Preface

With the advent of managed care in the 1980s, the failed Clinton health care reform efforts, the spiraling cost of health care, the increasing numbers of uninsured Americans, the concerns about malpractice costs and clinician fee reimbursement, and the passage in 2010 of health care reform (Affordable Care Act of 2010), it seems more clinicians than ever before are aware of the importance of outside influences affecting health care. Our goal in writing this book is to help clinicians understand the process of health policy advocacy; teach them how they can use advocacy to improve the quality, cost, and experience of health care in this country; and help them start the advocacy journey.

In clinical training, professors and clinicians teach students what they need to know to be competent to provide clinical care for individual patients. Yet clinical training often overlooks the ever-increasing outside influences that have tremendous impact on the quality, cost, and experience of giving and getting that care, and any responsibility the student should have in understanding and affecting those influences. Historically, most clinicians did not think they could impact those “outside” influences. Their role was the art and science of the care of the individual patient. Advocacy was left to the lawyers and politicians.

Many clinicians often assume the care from clinicians has a greater impact on the health of a patient than nearly anything else. However, there are many determinants of health and clinical services play only a small part. A patient’s income, working conditions, education, social support network, and culture have far more impact. In Bronfenbrenner’s Ecological Theory, the patient is at the center of a series of ever-enlarging concentric circles of influence on that patient’s health. The health care system is one of the smaller concentric circles (the microsystem) of influence. Institutional, community, state, and federal policies make up some of the next larger circles (macrosystems) influencing both the patient and health services for the patient. While the care of the individual patient (working within the microsystem) can and should inform our advocacy work, we can have a greater impact on the health of more patients and the health of our health care system by also working on the macrosystem.
We met through the health policy committee (HPC) of the Society of Internal Medicine (SGIM) in which we have all been active members and leaders (ML, WPM, ER, LLS) or the government affairs representative (LD). SGIM is a small (less than 3,000 members) national group of academic general internists committed to promoting research and education aimed at improving health care for the whole patient. HPC members all care for patients and each has medical students and/or medicine residents and may also engage in medical research. The HPC provided a wonderful incubator for us to learn about and engage in advocacy for our patients, our trainees, and the field of general internal medicine. The HPC tries to “make every member [in SGIM] an advocate,” but found substantial barriers to advocacy for many members. In a recent survey, a third of our membership said they need more knowledge about the advocacy process and a third said they need more advocacy skills. We anticipate these barriers apply to many other busy clinicians as well. By writing this book, we hope to provide those missing knowledge and skills. This book is not just for general internists but instead for all clinicians, medical researchers, and clinical teachers, all of whom need to advocate for improvements in our health care system and the care of their patients.

This book can be read from front to back but the chapters are written so you can pick the first chapter that interests you and start there. As you learn more, or as you develop more questions about other aspects of health care advocacy, you can delve into the other chapters. The book is meant to be an accessible introduction to health policy advocacy for clinicians but not an authoritative text or exhaustive resource. We provide a limited bibliography after each chapter in case you are looking for more in-depth information.

Advocacy is the deliberate process of speaking out on issues of concern to exert some influence on those issues. But what issues? Speaking out to whom? When and where will you have the most influence and impact? The answers to these questions are, of course, unique to the specific concerns of the clinician advocate. We hope this book will help you find your answers to these questions, helping busy clinicians (be they in training or in practice) be effective advocates. Let’s get started!
Health Care Advocacy
A Guide for Busy Clinicians
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