

## PRESIDENT'S COLUMN

## Extending Our Influence through Partnerships: The SGIM-ACP Relationship

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An ancient proverb says, "If you want to go fast, travel alone, but if you want to go far, travel together". SGIM has a long history of having an impact on academic general internal medicine and health care that is far greater than one might expect, given the organization's modest size. This outsized influence partly reflects the amazing collection of thought leaders that populates the SGIM membership. But, it is also a byproduct of the society's commitment to developing and nurturing a host of strategic relationships with important stakeholders. Understanding these stakeholder relationships and how individual members can support them are critical to a healthy society.

SGIM maintains a detailed database of its relationship with 35 key external organizations, including a list of specific areas for collaboration, the alignment of these areas with our strategic priorities, and key contacts. The list of these outside organizations contains a wide variety of entities, ranging from other voluntary membership societies, such as the American Academy of Pediatrics, to governmental entities, such as the Health Resources and Services Administration, funders, regulators, and alliances, such as the Primary Care Organizations Consortium. Similarly, the society maintains a list of SGIM members in key government leadership positions. Cultivating and maintaining these relationships will be an im-

portant responsibility of the new physician CEO currently being recruited for SGIM.

While all of these external organizations and governmental contacts are important, one of the most critical of SGIM's partnerships is with the American College of Physicians (ACP). In fact, SGIM was founded in 1978 as the Society for Research and Education in Primary Care Internal Medicine (SREPCIM) as an affiliate of ACP; the organization provided staff support, membership materials and recruitment, and assistance with meeting planning for the first 10 years of the society's existence. Since becoming an independent entity in 1988, SGIM has valued and maintained a close and productive partnership with ACP. Despite their differences in size (ACP has 148,000 members compared with SGIM's 3,000) and breadth of members (ACP members span all internal medicine subspecialties), the organizations share a considerable overlap in priorities. Furthermore, many SGIM members are also ACP members, and general internists constitute a sizable portion of the ACP membership.

To maintain and enhance this partnership, each year ACP and SGIM leaders have a face-to-face half-day meeting in Washington, DC, to discuss shared interests and identify areas of potential collaboration. This year's meeting took place on March 21<sup>st</sup>, and was attended by 18 elected leaders and senior staff

from both organizations. While a wide range of topics was discussed, the following several key topics were prioritized:

- Health Policy:** This meeting occurred during the frenzied negotiations on Capitol Hill regarding the Republican's American Health Care Act of 2017, three days before the bill was ultimately pulled. All stakeholders agreed that SGIM and ACP's core health policy positions related to the proposed Medicaid reforms, women's health, and access to care, were fundamentally and closely aligned. In addition, maintaining adequate research funding, the preservation of the AHRQ, PCORI, and HRSA, were also shared interests. Other topics of discussion included the potential work to address the opioid crisis, opportunities for collaboration through ACP's Council of Specialty Society, and the potential impact of immigration reform on GME and international medical graduates. The possibility of partnering for more state-level health policy work at the SGIM Regional and ACP State Chapter level was proposed.
- Primary Care:** In addition to a shared interest in supporting hospitalists, both organizations have a strong ongoing

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commitment to primary care. Some of these primary care initiatives are occurring in parallel, with ACP working closely with a consortium informally named the “Group of Five” (ACP, AGOC, AAFP, AAP, and AOA) and SGIM concentrating its efforts largely through the Primary Care Collaborative. Primary care workforce and payment reform continue to be issues of common interest, and the ACP emphasized how a majority of its members are general internists. ACP described its work on developing an aligned set of primary care quality measures, reducing the administrative burden associated with clinical practice, and promoting care coordination and enhancing PCP-specialist communication. Issues related to identifying and reducing burnout and promoting wellness were also highlighted. ACP expressed interest in potentially using the “Proud to Be GIM” material with their state chapters, which would supplement ACP’s current efforts to promote general internal medicine that have been focused more on residents than on medical students.

- **Education:** Considerable discussion addressed the opportunity for collaboration and harmonization around the development and dissemination of educational products that would provide value to each group’s members. There have been several successful ACP-SGIM educational collaborations in which the content expertise of SGIM members was paired with

ACP’s deep experience in developing and disseminating high-quality educational products. The joint ACP-SGIM effort on the *Comparative Guidelines* product, currently incorporated into the ACP Smart Medicine platform, was one especially positive example. The discussions touched briefly on a variety of potential areas where ACP and SGIM could collaborate, such as educational products addressing career transitions, communication challenges, and quality/safety measures. Follow-up discussions are planned to continue exploring this potentially fruitful area of collaboration.

Other areas of shared interest include Maintenance of Certification, health information technology (the theme for SGIM’s 2018 Annual Meeting), opportunities to share meeting content, and new payment models.

### How Can You Help?

While these collaborations between SGIM and external stakeholders often involve discussions between senior staff and elected leaders from the two organizations, individual members, especially those who are connected with some of SGIM’s partners, also play a critical role. Here are three things that all SGIM members can do to help advance these partnerships:

1. **Stay informed.** It is critical to have a clear understanding of SGIM’s priorities, programs, and needs as individual members consider how to advance the Society’s interests through stronger partnerships with external stakeholders. Individual

members can better understand where the Society is devoting its attention by staying current with *GIM Connect*, *E News*, *Forum*, and the SGIM Web site. While innovative ideas from individual members about potential programs are always welcome, aligning with current Society priorities and activities is likely to generate the most traction.

2. **Get involved.** Similarly, the vast majority of the Society’s activities—including its partnerships with external organizations and other stakeholders—take place through the current Committee, Task Force, and Interest Group structure. If you are not currently involved in one of these Society groups, check out <http://www.sgim.org/communities/engage> for ideas for participating. These groups offer ideal vehicles for sharing your ideas about partnerships and programs that could involve collaboration between SGIM and its external stakeholders.

3. **Pitch in!** SGIM would not exist were it not for its members’ ideas and energy coupled with their willingness to roll up their sleeves and volunteer precious time to move from an interesting concept through to a successfully completed program. SGIM is *extremely* fortunate to have a dedicated and skilled staff supporting the organization, eager to advance the Society’s missions and programs. Our best programs, which include working together with external stakeholders, happen when that staff is partnered with energetic and engaged members.

SGIM