



PRESIDENT'S COLUMN

GENERAL INTERNISTS ADVANCING
HEALTH BEYOND HEALTH CARE

Karen DeSalvo, MD, President, SGIM

This is an organization whose members have a relentless focus on putting their patients and communities first, innovating to bring the best care and health outcomes to patients and work collaboratively.



SGIM has long been my professional home as a vital source of support and inspiration for me throughout my career. My career, ethos, and values have been shaped by the many mentors and peers whom I have met through SGIM. I knew from the moment

I walked in to a workshop on running resident continuity clinics at the Southern Regional meeting that this was where I belonged and that these were my people. My experiences with SGIM and its members these last 20 years have reinforced my belief that this is an organization whose members have a relentless focus to put patients and communities first, innovate to bring the best care and health outcomes to patients, and work collaboratively with other professionals and sectors. We are shaping the future of health!

In this, my first column, I will share with you where I believe our leadership is needed to advance health for our patients and communities, my own experience in doing that in New Orleans, and describe how we will spotlight exemplars from the SGIM family in future President's columns and at our national meeting in May 2020. I will also share some of the organizational priorities we have for the year.

There has never been a more important time for our work in this country. The United States spends twice as much as our global peers without much to show for it. We rank poorly in many areas but our big dot indicator—life expectancy—has been diverging from our peers for years; now, for 3 years running, the United States is declining in life expectancy. Every dollar we spend on health care is one we do not spend on the other important drivers of health, such as education, community infrastructure, and quality housing. This decline in life expectancy is not because of a new virus but from broader social drivers, such as social isolation, lack of economic, or educational opportunity. These “Deaths of Despair” manifest as suicide,

homicide, alcoholic liver disease, and opioid overdose.

To address this challenge of high cost and poor health, the nation has been focused on improving the healthcare system. We often use the framework of the Triple Aim: Better care, lower cost, better population health. SGIM and its members have been leaders in the work to develop care and payment models that focus on providing the best value and most person-centered care. SGIM members are also leading in the development of a workforce skilled to thrive in the future health care world based on value.

While clinical excellence is necessary, it is not sufficient to bring affordable health care to all. For real success in value-based care, and for meaningful success in improving the population's health, we will need to address factors beyond clinical excellence. The social, environmental, and behavioral factors that drive health, called the social determinants of health, account for 60% of our health outcomes. These determine are the root cause of health inequities and include an array of domains and drivers such as housing and food insecurity, social isolation, racism, environmental exposures and lack of economic opportunity to name a few.¹

The nation is entering a highly active phase for research, development of care models, and experiments in financing and policy to address these social determinants. I believe that this national awakening about the social determinants of health is medicine coming full circle. This approach to care is what I hear in William Osler's words: “*The good physician treats the disease; the great physician treats the patient who has the disease.*”²

The social determinants of health are more than a set of facts or abstract concepts. As do many of you, I think about the countless patients whose social circumstances, community context, and life experiences represent barriers to achieving optimal health and wellness. But the importance of these social determinants of health was

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never clearer than after Hurricane Katrina in 2005. The destruction of the infrastructure and social fabric of our community in New Orleans laid bare the challenges our patients were facing, often unseen by us in the clinical setting. The experience drove the greater New Orleans community to build a successful care model that could address health beyond health care.^{3,4} We also paid attention to strengthening the sectors impacting the social determinants of health, such as housing, public health, and education.

During my term as president, I want to see that the excellent science, practice, educational, and policy expertise of this organization and our members are recognized by key national thought leaders and leveraged to bring about a more accessible, affordable, and just health system for all—one in which we address all drivers of health, including the social determinants of health.⁵ Over the course of the year, I will use this column to spotlight the work of our members and their organizations who are working to advance the model of addressing the social determinants of health. We will cover the many efforts and dimensions addressing the determinants, including:

- **medical education opportunities**
- **clinical practice innovation**
- **payment models**
- **measurement and evaluation**
- **research advances and gaps**
- **approaches leveraging multi-sectoral partnerships**
- **data and technology demands, and**
- **public and private sector policy needed to support sustained models.**

I also welcome suggestions for models and people who may be “flying under the radar” but whose innovations should be more broadly known so we may spread and scale their efforts.

The theme of our 2020 Annual Meeting in Birmingham, Alabama, will focus on how general internists can inform and advance efforts aimed at addressing the social determinants of health. Eric Rosenberg has agreed to chair the meeting and the team at the University of Alabama at Birmingham are thrilled to be the local hosts. I encourage you all to start now to think about your submissions to the meeting that will inform the science, practice, education, and policy around the social determinants of health. I am anticipating content that not only spotlights our leadership in this area but also shapes the future of this essential work.

Though thematically I will focus on the social determinants of health in the coming year, I want to assure the membership that I will not lose sight of our core mission and goals in partnership with SGIM staff, council, committees, and commissions. Over the coming year, SGIM will continue to strengthen its core so that we can be a strong partner and advocate for our patients, trainees, and communities. We will build Web site functionality that better supports the members and our work, build upon the strategic planning work and define our metrics and targets, act on some of the recommendations from the finance planning work to further strengthen our financial standing, encourage cross-cutting efforts, such as an evaluation process, for our en-

hanced career development efforts, and enhance partnerships where we have mission alignment to make an impact.

Thank you all for the work you do every day to create a just system of care in which all people can achieve optimal health, including attention to the social determinants of health. I could not be prouder than to serve as president of this extraordinary organization in the coming year and look forward to what we will be able to achieve together.

References

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