HEALTH POLICY: PART I

PLANTING OUR FLAG— SHAPING PRACTICE AND POLICY THROUGH SGIM WHITE PAPERS

Mark Earnest, MD, PhD; Mark D. Schwartz, MD

Dr. Earnest (Mark.earnest@ucdenver.edu) is the GIM division head at the University of Colorado Anschutz Medical Campus and is the current chair of SGIM's Health Policy Committee. Dr. Schwartz (Mark.Schwartz@nyulangone.org) is professor and vice-chair, Department of Population Health, at NYU School of Medicine in New York, NY, and is SGIM Treasurer.

We live and practice in turbulent times. Health disparities and inequities grow before a backdrop of social unrest, polarization, and periodic spasms of violence. The institutions, civic norms, and traditional forms of social capital that have provided stability in years past have eroded. Never in our lifetimes has there been a greater need for the steady hand and moral compass of the medical profession. Our voices and our leadership are sorely needed. Amid the chaos and rancor, we must provide the clarity of high-quality scientific evidence and ethically grounded reasoning and judgement. Amid the fear and welling emotion, intentionally stoked for narrow interests, we must be a firm, calm voice for the common good. Increasing SGIM's output of high quality, policy-focused white papers is a critical strategy for achieving this end. This article challenges our members to draft new white papers for SGIM and we clarify the process through which SGIM approves new position statements.

SGIM has a long history of providing exceptional leadership in health and health care. For a small society, SGIM boasts a disproportionate number of national thought leaders, including numerous deans, department chairs, CTSA directors, and leaders of divisions of general internal medicine across the country. Many SGIM members have provided leadership to state and federal governments, among them: John Eisenberg, Carolyn Clancy, Andrew Bindman, Nicole Lurie, David Blumenthal, Laura Sessums, Steven Cha, Kavita Patel, Hoangmai (Mai) Pham, Preston Reynolds, Eugene Rich, Tom Tsang, Judy Zerzan, and Karen DeSalvo. Far more of our members are local and regional leaders, steering countless local efforts that improve the health of our patients and communities through myriad means. Leadership, however, is not limited to named roles and titled positions. On a daily basis, all of our members are called upon for wisdom and guidance from patients,

peers, neighbors, and family. The time has come for us to leverage this wisdom and do more to shape the national dialogue.

Leading requires vision and clarity. Before we can speak with authority, we must objectively examine the issues, marshal the evidence, and apply a moral and ethical lens to the questions we face. Only after such a process can we speak with authority. White papers are one of the ways we have done that. *Wikipedia* defines a *white paper* as "…an authoritative report or guide that informs readers concisely about a complex issue and presents the issuing body's philosophy on the matter." The definition describes a white paper's purpose: "… to help readers understand an issue, solve a problem, or make a decision."[1]

As noted in this definition, white papers strengthen SGIM's leadership in a number of ways:

1. **They inform our membership about complex issues.**
2. **They provide clarity to our leaders and members as to our goals and interests and allow us to plan and prioritize our advocacy efforts.**
3. **They also enable us to inform and influence others beyond our society.**

In doing so, they strengthen the reputation of SGIM as a thought leader in medical practice and policy and increase SGIM's influence with local and national policy-makers.

Currently, SGIM has only two white papers—one addressing the dysfunctions of current Evaluation and Management (E&M) codes may be the definitive document on the topic and the distortions in practice and workforce distribution that result from the dysfunctional way our work is valued and reimbursed.[2] Nationally, SGIM is leading the effort by the Cognitive Care Alliance to achieve rationality and equity in payment for medi-

HEALTH POLICY: PART I *(continued from page 1)*

cal services between cognitive and procedural services and this paper is in many ways the cornerstone of that effort. The second white paper addresses GME reform, calling for dramatic changes in the accountability and transparency of GME financing to align with the country's physician workforce needs.[3] Both papers were endorsed by Council, and the GME report was published in JGIM.[4] Each have enabled SGIM to sharpen our focus, hone our strategy, and improve our ability to leverage policy change. We need to do more.

As a society historically proud to "punch above our weight," we have underutilized white papers. We have no statement on universal access to care or rational policies to address the opioid crisis. In 2013, Mark Schwartz and Harry Selker published a commentary on gun violence as a public health issue that was reviewed by the Health Policy Committee, but SGIM has not adopted a position on the issue.[5] Other issues beg for comment, including:

1. sustainable practice models to constrain cost growth in health care,
2. reducing the influence of profit in health care,
3. broadening medical practice to address social determinants of health, and
4. expanding the healthcare team to include new and emerging professions including community health workers, health coaches, navigators, panel managers, etc.

In broadening our reach in this manner, SGIM *must* address issues that are clearly in our professional purview. Any position SGIM adopts officially will need to be close to the mainstream thinking of our members. Such official position papers will need to be approved by the Health Policy Committee and Council. While the JGIM editors will be alerted as position papers

are prepared, Council approval does not guarantee publication in JGIM. These papers will go through JGIM's usual, rigorous peer review.

In addition to formal position papers, SGIM members contribute to the national conversation by publishing valuable thought pieces and papers related to practice and policy in JGIM and beyond. JGIM would welcome such manuscripts in the form of perspectives and comments.[6]

There are two established routes for SGIM to adopt an official position. The first is member-proposed. An individual or group can request that SGIM adopt a position by contacting the Health Policy Committee (HPC). If the HPC approves the request, it forwards the request to Council who must ultimately endorse it and invite the requestors to create a white paper. The second is to issue a call. The HPC or Council can issue a call for a white paper to clarify our position on an issue. In both cases, the HPC reviews and comments on drafts of the paper to develop the final draft that is forwarded to Council for review. Council may request revisions or accept it as is. Once accepted, it becomes SGIM's official position on the topic.

We would like to close with a charge to our members: Let's get busy. SGIM and, indeed, our nation, needs your passion and expertise. We are inviting you to consider what policy issues you would like SGIM to take a position on and what issues you would be willing to work on. If you currently serve on a committee or participate in an interest group or task force, think about how a white paper might advance the issues you are working on. If you are working on an issue that hasn't found a home in a current SGIM committee or interest group, consider who might work with you to draft such position paper. For those developing papers for official endorsement by SGIM, the HPC will ensure rapid

turn-around of drafts and work to get expedited review by Council. For every single issue that results in an official position for SGIM, there should be 10 developed as perspectives, commentaries, or health policy special topics for JGIM or other publications.

The call to leadership is clear. SGIM boasts a proud history of leadership, but we can do better. Pick up your pen. Find some partners. Put your passion on the page and point the way toward progress.

References
1. White Paper. *Wikipedia*. https://en.wikipedia.org/wiki/White_paper. Accessed January 1, 2019.
2. Nakhasi A and Goodson J. The case for the redefinition and revaluation of the outpatient Evaluation and Management (E&M) service codes and the development of new documentation expectations. *SGIM Forum*. https://www.sgim.org/File%20Library/SGIM/Communities/Advocacy/Goodson-E-M-paper—2-final.pdf. Accessed January 1, 2019.
3. Jackson A, Baron R, Jaeger J, et al. Addressing the nation's physician workforce needs: The Society of General Internal Medicine (SGIM) recommendations on graduate medical education reform. *SGIM Forum*. https://www.sgim.org/File%20Library/SGIM/Communities/Advocacy/GME-white-paper-2014.pdf. Accessed January 1, 2019.
4. Jackson A, Baron RB, Jaeger J, et al. Addressing the nation's physician workforce needs: The Society of General Internal Medicine (SGIM) Recommendations on Graduate Medical Education Reform. *J Gen Intern Med*. 2014;11:1546-51.
5. Selker HSKSM. Gun violence

HEALTH POLICY: PART I *(continued from page 2)*

is a health crisis: physicians' responsibilities. *J Gen Intern Med.* 2013;28:601-2.

6. JGIM Instructions for authors: *Journal of General Internal Medicine.* https://www.sgim.org/File%20Library/JGIM/For%20Authors/JGIM-Instructions-for-Authors—October-2018-.pdf. Published October 2018. Accessed January 1, 2019.

SGIM