I’m working on my March column today—January 20th, Inauguration Day. In many ways, we don’t know any more today about how the new administration will impact our patients, our practices, and our hospitals than we did on Election Day.

In a post-election e-mail to members, I wrote “SGIM will continue to promote goals consistent with our mission, and to advocate for policies and programs that foster social responsibility in health, healthcare, and diversity. We will be particularly focusing our efforts and advocacy on preserving and promoting universal access to healthcare as we anticipate attempts will be made to repeal or weaken the Affordable Care Act in early 2017. We believe access to healthcare is a fundamental right and that keeping Americans healthy strengthens our economy, families, communities, and security.”

Later, in my January Forum column, I suggested two New Year’s Resolutions for SGIM:

1. SGIM will strive to keep members informed about policy changes and advocacy opportunities; and
2. SGIM will work to broaden our reach and strengthen our voice by engaging with other organizations interested in advocating for preserving and promoting access to health care.

Ironically, I’m working on my March column today—January 20th, Inauguration Day. In many ways, we don’t know any more today about how the new administration will impact our patients, our practices, and our hospitals than we did on Election Day. Mr. Trump just signed a multi-part executive order that stated the administration’s official policy is “to seek the prompt repeal” of the Affordable Care Act. But how much can and will be repealed, and what it will be replaced with, remain a mystery.

SGIM has been working hard on New Year’s resolutions. We want to be ready to respond as a nimble, effective organization. The following ways illustrate how we are adapting our work to support patients and their access to care, members, and their access to information:

1. We have updated our advocacy platform. SGIM’s advocacy platform is typically updated annually in June, and is written by our Health Policy Executive Committee and our colleagues at CRD Associates (http://www.dc-crd.com), then formally approved by Council. This year, Council voted to update our platform during our December council retreat. We moved “clinical” areas to the top to signify their leading importance and added “active advocacy” in areas that had only been “monitored.” Here is our new highest priority item:

“‘The implementation of comprehensive health care reform under the Affordable Care Act (ACA) has fundamentally improved how patients obtain insurance and access care. As Congress develops legislation to repeal the ACA and replace it with an as yet undefined set of “reforms,” SGIM will advocate to ensure that patients continue to have access to affordable health care services. Any future reforms targeting access to insurance and payment models must continue to improve patient access to needed, quality health care services. (Active Advocacy, Coalition Advocacy, Monitoring).’”


2. We have expanded Hill Day. Hill Day will be taking place on March 7-8th. Many members may not realize that advocacy is expensive for our organization! Last year, in an attempt to control costs, SGIM had planned to limit our Hill Day program to only 25 members in order to allow us to hold training in our own office, limit the costs of CRD’s extensive and essential work to arrange meetings on Capitol Hill, and free up SGIM staff to work on their other projects. When that decision was made, no one foresaw the current climate around many issues central to our organization. Therefore, in December, the Council voted to expand Hill Day up to a potential total of 70 participants. As a result, the staff found larger space at a reasonable price, CRD agreed to expand the scope of their work with us, and SGIM staff agreed to dig in, as they always do. The Health Policy Committee will be reaching out to encourage attendance from members who reside in states or districts where active advocacy may be most important and valuable. (I live in Massachusetts; while I love going to Hill Day, I’m hardly influencing Elizabeth Warren continued on page 2
and the rest of the Massachusetts delegation to vote differently about health care, inclusion, or biomedical research funding).

We are also expanding our expectations for members who attend Hill Day by asking members to sign a “memorandum of understanding” that commits them to follow up on e-mails, calls, and visits with staffers.

In addition to Hill Day in Washington, we hope that many members will participate via “Off the Hill Day,” advocating in district congressional offices on the same day or days as Hill Day itself. We will produce a webinar for members that will include instructions and tips for Off the Hill Day participants.

3. We have expanded LEAHP. The new, year-long Leadership in Health Policy (LEAHP) training program is scheduled to begin with its first cohort at the Annual Meeting in April. Last June, Council provisionally approved the budget for a 10-member initial LEAHP cohort, with the “provisional” being based on concern about successfully recruiting 10 members. Well, at the December application deadline, 41 members had asked to join, far exceeding our initial hopes. We have approved LEAHP’s expansion to 20 members in the first year. It is our hope that LEAHP-trained leaders will staff our health policy committee, write white papers during their year, and lead our advocacy efforts for years to come.

4. You will be receiving Quick Hit Updates. Together with CRD Associates, our Health Policy Committee will be reaching out to you at least monthly via direct e-mail when there are urgent health policy action items for you to know about. In addition to the new, regular “Quick Hits,” the written health policy briefing summaries we receive from CRD will now be written in language that is accessible for non-policy-expert members (like me). Those summary update reports will be sent out via GIM Connect and can also be found on our Web site at https://www.sgim.org/communities/advocacy/advocacy-reports.

5. Breaking news policy session(s) added to Annual Meeting. The deadline for workshop and symposium submissions to the Annual Meeting was months ago, before the election. That means that most rooms were already booked and the sessions were predetermined. As always, a number of policy-related workshops, abstract sessions, and interest group meetings were accepted and scheduled, but their content was submitted and finalized before the submission deadline. Because there will be fast-moving changes in Washington that affect our policy agenda, we have found space for sessions that are specifically reserved for breaking news/updated content. Register for the annual meeting here: http://connect.sgim.org/sgim17/home.

Unfortunately, Congress will not be in session during the meeting, but we will provide instructions on how to schedule a Hill Visit with your congressperson’s office staff for members who are interested in doing so.

6. Council has voted to hire a physician leader for SGIM. It’s been a tumultuous year for SGIM in terms of leadership. We hired an Executive Director (ED) last spring, and Kay Ovington returned to her role as Chief Operating Officer after a very successful year as Acting ED. But, it turned out that the ED we hired did not have a great skill match for our needs, and so (after lots of feedback and coaching) we asked him to leave in early December.

As Council reflected on the experience, and on how to move forward, we concluded that our best opportunity to exert and extend influence and to “broaden our reach and strengthen our voice” would be to have a longitudinal, part-time employed physician leader as SGIM’s external face to partner with Kay’s very capable and committed internal facing leadership. We are excited about the opportunities that a highly respected and effective physician leader can bring to our longitudinal relations with external allies like the ACP, AAIM, and the new Primary Care Collaborative and to our voice on Capitol Hill.

In all of SGIM’s work, we rely on our members to be our loudest voice. I hope that this list of advocacy enhancements will engage, motivate, and focus SGIM members in the hard work that lies ahead.

References