs our study and explain how our project advances the field. One of the great joys of SGIM meetings is interacting with colleagues, sharing our latest discoveries, and discussing future directions for our fields of study.

I have published a couple of articles in *JGIM* that attempted to synthesize the existing knowledge about disparities and guide our next steps. One article presents a roadmap to reduce disparities, and the other describes how to create the business case to achieve health equity. SGIM investigators stand out as the leaders in this field. In those two articles, I cited the SGIM Disparities Task Force that developed recommendations for health disparities curricula (Wally Smith, Joe Betancourt, Matt Wynia, Jada Bussey-Jones, Valerie Stone, Christopher Phillips, Alicia Fernandez, Liz Jacobs, Jacqueline Bowles); Tom Sequist and John Ayanian for an important article demonstrating that cultural competency training and clinical performance data stratified by race are helpful but not sufficient to improve clinical outcomes; Elbert Huang and David Meltzer for disparity cost studies; Monica Peek for interventions that integrate health care system and community to reduce diabetes disparities; Michael McWilliams and Bruce Landon for research on accountable care organizations and primary care; and John Goodson for research on primary care physician reimbursement. There are many more SGIM investigators I could have cited. These examples

demonstrate the breadth of SGIM research relevant for achieving health equity, the importance of each piece of evidence we create, and the collective power of the work of so many fine investigators.

Over the past 15 years, I have participated in multi-stakeholder national committees in which I was primarily a user of research. As a researcher, these experiences have taught me the importance of communicating my findings clearly by putting myself in the shoes of stakeholders with different interests. It is critical to think carefully about the policy implications of our research and the most effective framing of papers.

For the past three years I have been a member of the Centers for Disease Control and Prevention's Community Preventive Services Task Force, the public health equivalent of the US Preventive Services Task Force. The task force performs systematic literature reviews, and thus its work is dependent on the rigorous research studies that form the basis for its reviews and recommendations. A few years ago I chaired the subcommittee that wrote the translation research chapter for the national diabetes research strategic plan, a subcommittee that included star SGIM diabetes researchers Ron Ackermann, Monica Peek, and Tom Sequist. The literature was crucial for defining the existing knowledge base, identifying research voids, and ultimately creating requests for applications for the National Institutes of Health's efforts in diabetes translation research. Similarly, I have seen how organizations such as the

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Robert Wood Johnson Foundation, Merck Foundation, America's Essential Hospitals, and The Joint Commission establish their equity agenda. The existing research literature is crucial for understanding where we are and where we might go.

Research evidence is particularly important for multi-stakeholder committees that have many perspectives and interests. The research base forms the facts upon which policies are based. For example, I have been a member of the National Quality Forum's (NQF) committees. NQF is a non-profit organization that brings together diverse stakeholders to make recommendations about the clinical performance measures to be used in payers' quality assessment and value-based purchasing programs, and it advises on how to improve quality of care and outcomes. Not surprisingly, NQF's technical expert panels, such as the one on risk adjustment for sociodemographic factors in performance measurement, tend to have evidence-based discussions very similar to academic meetings. Other NQF committees with more general charges and broader representation (e.g. health care organizations, payers, consumer groups, unions, specialty societies, and academia), such as the ones that recommend specific clinical performance measures to the Centers for Medicare and Medicaid Services.

Research plays a key role in educating the lay public about disparities.

Researchers used to think their responsibilities had been fulfilled once they published their papers in academic journals and presented their findings at scientific meetings.

Increasingly, we've realized that academic publication is just the start of the dissemination process. Research gives us a platform to teach about broader issues in disparities. Media interviews, whether on one's own work or the research of others, give us important opportunities to educate the public about equity issues and make recommendations for reform. Similarly, panel discussions at academic and community meetings provide wonderful opportunities to reach important stakeholders. Two of my Chicago colleagues, Vinny Arora and Monica Peek, are particularly gifted communicators who are seamless in their transition between the academic and media worlds. They have the uncanny ability to explain anything to anybody in understandable terms and use multiple venues for disseminating their work, including social media, Twitter, blogs, and community events. (Monica is featured in the January 25, 2016, issue of *Time* magazine—with David Bowie on the front cover!)

It is critical that we educate policymakers about potential reforms to reduce disparities. At the annual SGIM Hill Day in Washington, DC, advocacy for research funding is usually one of the priority issues. Examples of outstanding research that has improved

patient outcomes are gold. One of the leaders of the Friends of AHRQ (Agency for Healthcare Research and Quality) coalition that fought for continued funding of AHRQ recently told me that SGIM's advocacy was critical for AHRQ's survival in the most recent budget cycle. Your examples of important research were vital in making the case for AHRQ.

So what is SGIM doing to support research and leadership at the cutting edge? Our core activities remain the annual national and regional meetings, which provide important opportunities for members to interact, learn, and disseminate research findings. The 2016 annual meeting is focused on the cutting-edge topic of population health and aims to give members the knowledge and skills necessary to be at the forefront of this critical emerging field. In the future, SGIM plans to offer multi-year career development programs. Some topics (e.g. research methodology) will be specific to investigators. Other potential programs, including leadership development, media training, and writing workshops, will be of interest to all.

SGIM is a leader in cutting-edge issues. Our research strength is one of the primary reasons we have been a leader in health care reform and improving clinical outcomes. As a society, we will continue to build on this legacy. I hope you will continue with us on this journey to strengthen general internal medicine and improve health care for all.

SGIM