

Now What? Postelection Reflections from Millennials

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Like many Society of General Internal Medicine (SGIM) Associate (trainee) members, I was a medical student when the Affordable Care Act (ACA) was signed into law. In the last six years, 20 million people gained health insurance, Medicaid expanded significantly, adults with pre-existing health conditions were covered, and young adults were allowed to stay on their parent's health insurance plans.^{1,2}

As a primary care resident in New York City, I saw the effects of the ACA firsthand. My panel and my colleagues' panels of patients became increasingly populated by people who had health care for the first time or regained access to health care after a very long time without it. From preventative services and contraception to the management of complex chronic conditions, my colleagues and I addressed the medical and psychosocial needs of these patients. As residency came to a close, I felt I had made a difference as a primary care doctor.

Now, six months into a health services research fellowship, a very different feeling washes over me when I see my clinic patients.

I am fearful.

For many physicians, the days and weeks following the election have been a time of serious reflection. And while most of us have been affected in some way by the divisive rhetoric of the 2016 presidential campaign, it is our patients—the chronically ill and the poor—who remain the most vulnerable.

The loss of the ACA would have an enormous and detrimental impact on the lives of these Americans. And, based on recent events, the ACA may soon be repealed. The nomination of Dr. Tom Price as secretary of health and human services

(HHS) is particularly alarming for those of us who support the ACA. Not only does Dr. Price intend to repeal it but also he advocates rolling back the expansion of Medicaid and supports the privatization of Medicare. Taken together, these positions would dismantle safety nets for the poorest Americans (including children) and leave seniors particularly vulnerable.

These concerns are widely shared by my peers. "I worry most about my Medicaid patients losing their health insurance," says Dr. Meredith Niess, an assistant professor at Oregon Health and Science University. "I was a resident at the University of Colorado when the ACA was passed. I remember there were patients of mine with diabetes and hypertension, who could afford medications for the first time. I also remember patients who died because of lack of insurance and health care access. Unfortunately, I think it will be those who have benefited the most from the Medicaid expansion and the Exchanges, who have the most to lose if the ACA is repealed." Dr. Mannik Chhabra, a Robert Wood Johnson (RWJ) Clinical Scholar at the University of Pennsylvania, echoes these sentiments with "The policy changes that are being proposed are going to hit certain patients the hardest. Those with an already tenuous social and financial safety net will not be able to sustain the changes ahead."

As we look to the future, many of us struggle with the same questions: What now for our patients? For primary care? For health services research? What will happen to the Veterans Administration (VA), the Agency for Healthcare Research and Quality (AHRQ), and the Center for Medicare and Medicaid Innovation (CMMI)?

Over the past few months, our members, notably many trainees, have already begun to address these issues. Drs. Jane Zhu, Manik Chhabra, and Navin Vij—all RWJ Scholars at the University of Pennsylvania and SGIM members—launched the Clinician Action Network (CAN) that intends "to challenge proposed policies that hurt our patients, to defend good ones, and to motivate other clinicians to step into vocal, public advocacy roles on behalf of their patients."³ Dr. Zhu emphasizes the profound impact that physicians can have in that "We have a unique voice. CAN encourages physicians to use these voices when they are outside of the exam room or hospital." In December, CAN launched a national "Speak Up" campaign that aims to publish physician-written commentaries on how an ACA repeal would affect patients and the profession in local and regional newspapers across the country.

In addition to CAN, several other physician groups that focus on advocating for vulnerable populations are intensifying their efforts in the post-election period. One example is the New York City Coalition to Dismantle Racism in the Health System (NYC-DRHS), founded by Kamini Doobay, a fourth-year medical student at the Icahn Mount Sinai School of Medicine. The organization is a multidisciplinary collaboration among the medical and public health communities and community-based organizations that seeks to address structural health inequities in the United States.

As social media outlets played an unprecedented role in the 2016 election, they are also having a profound impact in shaping post-election advocacy efforts by young physicians.

Similar to Occupy Wall Street and

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#Black Lives Matter movements, millennial physicians have taken to social media platforms to start discussions and inspire action.⁴ Facebook groups, such as Progressive Doctors, with nearly 3,500 members, blogs, tool kits, including the “UCSF Advocacy for the ACA,” online petitions, and phone banking, are effective avenues for young physicians to engage in a number of grass-root advocacy efforts.⁵

Certain physician-provider groups have come together to publish online petitions and letters that opposed Dr. Price’s nomination and its endorsement by the American Medical Association’s (AMA).⁶ To date, the organizations that have spoken out include the following:

- CAN, which published “The AMA Does Not Speak for Us”;
- National Physicians Alliance (NPA);
- Doctors for America;
- Physicians for Reproductive Health; and
- American Medical Student Association (AMSA).

In addition to organizing petitions, many of these organizations send members weekly “Action items” scripts before important votes or legislative hearings that explain how to call members of Congress. In the future, SGIM might consider this strategy to update the members in events and engage them in advocacy efforts.

Physicians are becoming increasingly involved with policy debates at the national level, a development welcomed—and often spearheaded—by millennial doctors. Jamie Jarmul, an MD/PhD student from the University of North Carolina at Chapel Hill, states that “Advocacy from the medical community, especially the

primary care community—whether that is practicing clinicians, educators, health services researchers or trainees—is going to be imperative in the coming years.”

Yet, as many millennial medical students and young physicians recognize, undergraduate and graduate medical education programs have only just started to integrate health policy curriculum and advocacy training.⁷ While some practicing physicians feel comfortable with advocacy, the majority do not. In fact, most physicians have not had formalized career development in this domain.⁸ SGIM understands this and has launched a new year-long course called Leadership in Health Policy (LEAHP), which is the first national health policy career development program. Led by Dr. Thomas Staiger and Dr. Mark D. Schwartz, LEAHP teaches SGIM members to become effective and active health policy advocates, local health policy experts, leaders, and teachers.

In addition to LEAHP, SGIM’s Health Policy Committee is another outlet for physician-led advocacy. “The HPC has provided a number of opportunities during tumultuous times in healthcare,” says Dr. Tyler Winkelman, a RWJ Clinical Scholar at the University of Michigan. “The policy committee receives frequent updates about important policy proposals and signed legislation at the federal level, so I feel up-to-date on important issues that affect my patients. I’ve also been able to learn effective advocacy strategies and how to navigate complex coalitions from seasoned policy-minded physicians.”

Beyond advocating for an equitable healthcare system, CRD Associates (the HPC and the SGIM’s lobbying firm) is committed to advocating for increased funding to the

highest level attainable for the National Institutes of Health (NIH), the Patient-Centered Outcomes Research Institute (PCORI), AHRQ, and Medical Services and Medical Prosthetic Research at the VA. Other organizations, like Academy Health, are also working toward these goals. This funding is critical to advance patient care and health services research.

Due to recent events, we are currently facing an unprecedented level of uncertainty in our field, but we cannot compromise our commitment to and pursuit of high quality, evidence-based care for all patients. SGIM is more than a community of academic general internists who take care of patients. We also teach and conduct research—and we advocate for health equity and social justice. Now, more than ever, we must work together to advance our common values.

Our patients rely on us.

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