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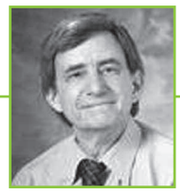
The Leadership Forum

an ACGIM publication for leaders in academic general internal medicine



Advocating for Part-Time: A Leadership Journal

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Valerie Weber has asked me to provide some insights as we near completion of the first phase of an exciting "part-time" journey. It is a privilege to do so and to invite other chiefs to provide entries in their own "leadership journals"—stories of goals achieved and lessons learned. For this piece, I am pleased to provide 1)* a progress report on our work on part-time careers in academic internal medicine, 2) lessons learned along the way, and 3) thoughts about why advocacy works to sustain me as a chief.

Progress Report: In 2002, our research team (in collaboration with a Dutch primary care research group, NIVEL) published a paper in the *American Journal of Medicine*, "Part-time: Where is it headed?" This paper synthesized data from a national survey of internists, pediatricians and family physicians in the US with data from the Netherlands. The implications were that part-time was on the rise, was here to stay, and was eagerly sought by many young and older physicians. Two years later, Carole Warde and I met up with Tod Ibrahim, Executive VP for the Alliance for Academic Internal Medicine (AAIM). AAIM is the umbrella organization that unites the chairs (APM), program directors (APDIM), clerkship directors (CDIM), administrators (AIM) and section chiefs and fellowship program directors (ASP) in academic internal medicine. Carole, Tod and I wrote a proposal concerning part-time careers for the five- member organizations of the Alliance. That proposal led to the formation of an ASP Task Force on Part-time Careers that united members of AAIM organizations with SGIM and ACGIM. After two years of work, the Task Force forged a consensus statement, gained approval from the five AAIM member organizations and has a tentative acceptance for the piece in *Academic Medicine*. In addition, the Task Force initiated discussions with Henry Khatchaturian, Interim Research Training Officer at NIH, to allow part-time faculty to participate in K (career development) awards. Thanks to the efforts of Dr. Khatchaturian and the NIH Training Advisory Committee, we have made substantial progress toward that goal. A policy announcement appeared recently acknowledging that full-time faculty with K awards could shift to part-time. An article will be submitted shortly to Academic Internal Medicine *Insight* (newsletter for AAIM) describing this policy change in more detail.

Lessons Learned: Here are just a few! *Take your time*. Patient leadership allows the team to stay centered on long-term goals rather than short-term accomplishments. Many setbacks eventually become successes.

I get by with a lot of help from my friends: It takes a team (if not a village, or even a country) to change policy. Among many others, without whom I could not have done this work, are Carole Warde, Tod Ibrahim, David Karlson, Linda Burns, Stu Linas, Bob Centor, Janet Bickel, Linda Baier Manwell, Jessie O'Hara, Allison Haupt, Kay Ovington, Sheila Costa, Charlie Clayton, Paul Volberding, Barbara Schuster, Deborah DeMarco, all the Task Force members, and an anonymous editor at *Academic Medicine*.

Get data, publish data: Data supports change. Without such scholars as Rachel Levine, Hilit Mechaber, Julia McMurray, Rebecca Harrison and Phil Heiligers, we would not be where we are today. I salute these investigators and their all-important efforts that have paved the way to policy change.

Start informally. Formal letters to request policy change often lead to formal replies letting you know reasons it cannot be done. Informal exchanges to develop collaborative arrangements may lead to more successful formal exchanges later on.

Don't get bogged down. When ASP Council debated methods around which part-time faculty could gain access to K awards, Tod Ibrahim reminded me not to get bogged down in that one issue. Likewise, when internal reviewers of our consensus statement wanted a clearer definition of part-time, Janet

Bickel reminded me this had proven to be nearly impossible. We moved on, and although we did not solve either, we do have a soon-to-be published consensus statement to show for it.

Develop the future: Work on policy issues with experienced leaders, but also be sure to bring new and future leaders into the process. Every policy change is just one step along the road. In this case, we will need "the future" to study and implement best practices in operationalizing part-time careers in Departments of Medicine.

Cherish your organizations: This journey would not have a single step if it were not for the staff, policy analysts, associate journal editors, leaders and visionaries who comprise our national organizations. Bearing mention again are Tod Ibrahim, David Karlson and their superlative colleagues who comprise AAIM, SGIM and ACGIM. The tireless support, advocacy, networking and insight that we received from these dedicated individuals facilitated the progress we have made.

Two steps forward, one step back. The road to progress is often halting. Try not to be discouraged when progress is forward and back. Be gracious at all times; it is often those who could not help the first time who provide the support that pushes you over the finish line soon afterwards.

Build a coalition: teamwork, teamwork, teamwork. Look for colleagues outside your own professional area (e.g., social science, business, subspecialties). Their active participation can lead to lasting impact that will reach outside of those who already agree with you.

Be values-driven. Remember the values that underlie your mission and goals—in this case: fairness, equity, inclusiveness, balance, importance of parenting, and the future of science (among others). Remaining anchored to your values provides the extra energy you need when it seems like progress is never going to happen.

Keep framing and reframing the problem: When we began, we saw a lack of inclusiveness for part-time as the problem. We soon recognized other key issues, such as a declining interest in careers in internal medicine and the need to develop the physician-scientist pipeline. Never fear going back and noticing that the agenda is even bigger than you once thought.

Why advocacy works for me? Advocacy is its own reward. To understand this, I usually ask the question: why are we in medicine in the first place? For many of us, it is to help people in need, to be socially conscious, or to make discoveries. Advocacy allows all of these and more. The work I put into my advocacy efforts continually reminds me why I am in medicine, and allows me to give back to the discipline, colleagues and national organizations that have likewise sustained me. Advocacy can be scholarly (publications, workshops, lectures, curricula), exciting, intellectually challenging, fulfilling, and role modeling for the next generation. It can change your career and change your institution. So, pick a cause, put a work group together, and try to change the world. It works!

**—McMurray J, Heiligers P, Shugerman R, Doulas J, Gangnon R, Voss Costa S, Lintzer M. Part-time medical practice: where is it headed? The Society of General Internal Medicine Career Satisfaction Study Group. Am J Med. 2005* AGCIM

The Role of Chiefs in Making Sausage: The American Recovery and Reinvestment Act as a Precursor to Healthcare Reform

Bill Moran, Lyle Dennis and Francine Jetton—SGIM Health Policy Committee (HPC)

The next 18-24 months may be the most critical period in more than a decade to achieve healthcare reform. We have all fervently sought comprehensive healthcare reform since the Clinton administration, but until now either the administration or Congress (or both) were ineffective in advancing it. President Obama and the 111th Congress have dramatically changed that calculus. But with mounting economic uncertainties and the vagaries of mid-term elections, there is no guarantee that the current pro-reform House and Senate will still be in place beyond January 2011. Therefore, we need to act now to support reform legislation. In particular, Chiefs need to activate their divisions to advocate for reform—we need every SGIM member to be an advocate.

When Otto von Bismarck said, "Laws are like sausages; it is better not to see them being made," he was commenting on the inherent messiness of the process. Many groups influence a bill as it moves through the legislative process including opportunities to give voice to SGIM advocacy positions. SGIM Council approves an advocacy agenda every year (Figure 1), through which

the SGIM Health Policy Committee is empowered to initiate advocacy actions throughout the year on short notice and in response to legislation as it works through the process.

The American Recovery and Reinvestment Act (ARRA), commonly known as the economic stimulus bill, are illustrative of the importance of Chiefs helping to engage members of their divisions in the advocacy process.

The House Economic Stimulus Bill: When the administration of President Obama took office, it was clear that the President wanted a large stimulus package to jump-start the economy with the goal of returning four million Americans to work. The initial economic stimulus in the House was $819.5 billion and included a number of provisions that represented positive developments for General Internal Medicine. Within the package, $600 million would fund Title VII and Title VIII, two programs targeting Primary Care Training and Diversity Development administered by the Health Resources and Services Administration (HRSA). The House bill also included $1.1 billion for Comparative Effectiveness Research (CER), with $300 million allocated to AHRQ, $400 million to NIH, and $400 million for the Office of the Secretary in HHS. Signaling the challenges to come, the Stimulus Bill passed the House of Representatives with 12 Democrats joining all Republicans in voting against the bill.

The Senate Economic Stimulus Bill: The Senate then considered a larger bill ($830.2 billion) that had many similar elements to the House. However, Senate Republicans resisted a number of appropriations they felt would not directly and immediately increase the number of jobs created and sought increased tax cuts instead. During the first week of February, HRSA and Title VII and Title VIII funding was removed from the Senate version, despite the advocacy of many organizations, including SGIM. However, $1.1 billion in CER funding was identical to the House and SGIM health policy committee members were reassured by Senate staffers that CER funding was safe. The Senate bill passed on a weekend vote with three Republican Senators joining 58 Democrats in voting for its passage. The two bills will be reconciled in a House-Senate conference.

House-Senate Conference: The HPC launched its first of three legislative alerts to all SGIM members when the House and Senate bills went to conference, advocating that CER funding should remain in the Conference Committee bill ("$1.1 billion in CER Could Be Lost"). The result was 167 messages sent by 89 SGIM activists. SGIM contracts with CRD Associates, a Washington DC advocacy firm, and that firm alerted the HPC that HRSA Title VII and VIII funding was threatened, leading to the second alert: "$600 million for Primary Care Training and Diversity Programs." The SGIM membership response was dramatic: 582 messages were sent by 210 SGIM activists. HRSA funding was restored. Late in conference deliberations (February 10th), an Op Ed piece in the New York Times led conservative talk show host Rush Limbaugh to attack CER, suggesting that healthcare rationing, socialized medicine and euthanasia would not be far behind. HPC then initiated a third alert "CER Threatened by False Attacks" with 365 messages sent by 152 SGIM activists.

SGIM membership was notified of the final conference bill, the newly named American Recovery and Reinvestment Act of 2009 (ARRA), with an e-mail blast "Update on Stimulus Package." The ARRA totaled $787 billion and included $10.0 billion for NIH, $1.1 billion for CER as distributed above, $500 million for health professions training programs with $200 million allocated for all the disciplines trained through the primary care medicine and dentistry program, the public health and preventive medicine program, the scholarship and loan repayment programs authorized for Title VII (health professions) and Title VIII (nurse training) and grants to training programs for equipment. A newly-created Prevention and Wellness Fund of 1.0 billion was allocated.

The Chiefs and SGIM advocacy. The opportunity to give voice to SGIM advocacy positions is frequently very short-lived, as was the case for the House-Senate Conference Committee deliberations. During the process of crafting the House and Senate bills, and Conference Committee negotia-

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Figure 1.

2009 SGIM Advocacy Agenda Education

- Funding HRSA Title VII programs*
- Title VII reauthorization
- Medical student debt forgiveness in PC

Research

- Comparative Effectiveness Research within AHRQ*
- AHRQ reauthorization
- NIH budget increases*
- CTSA full funding*
- VHA research funding

Clinical Practice

- Primary care compensation reform
- Practice support including PCMH

*Issues included in ARRA

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The Role of Chiefs in Making Sausage: *continued from page 3*

tions, SGIM HPC initiated three policy alerts, with a maximum of 210 SGIM members sending 582 messages—less than 10% of the SGIM membership. Chiefs can help SGIM achieve a more robust response by activating their divisions and encouraging their faculty to advocate: know the issues, respond to alerts, advocate at home or on the Hill, even testify. We need every SGIM member to advocate. Former Speaker of the House Tip O'Neill famously said "All politics is local." The Chiefs are local; your divisions are local. With healthcare reform likely to come before Congress (possibly as soon as the summer of 2009), we have to learn from the lessons of the Economic Stimulus bill. Your voice matters and your ability to respond to SGIM requests for advocacy could make a significant difference in the future of the healthcare system.

AGCIM

SAVE THE DATE!

The Academic Hospitalist Academy: Essential Skills for Education, Scholarship and Professional Success

Save the Date: November 8–11, 2009 • Dolce Atlanta-Peachtree Conference Center • Peachtree, Georgia

The Academy is designed to enhance the productivity and academic output of promising junior hospitalists. The course will teach the practical knowledge, skills, and attitudes necessary to succeed as an academic hospitalist. Meeting highlights include:

- Opportunities for hands-on skill practice
- 10-to-1 student to faculty ratio
- Content taught in large- and small-groups
- Principles of effective teaching including evaluation and feedback
- Essential skills for the creation of scholarly products
- Key principles in quality improvement
- Basics of the business of medicine
- The fundamentals of leadership

Attendance will be capped at 100 participants! Make sure to register early.

The Academic Hospitalist Academy is co-sponsored by SGIM, SHM, and ACGIM

For more information and to sign up for email notifications, please email Amy Woodward at woodwarda@sgim.org