

PRESIDENT'S COLUMN

Exciting Transition, Communication Challenges

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Communications is the way members can connect with each other, and is the mechanism by which critical information can flow between Council, Committees/Task Forces/Interest Groups, and membership. Communications is also how the Society relates to those outside the organization, be it individuals who are curious about the Society and what we do or large external entities with whom SGIM seeks to partner.

SSGIM faces a time of unprecedented opportunity and challenges. As our membership grows, so do our aspirations for the organization. Two executive directors, Elnora Rhodes and David Karlson, guided SGIM for virtually all of its existence. After careful deliberation, Council decided that the surest path to take SGIM to the next level was hiring Dr. Eric Bass, a physician-CEO, who began his tenure as SGIM's CEO in early September. This month's column will discuss why Council made this major shift in our staff structure, why we chose Eric to be our CEO, and touch briefly on one of the primary domains we have asked Eric to focus on: communication.

Our movement towards a physician CEO began in earnest with a report released in June 2014 by our Ad Hoc Executive Director Search committee (AHEDS), a group chaired by Barbara Turner. Assembled in anticipation of David Karlson's retirement, AHEDS conducted a wide-ranging environmental scan examining how other voluntary medical membership societies were organized as well as conducting a host of stakeholder interviews. While acknowledging that effective senior staff leaders can come from a variety of backgrounds, the report noted the potential advantages of having a physician in the role of senior executive. The fact that SGIM seeks to have a major in-

fluence on academic medicine and healthcare delivery, while a relatively small organization, suggests that close partnerships with other stakeholders is key to accomplishing this vision. And having a physician as the senior staff leader for SGIM was thought to possibly give SGIM a more influential seat at the table. After careful deliberation, Council approved a model in which a half-time physician CEO would partner with a full-time deputy CEO in the leadership of the Society's staff, and created a search committee to identify the ideal physician-CEO.

The search process was extensive, and I was thrilled when Dr. Eric Bass accepted our offer to become SGIM's first physician-CEO. In his application cover letter, Eric noted that this was a *"Fabulous opportunity to serve the amazingly talented and dedicated members of SGIM...I cherish the values of SGIM...the organization that has always been my professional home"*. One of Eric's references noted, *"Eric's quiet determination has made him an exceptional leader. He is a top-notch communicator and leader, and will work well with stakeholders (they will love him) over his tenure. (He) wins people over with his thorough and thoughtful approach, and by doing things well."* Eric provides some details of his vision in his companion article in this issue of the *Forum*. We were

equally thrilled when Kay Ovington, on whose shoulders and selfless dedication SGIM's success over the last several years has largely rested, agreed to serve as Deputy CEO. I anticipate Eric and Kay will make a superb team, guiding the staff to support SGIM in achieving our lofty ambitions.

Eric's job description has four key elements, as he outlined in his column: 1) Stakeholder engagement, 2) Development; 3) Strengthening and supporting our staff; and 4) Enhancing communication, both internally and externally. While each is critical, the area that would be most visible to the membership is communications. Communications is the way that members can connect with each other, and is the mechanism by which critical information can flow between Council, Committees/Task Forces/Interest Groups, and membership. Communications is also how the Society relates to those outside the organization, be it individuals who are curious about the Society and what we do or large external entities with whom SGIM seeks to partner. An amazingly capable and dedicated group of staff supports our communications and marketing efforts, but this is a domain in which our aspirations far outpace the available resources. Council has identified enhancing communications as a major strategic priority, and to do so

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is partnering with Pyramid Communications to conduct an “audit” of our current communications practices and recommend opportunities to take our communications work to the next level.

Many of our members place great value on SGIM's ability to communicate externally by taking public positions on issues of importance. Examples of highly visible issues, on which members have requested the organization take a public position, include Single Payer (see “An Open Letter to the SGIM Community” on this topic in the November *Forum*), DACA, and the devastation wrought by recent natural disasters. Less visible issues on which SGIM has devoted considerable attention from its active Health Policy Committee include providing detailed, formal written feedback on proposed new rules from CMS for MACRA. SGIM has also signed on to multiple statements from other organizations on various efforts to repeal the ACA and other health policy issues. While providing timely public comment on such issues is challenging at any time, the pace with which items come up that require the Society's attention during the current political climate is truly unprecedented.

The following are three important points to bring to our members' attention regarding how the Society approaches requests to take public positions on time-sensitive issues:

1. The speed of the Society's response does not reflect how deeply we care about the issue at hand. Most members are involved with multiple voluntary membership organizations, many of which have a dedicated multi-person communications team. In addition, other organizations often have a much more staff-driven model than SGIM. These factors allow other organizations to release public positions with 24-48 hour turnaround. SGIM at present does not have the staff capacity to release external communications on such a rapid timeline. In addition, our member-driven focus involves ensuring that relevant Committees, Task Forces, and Interest Groups have had the opportunity to provide feedback on a proposed public position. The communications audit that I mentioned above will be exploring opportunities for streamlining this process. But even in situations where the Society does not have the capacity to respond publicly as quickly as we would like, the issues at hand are still ones that SGIM cares deeply about.

2. Embrace the diversity of our members' views. As an organization of generalists, we have an amazing diversity of interests. And while we share a set of core principles as

articulated in our Society's vision, it is reasonable to assume that there is more diversity in our members' attitudes and beliefs about many of the issues in the news. We should embrace this diversity, and not assume (no matter how strongly you hold a particular view) that the same opinion is shared by every other member. While we don't want to limit the organization to making public statements to those issues on which we have complete consensus among our members, our decision-making process for issuing public statements needs to reflect the range of opinions our members have on most issues.

3. Use our established process. SGIM has established a process for submitting requests for the organization, and I would strongly encourage members who would like SGIM to take a public position on an issue to use this process. More information can be found at:
<http://www.sgim.org/File%20Library/SGIM/About%20Us/Policies/HPC-policy-pathways.pdf>

I hope you join me in welcoming Eric to his role as our first physician-CEO, and engage with us as we work to strengthen our organization's communication capabilities.

SGIM