



SGIM *Forum*

Society of General Internal Medicine

ANNUAL MEETING UPDATE

SOCIETY OF GENERAL INTERNAL MEDICINE ANNOUNCES ITS 2022 AWARD AND GRANT RECIPIENTS

Francine Jetton, MA, CAE, Senior Director of Communications & Publications, SGIM

The Society of General Internal Medicine presented numerous awards and grants at its Annual Scientific Meeting, held April 6-9, 2022, at the Walt Disney World Swan and Dolphin Hotel. SGIM is proud and pleased to announce the recipients by category.

Recognition Awards

The Robert J. Glaser Award—Presented to Karen Freund, MD, MPH (Tufts University) for outstanding contributions to research, education, or both in generalism in medicine. The award is supported by grants from the Henry J. Kaiser Family Foundation, the Commonwealth Fund, and individual contributors.

Herbert W. Nickens Minority Health and Representation in Medicine Award—Presented to Ricardo Correa, MD (University of Arizona College of Medicine) for a demonstrated commitment to cultural diversity in medicine.

ACLGIM Chiefs Recognition Award—Presented to Cynthia Chuang, MD, MSc (Penn State Hershey Medical Center). This award is given annually to the general internal medicine Division Chief who most represents excellence in division leadership.

The ACLGIM UNLTD (Unified Leadership Training in Diversity) Award—Recognizes junior and mid-career faculty from underrepresented groups with proven leadership potential. Recipients of this award receive a scholarship to attend educational and networking opportunities: SGIM Annual Meeting, ACLGIM Winter Summit, and

additional fellowship opportunities. The 2022 recipients are Christopher Gonzalez, MD, MSCE (Weill Cornell Medical College), Emmanuel Mensah, MBA, MD (Beth Israel Deaconess Medical Center), Himali Weerahandi, MD (NYU Langone Medical School), and Marshall Fleurant, MD, MPH (Emory University School of Medicine).

The ACLGIM Leadership Award—Given to a member of the ACLGIM who is within the first 10 years of faculty appointment. It recognizes skills in leadership in any number of areas of academic medicine, including clinical, educational, research or administrative efforts. The 2022 recipient of this award is Sarah Tilstra, MD, MS (University of Pittsburgh Medical Center).

The Quality and Practice Innovation Award—Recognizes general internists and their organization that have successfully developed and implemented innovative role model systems of practice improvement in ambulatory and/or inpatient clinical practice. The 2022 award was presented to Elizabeth Cuevas, MD (Allegheny Health Network).

The Excellence in Medical Ethics Award—Recognizes the original scholarship that SGIM members have done to advance medical ethics. The 2022 award was presented to Mark Siegler, MD (University of Chicago Division of the Biological Sciences, The Pritzker School of Medicine).

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FROM THE EDITOR

#SGIM22 FROM CYBERSPACE TO HOMECOMING

Tiffany I. Leung, MD, MPH, FACP, FAMIA,
 Editor in Chief, *SGIM Forum*

“It’s been such a homecoming being at SGIM this year. I’m really excited to have a lot of students and residents and trainees here—it’s just incredible to see them shine and connect with colleagues from around the country!” said Wei Wei Lee, MD, MPH, associate professor of medicine and Associate Dean of Students and Professional Development at The University of Chicago Pritzker School of Medicine. The SGIM 2022 Annual Meeting in Orlando, Florida—our first in-person annual meeting of the Society of General Internal Medicine since 2019—was by numerous accounts a remarkable success.

With careful planning and deliberation, #SGIM22 dassembled the boundless innovative, creative, and passionate minds and hearts of our members in person. A sea of green lanyards throughout the annual meeting meant we could literally welcome each other back with open arms. “I am really happy to see all my SGIM friends in-person. This is like the Primary Care Superbowl!” said Lisa Rotenstein, MD, assistant professor of medicine at Brigham and Women’s Hospital.

“Being back at SGIM again feels great: you can quite physically feel the energy in the air in a way that recharges our batteries so much better than we’re able to do in the virtual era.” said Blake Barker, MD, SGIM Southern Regional President and Associate Dean of Students in Internal Medicine at The University of Texas Southwestern Medical Center.

Last year, I reflected on being a part of the SGIM, “where even if you might be away or distant for an extended time...there is not only a craving to be together again to enjoy each other’s company; there is also a sense that when we are together again, it’s as if little time has passed, that we can flow right back into where we left off last.”¹ Although I was close, I think my assessment fell short on picking up where we left off last, simply because of our virtual circumstances.

In contrast to one year ago, I see in hindsight that meeting in person with colleagues and friends at #SGIM22 was vastly different from our last in-person annual meeting experiences, morphed and evolved because of three years of separation. The #SGIM22 fueled an unexpected, yet very welcome, fire for rekindling past connections and networks. Also, it translated connections first made

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REFLECTIONS AND LOOKING FORWARD TO TOMORROW

LeRoi S. Hicks, MD, MPH, FACP, President, SGIM

"Over the past two issues of the Forum, our members focused on our organizational values and how SGIM is working to promote policies that are most related to them. Now, four months after the 2022 annual meeting, it is not only an appropriate time to reflect on this past meeting but also to anticipate our 2023 annual meeting. For #SGIM23, our focus will be on creating solutions to the challenges identified as key priority areas an academic GIM. We would like attendance at #SGIM23 to be valuable for our membership regardless of where they practice or their level of seniority."



It had been many years since I had the opportunity to spend so much time with colleagues at a national meeting. Like many SGIM members, our 2022 annual meeting was, to me, an event that was well worth the wait. As I reflect on this last annual meeting, there are a few specific experiences that lead me to view that time as a special one. First, the clear demonstration that SGIM staff and annual program leadership took every effort to assure that each of us felt safe in an environment where many were meeting in person for the first time in two years. My comfort started at registration with mandated vaccine and masking policies for the meeting and further solidified as I saw the numerous lanyard colors around the necks of attendees. As someone who's been described as a "hugger," I found the

lanyards to be an innovative way to allow participants to state their comfort level with physical contact while minimizing the potential discomfort of having to explicitly defend what makes them feel most safe. In addition to the comfort of a safe environment and the usual slate off extraordinary presentations, workshops, and plenary sessions, I was most impacted by the numerous opportunities to meet with others. I attended numerous one-to-one meetings, many of which were unscheduled, with SGIM members that ranged from current fellows to former society presidents. Throughout the meeting, the discussions that took place helped my thoughts about our direction as a society and further solidified our theme for next year's meeting.

In my first *Forum* article, I described the promise of our diverse body of members to address the pertinent is-

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SGIM Forum

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The SGIM Forum, the official newsletter of the Society of General Internal Medicine, is a monthly publication that offers articles, essays, thought-pieces, and editorials that reflect on healthcare trends, report on Society activities, and air important issues in general internal medicine and the healthcare system at large. The mission of the Forum is to inspire, inform, and connect—both SGIM members and those interested in general internal medicine (clinical care, medical education, research, and health policy). Unless specifically noted, the views expressed in the Forum do not represent the official position of SGIM. Articles are selected or solicited based on topical interest, clarity of writing, and potential to engage the readership. The Editorial staff welcomes suggestions from the readership. Readers may contact the Editor, Managing Editor, or Associate Editors with comments, ideas, controversies, or potential articles. This news magazine is published by Springer. The SGIM Forum template was created by Howard Petlack.

Research Awards

John M. Eisenberg National Award for Career Achievement in Research—Presented to Nancy Keating, MD, MPH (Harvard Medical School) in recognition of a senior SGIM member whose innovative research has changed the way we care for patients, the way we conduct research, or the way we educate our students. SGIM member contributions and the Hess Foundation support this award.

Outstanding Junior Investigator of the Year—Presented to Michael L. Barnett, MD (Harvard School of Public Health) for early career achievements and overall body of work that has made a national impact on generalist research.

Mid-Career Research Mentorship Award—Presented to Jessica Merlin, MD, PhD, MBA (University of Pittsburgh Medical School) in recognition of mentoring activities as a general internal medicine investigator.

Best Published Research Paper of the Year—Presented to Carlos Irwin Oronce, MD, MPH (University of California, Los Angeles). This award is offered to help members gain recognition for their papers that have made significant contributions to generalist research.

Founders' Grant—Presented to Akshar Rambachan, BA, MD, MPH (University of California, San Francisco Medical Center). The SGIM Founders Award provides up to \$10,000 support to junior investigators who exhibit significant potential for a successful research career and who need a “jump start” to establish a strong research funding base.

Lawrence S. Linn Award—Awarded to Chanelle Diaz, MD, MPH (Montefiore Medical Center). This award provides funding to a young investigator to study or improve the

quality of life for persons with AIDS or HIV infection.

Clinician-Educator Awards

National Award for Career Achievements in Medical Education—Presented to Sondra Zabar, MD (New York University School of Medicine) for a lifetime of contributions to medical education.

Frederick L. Brancati Mentorship & Leadership Award—Presented to Rani Nandiwada, MD, MS (University of Pennsylvania School of Medicine). The Brancati Award honors an individual at the junior faculty level who inspires and mentors trainees to pursue general internal medicine and lead the transformation of health care through innovations in research, education, and practice.

National Award for Scholarship in Medical Education—Presented to Wei Wei Lee, MD, MPH (University of Chicago) for individual contributions to medical education in one or more of the following categories: Scholarship of Integration, Scholarship in Educational Methods and Teaching, and Scholarship in Clinical Practice.

Mid-Career Mentorship in Education Award—Presented to Daniella Zipkin, MD (Duke University). This award recognizes the mentoring activities of general medicine educators who are actively engaged in education research and mentorship of junior clinician educators.

Presentation Awards

Mack Lipkin, Sr.—Associate Member Awards—Presented to the scientific presentations considered most outstanding by students, residents, and fellows during the 2022 SGIM annual meeting. Awards are made based on participant evaluations of the presentations and are endowed by the Zlinkoff Fund for Medical Education. The award winners for 2022 are as follows:

- Rohan Chalasani (Northwestern University Feinberg School of Medicine) for abstract presentation “Examining the Health-Wealth Gap: The Association of Family Income with Outpatient Quality, Utilization, Cost, and Patient Experience”
- Katherine Chen, MD (University of California, Los Angeles) for abstract presentation “Cost-Related Residential Moves are Associated with Adverse Health Outcomes and Behaviors Among California’s Renters”
- Rebekah Scott (University of Texas at Austin Dell Medical School) for abstract presentation “Equitable Implementation of a Mailed Stool Test-based Colorectal Cancer Screening Program in a Safety Net Health System”

Milton W. Hamolsky—Junior Faculty Awards—Presented to the scientific presentations considered most outstanding by junior faculty during the 2022 SGIM annual meeting. Awards are made based on participant evaluations of the presentations and are endowed by the Zlinkoff Fund for Medical Education. The award winners for 2022 are as follows:

- Sebastian Linde, MPhil, MSc, PhD, MS (Medical College of Wisconsin) for abstract presentation on “Association of Federal and State Level Minimum Wage Legislations and Food Security”
- Margaret Lowenstein, MD, MPhil (University of Pennsylvania School of Medicine) for abstract presentation on “Exploring Patient Perspectives on Low-Threshold Treatment for Opioid Use Disorder”
- Aaron Schwartz, BA (Harvard Medical School) for abstract presentation on “Variation in Low-Value Service Use Across Veterans Affairs Facilities”

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SGIM Clinical Vignette Oral Presentation Awards—Recognizes the best presented clinical cases by a medical student, internal medicine residents or GIM fellows (not faculty) at the SGIM National Meeting. This year's recipients are as follows:

- *Pranav Shah, MD (University of Pennsylvania School of Medicine)* “Stiff Limb Syndrome: A Case Report”
- *Wint Thu Saung, MD (Icahn School of Medicine at Mount Sinai)* “The Two-Second Headache: A Case of Obstructive Hydrocephalus in a Young Healthy Male”
- *Joshua Sira (Augusta University Medical College of Georgia)* “Why Don't You Wait a Month and Repeat?” Gender-Bias Can Delay Lung Cancer Diagnosis”
- *Brittany Toffey, MD (New York Presbyterian Healthcare System)* “Vitamin B12 Deficiency or AML?: Unraveling the Anemia”

Distinguished Professor of Women's Health Best Oral Abstract Award—*Ilana Richman, MD, MHS (Yale School of Medicine)* for the abstract titled “Estimating Breast Cancer Overdiagnosis among Older Women in the US”

Distinguished Professor of Women's Health Best Poster Award—*Nia S. Mitchell, MD, MPH (Duke University School of Medicine)* for the poster titled “Weight Management for African American Breast Cancer Survivors in a Community-Based Program”

Distinguished Professor of Geriatrics Best Oral Abstract Award—*Aaron Troy, MD, MPH (Beth Israel Deaconess Medical Center)* for the abstract titled, “Oral Anticoagulant Prescribing in Older Adults Newly Diagnosed with Atrial Fibrillation During Hospitalization”

Distinguished Professor of Geriatrics Best Poster Award—*Christine Jones, MD, MS (University of Colorado School of Medicine)* for the poster titled “Risk Factors for 6-month Mortality in Medicare Beneficiaries with Heart Failure Discharged with Home Health Services”

Distinguished Professor of Health Equity Best Oral Abstract Award—*Utibe Essien, MD, MPH (University of Pittsburgh School of Medicine)* for the abstract titled “Association of Neighborhood Disadvantage and

Oral Anticoagulant Use in Patients with Atrial Fibrillation: A National Study”

Distinguished Professor of Health Equity Best Poster Award—*Milda R. Saunders, MD, MPH, (University of Chicago Division of the Biological Sciences, The Pritzker School of Medicine)* for the poster titled “Association Between Material Diabetes, Race and Neighborhood Socioeconomic Status”

Distinguished Professor of Hospital Medicine Best Oral Abstract Award—*Snehal Patel, MD (University of Texas at Austin Dell Medical School)* for the abstract titled “It's Been Traumatic: The Impact of COVID-19 on Hospital-Based Healthcare Workers in Austin”

Distinguished Professor of Hospital Medicine Best Poster Award—*Kira L. Ryskina, MD, MSPH (University of Pennsylvania School of Medicine)* for the poster titled “Disparities in Access to Specialty Care Follow-Up and Subsequent Emergency Department Uses after Hospital Discharge to Skilled Nursing Facilities”

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FROM THE EDITOR (continued from page 2)

in cyberspace into tangible, hug-gable friends and colleagues. The once constrained virtual interactions blossomed into the pleasantly near-Brownian motion experience of bumping into friends, old and new—still recognizable behind a mask—in hallways between #SGIM22 plenary sessions, distinguished professor talks, clinical updates, symposia, workshops, panels, posters, and the extremely underestimated lunch and coffee breaks. Hunger apparently is not limited only to food and drink as nourishment.

In this issue, the first August SGIM *Forum* in-person annual

meeting recap since 2019, we appreciate the joys of gathering via official photography from the live in-person event. Eric Bass, SGIM CEO, and Matthew Tuck and Nicole Redmond, #SGIM22 program co-chairs, reflect on this landmark occasion occurring during a pandemic. LeRoi Hicks, SGIM President, also reflects while also looking ahead towards #SGIM23. An annual tradition, we also again recognize the SGIM award recipients, accompanied by additional inspirational stories shared by the Education award recipients. In Ask an Ethicist, members of the SGIM Ethics Committee

analyze a case question about caring for an incarcerated patient. Finally, Rebekah Scott and Christina Shields, fourth-year medical students share their unique peer-to-peer teaching experience on learning about medical billing. SGIM and *Forum* are ready to sate that appetite for learning!

References

1. Leung TI. Finding family in #MyFirstSGIM. SGIM *Forum*. <https://connect.sgim.org/sgimforum/viewdocument/finding-family-in-myfirstsgim>. Published August 2021. Accessed July 15, 2022.

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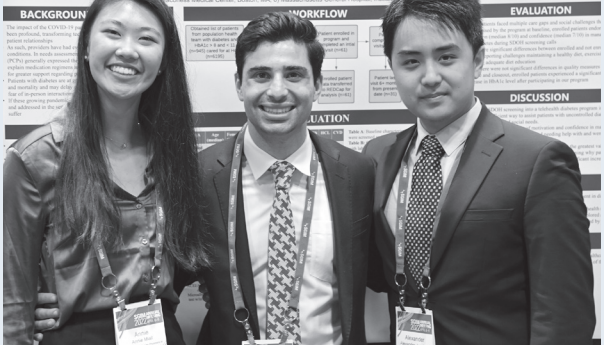
SGIM 2022 ANNUAL MEETING PHOTOS

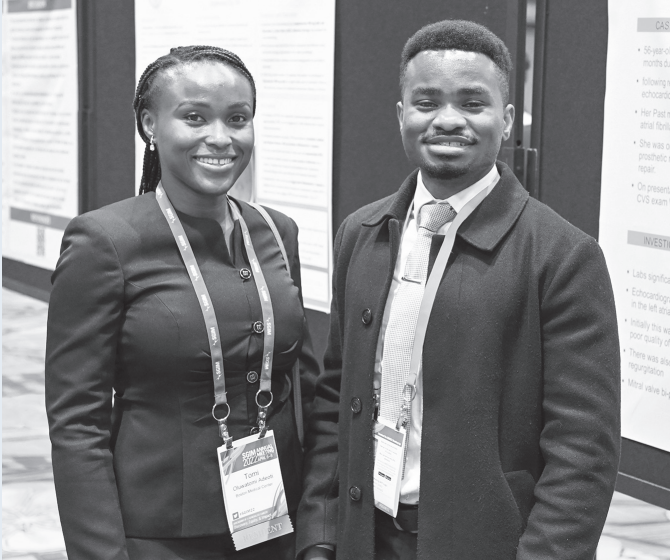




An interprofessional student-faculty collaborative telehealth program to address poorly controlled diabetes and social determinants of health exacerbated by the COVID-19 pandemic

Proz Bahar BA¹, Abraham Z. Cheloff MS², Sienna Li BS³, Claire C. Roisin BA⁴, Bruce C. Tu BS⁵, Chawabala I. Anyan⁶, Betty Ben Dor BS⁷, Aron Marcus BA⁸, Summer Marzouk⁹, Kavya M. Shah¹⁰, Dibby Chang BA¹¹, Alexander J. Chen¹², Anne Watt¹³, Sarah Shirley¹⁴, Iza Zeng BA¹⁵, Gina R. Kruse MD, MPH¹⁶, Marya Cohen MD, MPH¹⁷, Jonathan Li, MD¹⁸, Howard Libman MD¹⁹, Katherine C. Wren, MD²⁰, Amy R. ...
¹ Harvard College, Cambridge, MA; ² Harvard Medical School, Boston, MA; ³ Harvard School of Dental Medicine, Boston, MA; ⁴ Harvard School of Public Health, Boston, MA; ⁵ Harvard School of Public Health, Boston, MA; ⁶ Harvard School of Public Health, Boston, MA; ⁷ Harvard School of Public Health, Boston, MA; ⁸ Harvard School of Public Health, Boston, MA; ⁹ Harvard School of Public Health, Boston, MA; ¹⁰ Harvard School of Public Health, Boston, MA; ¹¹ Harvard School of Public Health, Boston, MA; ¹² Harvard School of Public Health, Boston, MA; ¹³ Harvard School of Public Health, Boston, MA; ¹⁴ Harvard School of Public Health, Boston, MA; ¹⁵ Harvard School of Public Health, Boston, MA; ¹⁶ Harvard School of Public Health, Boston, MA; ¹⁷ Harvard School of Public Health, Boston, MA; ¹⁸ Harvard School of Public Health, Boston, MA; ¹⁹ Harvard School of Public Health, Boston, MA; ²⁰ Harvard School of Public Health, Boston, MA





Q & A WITH SGIM'S CEO AND THE CHAIRS OF THE 2022 ANNUAL MEETING PROGRAM COMMITTEE

Eric B. Bass, MD, MPH; Matthew G. Tuck, MD; Nicole Redmond, MD, PhD, MPH

Dr. Bass (basse@sgim.org) is the CEO of SGIM. Drs. Tuck (Matthew.Tuck@va.gov) and Redmond (nicole.redmond@nih.gov) were Chair and Co-Chair, respectively, of the 2022 Annual Meeting Program Committee.

EB: What did the Program Committee see as the biggest challenges in planning our first in-person meeting in 3 years?

MT/NR: When the Program Committee first met, we had to decide whether the meeting should be conducted virtually or in person. At that time, it was unclear how much longer the COVID-19 pandemic was going to last despite optimism about the availability of vaccinations. Although SGIM had converted its Annual Meeting to a virtual format in 2020 and 2021, the Program Committee and SGIM's Council felt that members were longing for an in-person national meeting. We therefore decided to plan for the meeting to be held in person in Orlando, Florida. Once we were in the midst of the subsequent unpredictable summer and winter COVID-19 surges, contract commitments and safety concerns guided our path forward.

The Council and Program Committee also had to decide whether to include opportunities for virtual participation in the meeting. Many people expressed interest in having a "hybrid" meeting, but hybrid meetings can be very complicated and expensive to pull off successfully. Given the constraints, we decided to go all in on having an in-person meeting with plans for asynchronous content to be delivered after the meeting on the new learning management system, GIMLearn.

Once that decision was made, we had to establish policies and procedures for minimizing the risk of attending the meeting. Working with the Council, we settled on a policy requiring attendees to provide proof of vaccination (including a booster) and to agree to follow masking and social distancing precautions at the meeting.¹ We also asked attendees to notify SGIM's Deputy CEO if they were diagnosed with COVID-19 within a week after the meeting so that we could be transparent with members about the number of attendees who tested positive, while keeping the information confidential. Twenty-two people ended up reporting a positive test within a week after the meeting. Each person with a positive test confirmed that they notified anyone with whom they had close contact.

No one reported being seriously ill. SGIM will use this information to guide decisions about future meetings.

EB: What were the most successful aspects of the 2022 Annual Meeting?

MT/NR: The most gratifying aspect of the meeting was seeing members reconnect with each other. We offered attendees a choice of green, yellow, and red badge-holder ribbons, with the idea that green would signal a willingness to give or receive a hug, red would signal a desire to maintain social distancing, and yellow would signal something in between. The vast majority of the 2,058 people who attended the meeting chose the green ribbons. The most frequent feedback we received from attendees related to how much they enjoyed seeing colleagues in person. Clearly, members had missed the in-person networking that has been one of the greatest strengths of SGIM's meetings.

The meeting was very successful in many other ways. The plenary speakers were superb in addressing the meeting's theme of "Dimensions of a Generalist Career: Discovery, Equity, and Impact," including our President, Monica Lypson, MD, MHPE, as well as Carlos del Rio, MD (Executive Associate Dean for Emory at Grady Health System), Deborah Prothrow-Stith, MD (Dean and Professor of the Charles R. Drew University College of Medicine), and Gbenga Ogedegbe, MD, MPH (Director of the Institute for Excellence in Health Equity at NYU Langone Health). We had a wonderful series of sessions led by Distinguished Professors in Health Equity (Tracie Collins, MD, MHCDS, MPH), Hospital Medicine (Vineet Arora, MD, MAPP), Geriatrics (Eliseo J. Perez-Stable, MD), and Women and Medicine (Amy S. Gottlieb, MD, FACP). We also had an engaging trivia contest for teams of medical residents, an entertaining podcast on clinical pearls led by the Curbsiders, and a lively podcast on anti-racism in medicine led by the Clinical Problem Solvers.² Networking was enhanced by mentoring panels and interest group meetings. Of course,

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INSPIRATIONAL STORIES FROM 2022 SGIM EDUCATION AWARD RECIPIENTS

Katherine Killian, MD, MPH, MS; Meghan Kiefer, MD, MPH; Amy Farkas, MD, MS; Sarah Merriam, MD, MS

Dr. Killian (kkillian@northwell.edu) is an assistant professor at the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell. Dr. Kiefer (meghanm@uw.edu, Twitter @meghanmkiefer) is an associate professor at University of Washington School of Medicine. Dr. Farkas (ahfarkas@mcw.edu) is an assistant professor at the Medical College of Wisconsin and Milwaukee VA Medical Center. Dr. Merriam (sullivansb@upmc.edu, Twitter @sarahbmerri) is a clinical assistant professor of medicine at the University of Pittsburgh School of Medicine and VA Pittsburgh Healthcare System.

The Awards Subcommittee of the Education Committee is pleased to highlight SGIM's 2022 Education Award Winners! The following Q & A accounts share the compelling inspirations, triumphs, and challenges that contributed to each winner's impressive achievements.

Sondra Zabar, MD—Career Achievement Award for Medical Education

What inspired you to pursue a career in medical education?

I went into medicine being passionate about helping others and building relationships and had always thought I was going to be a community clinician. A lot of one's journey and career is luck and being open to new things. During my chief year, I was given the opportunity to take on the associate program director for ambulatory care role and I fell in love with med ed!

In the beginning of my career, I did a lot of curriculum design, and then moved on to faculty development, and then got the med ed research bug. For our primary care program, we would periodically write grants focusing on our next innovation. During one of these cycles, someone shared information about OSCEs and I thought, "we should do that!"

What is a career accomplishment that you are most proud of?

I'm really proud of the collaborative approach that I've taken. At NYU, our approach to Performance Based Assessment has continuity—we use similar approaches for UME, GME, and CME. That allows for a shared mental model about teaching and assessing communication skills; it has allowed us to build a longitudinal database over years and brought opportunities for scholarship. We've been able to build a program for research

around communication skills using problem-based assessment. I'm also proud that, through SGIM, we've been able to present our work and collaborate with others. I appreciate getting to see how the seeds that were planted many years ago have grown.

What advice would you give to a junior clinician educator who is looking to pursue a similar career?

Once you have taken time to explore different aspects of medical education, find an area you are really passionate about. Then dive into that but recognize how your expertise will apply in other domains. I say, make it count 6 times! Something you use for residents, for example, could you also offer it to your faculty with some tweaks? Build your expertise but use the nidus of your work in ways that will allow you to teach things more than once (this makes you a better teacher), collaborate across groups (this allows you to teach more learners), and to build out an area you are excited about that will evolve over time.

Find partners and collaborators that make the work richer and more meaningful. There's more than enough med ed research to go around. One's career is a journey, and I've learned from each part. I've been really fortunate along the way to work with students, residents, colleagues, and standardized patients that have made the work better. My additional advice is: allow yourself to think big and dream! What else could this be? Who else could this help?

Daniella Zipkin, MD—Mid-Career Medical Education Mentorship Award

What is a career accomplishment that you are most proud of?

As a mentor, I feel proud every time a mentee makes strides towards their goals, gets recognized for excellent

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Q&A with the Society of
General Internal Medicine
2022 Education Award
Winners! Interviews by Drs K. Killian
@meghanmkiefer A. Farkas
@sarahbmerri of Awards Subcommittee
of @SocietyGIM Education Committee

scholarship, and builds their reputation as an educator. There is no clear path to success as an educator in medicine, so every little bit counts. This recognition from SGIM around my body of work as a mentor has truly been a pinnacle moment for which I am tremendously grateful.

What advice would you give to a junior clinician educator who is looking to pursue a similar career?
Stay true to what you love, elevate educational time as the priority in your work life and learn how to pitch your work to stakeholders who have the power to carve out time for you to teach. Also, it takes a village! Seek out mentors with successful educator careers and join working groups and committees at regional and national organizations to build a network of collaborators.

Can you describe one of your biggest professional challenges and how you approached it?

I was challenged in early career, trying to get traction as a clinician educator and also start my family. Having small children and being perceived as too busy was one reason for being passed over for opportunities. People are busy for plenty of reasons, and the judgment experienced by women faculty around family planning can be frustrating. I responded by managing my time how I needed to—for instance, reducing to 80% and taking one day per week at home with my kids when they were little—and to carefully strategize my next move towards an education leadership role. I was intentional about taking steps to get involved, and visible, in educational activities that mattered to me, and it paid off!

Do you have any other wisdom to share?

I'll finish by sharing some thoughts for other women clinician-educators in particular: Don't apologize for taking up space. Take the word

“just” out of your email lexicon. Step up and present yourself as qualified for the role you want. If it feels like you're learning it all as you go, that's ok. We all feel that way sometimes. If you don't believe in your worth, it gives others permission not to either.

“2022 SGIM Education Award Recipients reflect on finding their true passion in teaching, addressing leadership challenges, and saying ‘yes!’”

**Wei Wei Lee, MD, MPH—
Scholarship in Medical Education Award**

Could you tell us about your career path and what inspired you to pursue medical education research?

As a first-generation medical student finding my path, I always came back to education and the incredible impact of the teachers and mentors I had along the way. My first three years on faculty were in a full-time clinical role in an underserved area. That time was so important for me to grow into my identity as a primary care physician. Under the direction of an early mentor, Dr Vineet Arora, the MERITS Fellowship in medical education allowed me to build a community of collaborators and colleagues—a village—to help me think about my work. I began narrowing down my area of interest in research. Many of my ideas came from the struggles I was having as a clinician and as a teacher. As I started working on projects with trainees, their lived experiences and ideas about creating a better learning environment became central to my work.

Do you think that formal training in medical education research is necessary to break into this field?

Formal training is helpful. The MERITS Fellowship and the Harvard Macy Institute Program for Educators allowed me to interact with, and be inspired by, educators

from across the country. Formal programs and pilot grants give you protected time to think about your scholarly work. When you are immersed in clinical work, you often don't have the space to ask the questions you want to answer or to understand the resources that you

need to do so. It's not possible to do medical education research in our current environment without a

team. Creating teams of people who have expertise or skills that you lack allows you to grow.

What do you wish you had known earlier in your career?

Be open to new paths and opportunities. Many of us experience imposter syndrome, thinking, “I'm not sure if I'm ready to apply for that grant.” Having mentors who see your potential and encourage you to “go for it” is important. It's also important to know that failure is a completely normal part of the process. Speaking openly about the issues we all go through in our lives and careers makes the relationship between mentees and colleagues so much richer.

What are you most proud of in your career?

It's been an incredible joy to work with medical students as an associate dean. I get to help our students build a culture in which they can be vocal about the direction they want our profession to take and how we can best support them. It's incredible to celebrate the successes of your trainees but also to be there in challenging times to help think about the path forward. We all need support when we're going through a tough situation. It has been an honor to do that.

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ASK AN ETHICIST: CARING FOR AN INCARCERATED PATIENT

Maura George, MD; Lubna Khawaja, MD; Zackary Dov Berger, MD, PhD

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For “Ask an Ethicist,” members of the SGIM Ethics Committee respond to real ethics cases and questions submitted by SGIM members. Responses are created with input from the Committee but do not necessarily reflect the views of the Committee or SGIM. To submit a case or question, visit: <https://www.sгим.org/communities/other-sгим-committees/ethics/ask-an-ethicist>.

Scenario

A 29-year-old man is admitted to the ICU with acute encephalopathy. He came to the hospital from a state prison, incarcerated after a felony conviction. He immediately requires mechanical ventilation and is found to have multiple brain abscesses for which he undergoes surgery and receives antibiotics. More than a week later, a tracheostomy is proposed as his mental status has not improved and prolonged mechanical ventilation is anticipated.

The case manager cautions that performing this procedure would eliminate any discharge options for the patient; only a long-term acute care hospital (LTACH) could take him with the tracheostomy, but no LTACH is willing to take a patient convicted of a felony, and the prison would be unable to meet his medical needs. The ICU team learns that the patient has both a state-appointed guardian and a sister who are willing to make healthcare decisions as his surrogates. The ICU team calls for an ethics consult to ask whether the tracheostomy—making discharge impossible—should be offered, and who should serve as the patient’s surrogate for treatment decisions.

Analysis

Though prisoners are the only group constitutionally guaranteed health care in the United States (as found in the Supreme Court case *Estelle v. Gamble*), the guarantee is only for adequate health care. Top-quality, or even equitable care, is not mandated. For many reasons, prisoners are a marginalized population with barriers to outpatient and inpatient care.¹

This case raises many ethical and health equity issues including surrogate decision-making and substituted judge-

ment, care for patients who are incarcerated, and quality of life; here we are focusing mostly on the tension between patient beneficence and clinician and system obligations.

The first consideration must be what the patient would want and who can best answer that. For patients who lack capacity, we rely on surrogates to consider the patients’ values and prior decisions and to substitute judgment.² How would the patient value his current quality of life? Would the patient want a tracheostomy and placement in an LTACH, even if that were possible? If the surrogate decision maker(s) do not feel the patient would want a tracheostomy and aggressive care in this state, the question of whether to place a tracheostomy is moot, and the goals shift to comfort care. While legal factors may influence the decision, ethically we seek the surrogate(s) who knows the patient best and can speak to his wishes. Presumably, a sister would better fit this condition than a state-appointed guardian, but the possible reasons for choosing either are outside the scope of this article. We are assuming that the patient would in fact want aggressive care *and* that the team feels there is medical benefit to providing a tracheostomy.

For many of us, it may be tempting to ignore the practicality of discharge challenges and proceed with the next step in clinical care. This decision honors the patient’s autonomy and follows beneficence, but it consigns the patient to inpatient status indefinitely. For our patient, a prolonged inpatient stay could either decrease quality of life and lead to increased complications or impose unforeseen expenses on the patient or family. For the healthcare system, issues of distributive justice arise as the care provided is costly and demands resources (e.g., ICU beds and nurses) that may be of need to other patients.

While ignoring the discharge challenges is shortsighted, lowering the quality of our care for this patient because of those challenges is ethically unacceptable.³ Medical ethics pushes us to bridge these seemingly irreconcilable decisions with creativity and perseverance. Involving other relevant parties in the conversation about potential solutions,

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ANATOMY OF A BILL: A STUDENT-LED FRAMEWORK FOR LEARNING AND TEACHING VALUE-BASED PATIENT CASES

Rebekah E. Scott, BA; Christina A. Shields, BS

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Medical Billing Undermines Care and Trust

Health learners spend years studying human anatomy and physiology but rarely learn the anatomy of the health system or a medical bill—billing frustrates most who interact with health care. Patients admitted to the hospital may receive unclear and unfair bills or huge uncovered charges for out-of-network providers or facilities. As reported by the Kaiser Family Foundation, about 51% of adults skipped or delayed medical care in 2021 due to cost and 26% of adults in 2019 stated that they or a household member had problems paying medical bills in the past year.¹ Understandably, this erodes patient trust in health care. Through the lens of a medical bill, we can learn about health systems factors that influence the value of care, defined as the outcomes that matter to patients divided by the total costs of care. A medical bill reflects many components of health care and can be used to understand pieces of the system.

Formal health education includes little to no instruction on medical billing, medical costs, and patients' experiences of health care insurance and billing. Medical trainees do not learn about billing requirements until they are residents or attendings. At this point, their schedules are so overextended that most do not see the bills generated from their services, let alone have time to become familiar with the impact of billing on their patients. Medical training would be the optimal time to introduce future medical professionals to these concepts.

The Solution: Anatomy of a Bill

We are medical students at Dell Medical School (Dell Med) at The University of Texas at Austin. Choosing Wisely STARS (Students and Trainees Advocating for Resource Stewardship) is a collaboration between Dell Med and Costs of Care aiming to catalyze student-led initiatives to advance value within medical education. Based on our backgrounds before medical school—Rebekah as a Patient Advocate/Health Consultant, Christina as a Strategy & Operations Consultant—we knew that billing is a sore spot for most who interact with health care. As part of the STARS program, we have created a tool that we ourselves

would want to use—one that can humanize and contextualize the complex and disjointed nature of American health care. Anatomy of a Bill² is an online case-based tool to help health learners and health professionals (and hopefully one day patients) to understand the healthcare system through the lens of a medical bill while promoting conversation about value-based care. Our site development approach shares elements of Kern's six-step approach to curriculum development.³ Recognizing the paucity of discussion around billing and insurance during training, we have featured a patient story and medical bill. We interviewed the patient about her experiences receiving care and bills, created a story board, worked with a web development group to create interactive site elements, and worked with a second web developer to place the content online.

Anatomy of a Bill lives on the Costs of Care⁴ website—its landing page includes a summary of value-based care and a link to the first case, featuring a patient's journey through having a deep venous thrombosis and receiving medical diagnoses. The case includes an interactive version of the patient's real bill. Interacting with the bill prompts pop-ups with definitions, calculations, and explanations to help users understand billing, reimbursement, and their health systems contexts. For example, clicking on "insurance adjustment" defines an insurance contractual rate in relation to total charges and what the patient owes. The tool can be included in educational modules or class sessions or shared as a standalone link for independent learning. Building the case and website has been a valuable learning experience: we problem-solved issues such as accessing a real patient's medical bill and building the site on a reasonable budget and timeline—a challenge while completing clinical rotations.

We have used Anatomy of a Bill to hold interactive workshops for medical students of all levels at our own institution and nationally. We ourselves have conducted these workshops over Zoom after recruiting students from Dell Med and the national Choosing Wisely STARS cohort to participate voluntarily. After hour-long sessions, we have collected de-identified qualitative feedback for quality

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sues our society faces in clinical care delivery, research, policy, and education.¹ Over the past two issues of the *Forum*, our members focused on our organizational values and how SGIM is working to promote policies that are most related to them. Now, four months after the 2022 annual meeting, it is not only an appropriate time to reflect on this past meeting but also to anticipate our 2023 annual meeting. For #SGIM23, our focus will be on creating solutions to the challenges identified as key priority areas in academic GIM. We would like attendance at #SGIM23 to be valuable for our membership regardless of where they practice or their level of seniority.

The theme for the #SGIM23 meeting in Colorado will be “General Internal Medicine: Meeting the Promise of Tomorrow.” The annual program committee is working on meeting content and will invite submissions for plenaries, symposia, workshops, and presentations aimed at how general internal medicine physicians will take a leadership role in education, research, policy, and clinical practice innovations aimed at addressing the challenges we face as the result of the COVID-19 pandemic and state and federal health care policy that poses a risk to maintaining high quality medical care for the diverse populations we serve.

I believe we are at a critical juncture in medicine where we re-

quire innovative methods to promote high-quality, broad-based clinical and research training to help foster the next generation of academic internal medicine physicians. We are also at a time where physician burnout and risks for harm are unprecedented and present significant risks to the careers of more experienced internists and inhibit our ability to maintain our physician workforce.² As a result, SGIM members *must* work together to create an environment where our committees, interest groups and regional and national meetings present an opportunity for us to creatively address barriers to a positive experience in academic internal medicine.

Over the next several months, we are exploring ways to better connect our members, including both those who are long tenured but disconnected and those relatively new to SGIM. For the annual meeting, we aim to engage in rich discussion and are planning plenary sessions with invited speakers who have significant influence in directing the future of health services research, physician education, and health policy. I ask that each of us pay close attention to *SGIM Connect* and discussions within the SGIM communities in which we engage as we seek submissions for content to #SGIM23. Your participation will help us to create a meeting that inspires our members to take a leadership role in our academ-

ic domain to improve both the individual and population level health of our communities. As stated so clearly at the conclusions of this past annual meeting by Drs. Shelly-Ann Fluker and Milda Saunders (program committee chair and co-chair for #SGIM23), “we invite you to join us to craft a vision of the future in a world that has dramatically altered since 2020. The opportunities ahead of us are vast, and #SGIM23 will help guide us to become change agents who meet the promise of tomorrow”.

I am very much pleased with the outcomes our annual meeting #SGIM22 and look forward to your participation and engagement for #SGIM23.

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while holding fast to the truth that standard of care must be upheld, may be effective in a mutually acceptable solution. These parties may include medical personnel from the prison, leadership at the LTAC, and hospital administration. Compassionate release, available in most states, may allow discharge to an LTAC that accepts patients who are formerly but not currently incarcerated. A conversation with the LTAC about the patient’s debility may eliminate safety

concerns and allow for a conditional acceptance. Discussing the cost savings of the hospital placing the patient in an out-of-state LTAC that is willing to accept him instead of continuing an expensive inpatient hospitalization may present a potential discharge option. These and other conceivable solutions allow for a discharge option while ensuring standard of care for the patient.

Beyond our ethical obligation to this patient lies our broader obliga-

tion to advocate for systemic change.⁴ Recognizing this potential for disparity of care should inspire us to advocacy for system change and ensure future patients who are incarcerated can be admitted to an LTAC or other appropriate discharge facility. Understanding where our spheres of influence lie has been outlined in *JGIM* previously.⁵

In conclusion, holding our moral compass steadfast in the direction

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we also had great learning opportunities in the special symposia, oral abstract presentations, poster presentations, workshops, and updates in clinical medicine, education, and research. For those who missed the meeting or could not attend all the sessions they were interested in, we are making 36 of the most popular sessions available on GIMLearn.³

EB: What are the most important lessons learned from the Annual Meeting?

MT/NR: The pervasive buzz of enthusiasm throughout the meeting reinforced how much members love the networking that occurs at the Annual Meeting. We must continue to design meetings that feed that strong desire for networking.

We also were reminded of how important the Annual Meeting is in inspiring and energizing members who share our commitment to the mission of cultivating innovative educators, researchers, and clinicians in academic general internal medicine, leading the way to better health for everyone. That inspiration is particularly important at a time when our core values are threatened by many external forces. Our members have helped move the Society forward, cultivating sustainability efforts and continuous learning to keep us close knit year-round.

Finally, planning for a meeting during uncertain times reminded

us about the need to be flexible and nimble as individuals and as a Society. The passage of HB 1557, colloquially known as the “Don’t Say Gay” law, stimulated discussion about how our Society can best advocate for equitable treatment for our colleagues and patients and support the local community. With the Council’s support, and in collaboration with the Health Policy Committee who led engagement with local community partners, the Program Committee provided an opportunity for attendees to participate in a photo op and demonstration at the meeting venue to show solidarity with the LGBTQ community and raise awareness about the potential for negative health and societal impacts of this legislation. The event, and the resulting national news coverage, was consistent with the emphasis on equity and impact within the 2022 Annual Meeting theme.⁴ This was not the first time SGIM members have organized events to shed light on local policy issues during an Annual Meeting, and likely will not be the last.

Disclosures: Dr. Redmond contributed to this article in her capacity as Co-Chair of the SGIM 2022 Annual Meeting Program Committee. The views expressed in this article are those of the authors and do not necessarily represent the views of the National Heart, Lung, and Blood Institute, the National Institutes of

Health, or the U.S. Department of Health and Human Services.

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of equitable, quality care while not turning a blind eye to systemic practicalities requires creativity and partnership. Ethical analyses—asking “what’s the right thing to do?”—is often the simplest piece of an ethics consult. Determining *how* to do the right thing becomes the challenge.

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improvement, enabling us to evaluate the tool's effectiveness and to understand how we can improve the site and workshops. In workshops to date, we have measured success based upon attendees' written feedback on what they learned and whether it correlated with the stated objectives to learn about billing terminology, billing's relationship to value, and about value-based care pathway improvements. We plan to expand our scope to hold workshops for other health professionals and trainees. Collecting data on the workshop participants' needs and experiences surrounding health care billing and insurance will allow us to assess gaps in understanding for incorporation into future site iterations.

Through the Choosing Wisely STARS program, we are now mentoring peers at medical schools across the country through case creation for Anatomy of a Bill. Current STARS representatives submitted ideas to us for value-based cases that they would like to create, and we have invited several STARS representatives to join as case authors. We are meeting with case authors and building a longer-term framework for student-led case development. The student-authored cases will be included in the Anatomy of a Bill site, creating a case repository for use in workshops, independent study, and perhaps even formal curricula. With these additions, we envision growing the project into a cohesive set of cases to represent different billing scenarios across the care pathway of a chronic condition, such as diabetes. By highlighting stories of patients who are underserved and underrepresented in medical discourse in future cases, we plan to highlight inequities in care. We also

hope to expand the project to include all the types of billing that a patient receives over a care cycle. Aggregating bills from all the patient's providers—facility, physician, anesthesiologist, imaging center, lab, and others—illustrates the frustrating and fragmented story of medical billing.

Future Physicians Lead the Charge

Anatomy of a Bill embodies many potential utilities. On a literal level, it educates users about basic billing terminology, while humanizing the topic with real patient stories. Of particular interest to us, Anatomy of a Bill provides a platform for medical students to further educational impact in value-based care through a grassroots movement, empowering students to teach classmates and even school leadership about value and costs. These formative experiences early in medical school provide a forum for medical students to rethink how medicine traditionally presents a patient case. Students can practice identifying healthcare system problems, use a patient story as the foundation, build the patient presentation and case, and build learning objectives around value-based topics. Topics might range from the individual level (prevention, chronic illness exacerbations) to the systems level (how insurance coverage differences impact access, rural vs. urban care experiences).

The site creation process exemplifies a radical variation on the theme of a flipped classroom: the medical student does not simply teach a topic to herself ahead of class—she also creates the case to teach classmates, medical school leadership, and the community at large. This ownership enables students to share and discuss value-based cases in their communi-

ty, further socializing the concept of value-based care.

Looking into on-the-ground patient billing experiences enhances understanding of patients' medical environments, including factors that influence what appears on bills. We envision a healthcare experience in which physicians understand and prioritize patients' need for simplified care cycles and pathways to promote proactive rather than reactive care. We believe Anatomy of a Bill can help future physicians lead the charge.

Acknowledgements: We would like to acknowledge our mentors Dr. Chris Moriates, September Wallingford, and Adam Zeiner, whose guidance and contributions have been essential in the creation of Anatomy of a Bill. We would also like to thank Natalie Weston, our classmate, who graciously donated her bill and story to promote learning about value-based care.

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