

WEB EXCLUSIVE

2020: THE NEXT LEAHP (LEADERSHIP IN HEALTH POLICY) YEAR

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In 2017, SGIM launched the Leadership in Health Policy (LEAHP) program, a first-of-its kind career development initiative to train the next generation of internist health policy leaders to advocate for the Society’s core missions in clinical practice, education and research.¹ As the LEAHP program opens for applications for the 2020-2021 year, we (a subset of the first two cohorts of the program) would like to reflect on the impact of this program to date.

Through its first two years, 29 SGIM members have completed the LEAHP program, and its scholars have spanned across the spectrum in terms of experience and background, from residents to full professors; from researchers to administrators, clinicians and educators; from long-standing activists to newcomers desiring the training and confidence to enter the policy arena. Through monthly webinars, quarterly journal clubs, half-day seminars at the SGIM national meetings, and continuous self-directed growth, LEAHP scholars have

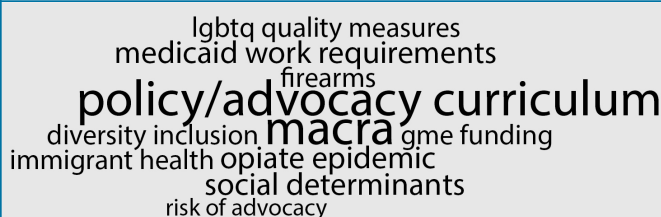
learned (and taught) the essentials of policy-making processes, payment model structures, healthcare reform impacts and advocacy skills.

However, the true core of the program has been mentored policy and advocacy work. Beyond attitudes shifted and knowledge gained through readings and didactics, scholars each worked with a senior SGIM policy mentor throughout the year to complete capstone projects. Scholars followed their own personal topic interests, joined with long-standing core efforts through SGIM’s Health Policy Committee, or built off prior LEAHP scholars’ work. The accompanying figure shows a breakdown of work to date by topic and format:

This facilitated behavior change—overcoming the activation energy needed to lead Hill Day, teaching a curriculum, or collaborating with legislators—has been the deepest value from the LEAHP program, and the critical piece towards the goal of building a sustainable pipeline of future health policy leaders. Direct comments from LEAHP scholars include the following:

Policy/Advocacy projects during first two LEAHP years

| Project Deliverable | Number |
|-----------------------------------------------------|--------|
| Meeting workshop or abstract (regional or national) | 16 |
| Written publication | 10 |
| Local curriculum | 10 |
| National curriculum | 1 |
| Report to legislator | 1 |
| Rule-making analysis and comments to CMS | 1 |



“Being part of the LEAHP program has connected me with leaders and experts in health policy with a wealth of experience in a variety of areas. Through conferences, meetings, and seminars, the LEAHP program has greatly deepened my knowledge of health policy and my understanding of how to make an impact in the field. I have had fantastic mentorship and great collegial relationships with my LEAHP cohort.”

“After introducing my healthcare policy curriculum for internal medicine residents as my LEAHP capstone, I will be applying for a grant to develop my curriculum further. I will also be starting a ‘Tallahassee Day’ for my residents. The encouragement of my mentor was instrumental in pushing me to take the program requirements and incorporate this into my academic career.”

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“The mentorship and relationships gained from the LEAHP program have allowed me to push the boundaries of what I can do in the health policy and advocacy field – moving from being an educator to an advocate, from passively reading policy proposals to analyzing legislation and agency rule-making with an eye towards change. LEAHP has helped me develop the skills and confidence to expand my impact.”

“My LEAHP foundation has helped me develop my career as an educator and as an advocate. As faculty mentor for our residency program’s Health Policy and Advocacy Committee, I have started developing a health policy curriculum and encouraged trainees to join advocacy efforts at the state and national level, and I remain an active participant of the SGIM Health Policy Education Subcommittee.”

“Being a LEAHP Scholar gave me a strong foundational knowledge of health policy development and the understanding that it is the apex of creating change in health-care. LEAHP pushed me to write Op-Eds, become more active in resolution writing with my local AMA chapter, and make under-

graduate and graduate medical education curriculum changes at my local institution and state-wide, which I plan to pursue nationally.”

For those readers familiar with the Kirkpatrick Model,² widely applied to medical education, the early benefits of the LEAHP program in terms of attitudes, knowledge, and behavior change will resonate as level 1-3 outcomes in this framework. The 4th level, patient benefit, remains the most important and challenging. Will the policy analysis, advocacy efforts and educational curricula developed by LEAHP scholars ultimately contribute towards meaningful policy change that can benefit the patients that SGIM serves? This question remains unanswered and depends in large part on the future of the LEAHP program. Much like research or relationships with patients, advocacy/policy work is a long game, with major successes building off years of incremental work. Whether ensuring access to vulnerable populations via Medicare, Medicaid, and the Affordable Care Act; protecting immigrants documented and undocumented; addressing the opiate epidemic and preserving reproductive health rights; reforming the decades-old distortions in procedural vs. cognitive care payments in the

Medicare Physician Fee Schedule; or supporting the ongoing federal funding of AHRQ and PCORI, furthering the core missions of SGIM requires an ever-expanding cadre of engaged, passionate, and knowledgeable policy leaders in internal medicine.

The LEAHP program has enabled us to become change agents within our own systems and within local and national government on behalf of our colleagues and our patients. More champions are now needed. The application period for 2020-2021 LEAHP scholars is now open and will close on November 15, 2019.

To apply or learn more about LEAHP and the policy efforts of SGIM, please visit <https://www.sgim.org/communities/advocacy/leadership-in-health-policy>.

References

1. Schwartz M, Staiger T. Leadership in Health Policy (LEAHP) Program initiated at the 2017 annual meeting. *SGIM Forum*. 40(8):8,13.
2. Kirkpatrick D. Evaluation of training. In: C R, B L, eds. *Training and development handbook*. New York: McGraw-Hill, 1967:87–112.

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