BEYOND THE BEDSIDE: THE DOS AND DON'TS OF PHYSICIAN ADVOCACY

Joel Burnett MD & Kelsi Manley MD

A REAL LIFE CLINICAL CASE: JULY 2022

48 yo man with HTN and asthma presents with subacute weight gain, orthopnea, PND and reduced exercise tolerance.

Physical Exam:

BP 148/70, HR 95, RR 26, O2 87% on RA

Non-distressed, mild increased work of breathing

Crackles in bilateral bases

JVP 15cm H20

3+ pitting edema involving legs and thighs

Labs/Imaging:

Normal CBC and BMP

BNP 12,000, Trop <0.01

CXR: diffuse pulmonary edema & enlarged cardiac silhouette

TTE demonstrates reduced LV function with EF 20%, mild TR, RVSP 38

DIAGNOSIS & TREATMENT

A diagnosis of acute decompensated systolic heart failure was made. What is the next best step?

A. Discharge on low dose goal-directed medical therapy with follow up in 1 week with PCP

B. Admit to inpatient wards for IV loop diuretics and goal-directed medical therapy titration

C. Cardiology consult in the ED for ischemic cardiomyopathy workup

A TWIST IN THE CASE:

"Hey doc, I just finally was able to get a mortgage and purchased my first home. I am living paycheck to paycheck and since I'm my own boss I don't have medical insurance right now. I want to do what's right for my heart, but can you tell me **how much this is going to cost?**"

Depositphotos.com

FINANCIAL

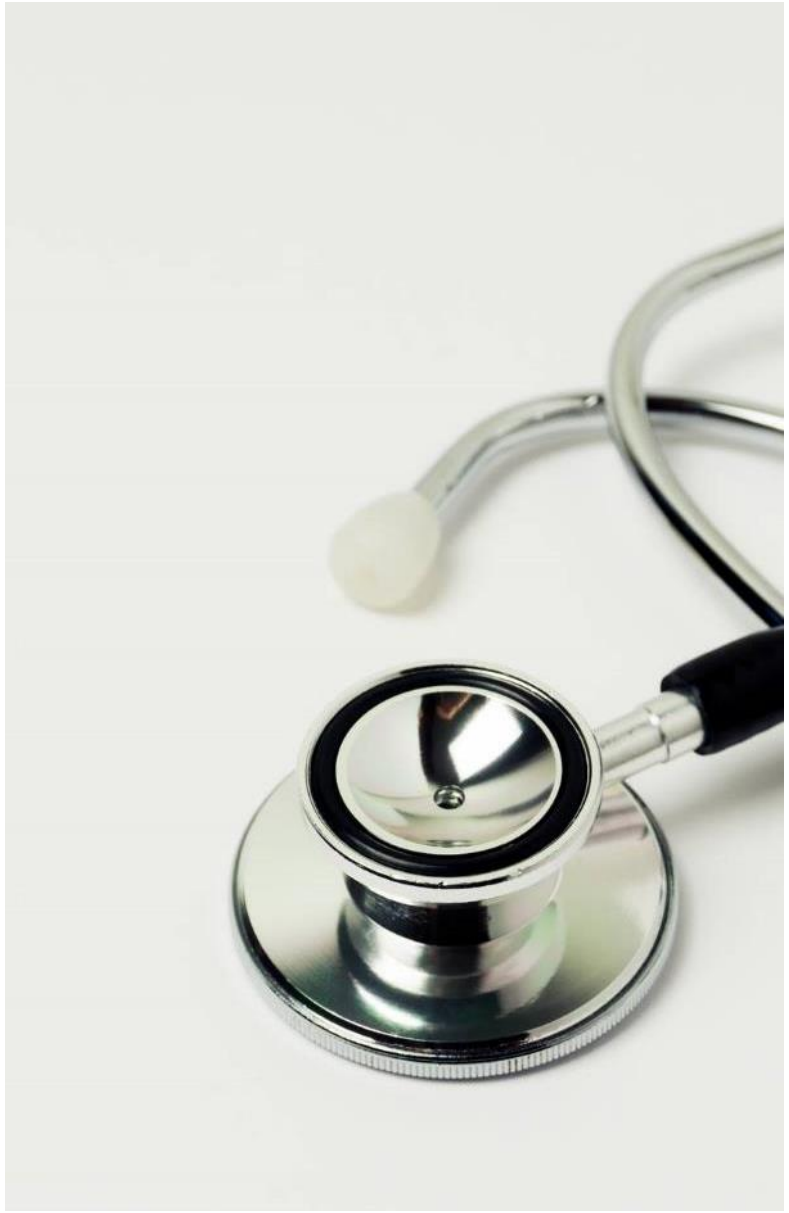
Figure 4.
Share of U.S. Households With High Medical Debt
(In percent)

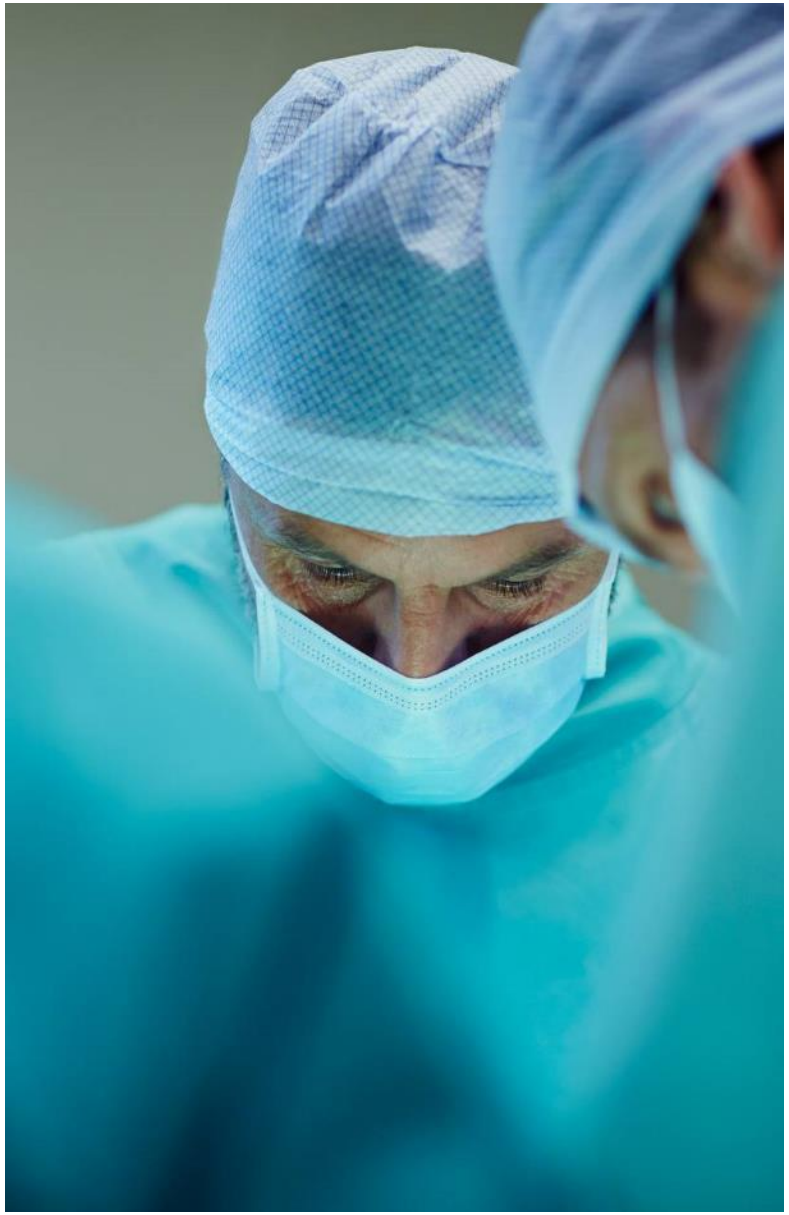
Abstract

Source: U.S. Census Bureau, 2018 Survey of Income and Program Participation.

AN INTRO TO ADVOCACY:

How did we get here?





OUR STORIES

The first time I advocated:

+ 2013- Minnesota HF 1054

+ Representative Mary Murphy

OUR STORIES

The first time I advocated:

+ Prescription drug pricing

+ Meeting Oregon's legislators in DC

ACP Medical Student Member Jessica Blank (right) and ACP Resident/Fellow Member Joel Burnett, MD, speak with a staff member for Rep. Earl Blumenauer (D-OR). Photo by Nick Klein

ADVOCACY DEFINED:

"Action by a physician to promote those social, economic, educational, and political changes that ameliorate the suffering and threats to human health and well-being[1] that he or she identifies through his or her professional work and expertise.[2]"

American Medical Association. Declaration of Professional Responsibility: Medicine's Social Contract With Humanity.

Earnest, Mark A. MD, PhD; Wong, Shale L. MD, MSPH; Federico, Steven G. MD Perspective: Physician Advocacy: What Is It and How Do We Do It?, Academic Medicine January 2010 - Volume 85 - Issue 1 - p 63-67

DEFINING ADVOCACY FOR THE PHYSICIAN:

Advocacy, simply put means **SPEAKING OUT ON YOUR PATIENTS' BEHALF.** Advocacy assumes that there is a problem that needs to be changed, and it is a way to drive or effect that change. Advocacy allows you to move from treating one patient at a time to being part of a broader network of advocates that works systematically.

AAP Advocacy Guide. www.aap.org/advocacyguide

Medical professionalism in the new millennium: a physician's charter

"A commitment to ***equity*** entails the promotion of public health and preventive medicine, as well as ***public advocacy*** on the part of each physician, without concern for the self-interest of the physician or the profession." (emphasis added)

ABIM Foundation. American Board of Internal Medicine; ACP-ASIM Foundation. American College of Physicians-American Society of Internal Medicine; European Federation of Internal Medicine. Medical professionalism in the new millennium: a physician charter. Ann Intern Med. 2002 Feb 5;136(3):243-6. doi: 10.7326/0003-4819-136-3-200202050-00012. PMID: 11827500.

DISCUSSION:

WHAT DOES ADVOCACY MEAN TO YOU?

SHARE SGIM Forum
APRIL 2019 V42, NO.4

SIGN OF THE TIMES

GRASSROOTS INSTITUTIONAL ADVOCACY: A PATH TO WELLNESS AND A HEALTHY WORKPLACE

Andrew Morris-Singer, MD; Andrea Cedfeldt, MD; James Clements, MD; Martha S. Gerrity, MD, MPH, PhD

Dr. Morris-Singer (morrissi@ohsu.edu) is chair and founder of Primary Care Progress and adjunct assistant professor, Department of Family Medicine, at Oregon Health and Science University. Dr. Cedfeldt (cedfeldt@ohsu.edu) is associate professor and vice-chair for faculty development, Department of Medicine, and assistant dean for faculty development, School of Medicine, at Oregon Health and Science University. Dr. Clements (clemenja@ohsu.edu) is assistant professor and director of faculty wellness, Division of Hospital Medicine, Department of Medicine at Oregon Health and Science University. Dr. Gerrity (gerritym@ohsu.edu) is professor, Department of Medicine, at Oregon Health and Science University..

Employee well-being is an important issue for healthcare institutions. Increasing evidence links burnout and demoralization to decreased quality, safety, and efficiency[1] as well as staff turnover with estimated costs of up to $1 million per physician recruited and hired.[2] Strategies adopted by health systems to increase efficiency, safety, compliance with mandates, and market competitiveness are associated with known drivers of burnout.[1,3] Yet, current trends seem to show organizations opting to create wellness initiatives focused on individual resilience as opposed to making the systems-based long-term, and sometimes costly, changes to address the fundamental drivers of burnout.[2,4] In this set-

do more. Attendees decided to form an *ad hoc* group to collectively advocate for an enhanced institutional approach to employee wellness.

Advocacy and Community Building

That decision, by a group of mostly strangers from different departments and disciplines, to come together outside of normal channels to work for change, was our first step into grassroots mobilization. Such an approach is not typically seen within AHCs, where approaches to organizational transformation tend to be driven by central leadership through technical plans disseminated to frontline workers. There, leaders focus on the creation

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Dr. Morris-Singer (morrissi@ohsu.edu) is chair and founder of Primary C Department of Family Medicine, at Oregon Health and Science Universit professor and vice-chair for faculty development, Department of Medici School of Medicine, at Oregon Health and Science University. Dr. Clement director of faculty wellness, Division of Hospital Medicine, Department of Medicine at Oregon Health and Science University. Dr. Gerrity (gerritym@ohsu.edu) is professor, Department of Medicine, at Oregon Health and Science University..

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PDXkidney
@OHSUNephrology

Thanks to Anya Solotskaya from @OHSU_DHM, @OHSUIMRes for her great Med Grand Rounds today on "Bias In Medical Documentation and Patient Care." A very important topic for our patients and providers. Inspirational!

9:08 AM · Nov 17, 2020 · Twitter Web App

SHARE **SGIM *Forum***
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PERSPECTIVE | VOL. 387 NO. 8, AUG 25, 2022

Hospital Standards of Care for People with Substance Use Disorder

H. Englander and C.S. Davis | N Engl J Med 2022; 387:672-675

For the one in nine hospitalized U.S. adults who have SUD, hospital-based addiction care has critical health benefits. But most hospitals don't offer such care.

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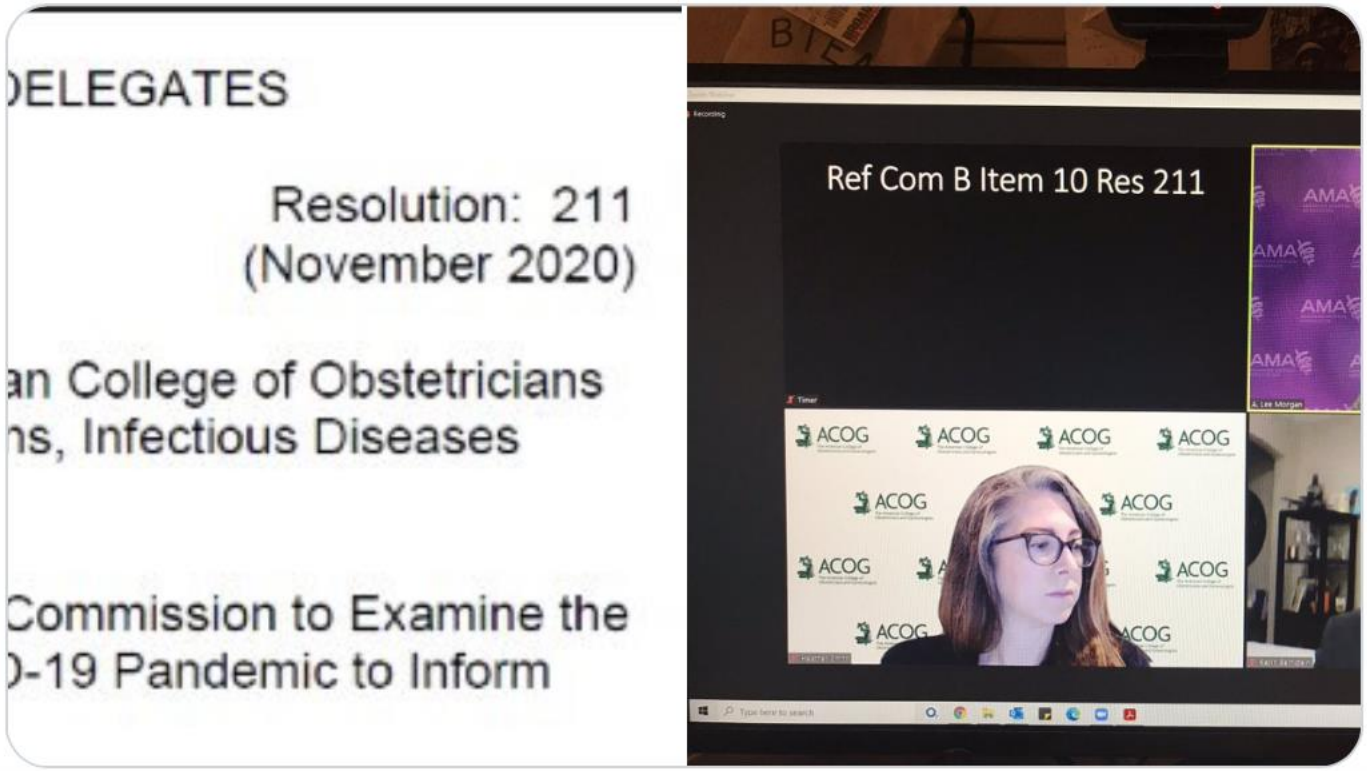
R Logan Jones, M.D. @rloganjonesmd · Nov 14

A resolution penned by @kelsi_manley & Myself, brought to @ACPinternists & @ORmedicine via @OregonACP; is now a multi-specialty supported resolution with tremendous support being discussed at the @AmerMedicalAssn.

When people come together, change can be made!



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Opinion

Readers respond: Vaccination refusal affects greater community

Published: Sep. 08, 2021, 6:45 a.m.

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By Avital O'Glasser, MD, FACP

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BACK TO THE CASE:

48 yo man with acute decompensated severe systolic heart failure requiring inpatient admission for IV diuretics and initiation of goal-directed medical therapy who cannot afford his care.

What CAN you do?

Depositphotos.com

DON'T

BEAT YOUR HEAD AGAINST THE WALL

DO

BECOME A PHYSICIAN ADVOCATE

WHY ADVOCACY?: THE TOP 10 REASONS

1) Create change
2) Influence policy
3) Impact elections
4) Counter cynicism
5) Build community
6) Renew commitment
7) Tell our stories
8) Show strength in numbers
9) Make use of expertise
10) Achieve lasting change

AMERICAN ACADEMY OF PEDIATRICS. ADVOCACY GUIDE: POINTING YOU IN THE RIGHT DIRECTION TO BECOME AN EFFECTIVE ADVOCATE. ACCESSED DECEMBER 27, 2021. HTTPS://DOWNLOADS.AAP.ORG/AAP/PDF/AAP_ADVOCACY_GUIDE.PDF

Turning Your Passion into Action: Becoming a Physician Advocate

Annie Lintzenich Andrews, MD, MSCR*

Medical University of South Carolina, Charleston, South Carolina.

I stand in the hospital room of a little girl who was shot in her own home just two weeks ago. She was drawing in her sketchbook when a group of teenagers drove by her apartment and took aim. She was shot twice in the chest. Her life and her health will forever be altered. I am not part of her care team, but I am there because just hours after their arrival to the hospital her mother declared that she was going to do something, that gun violence must be stopped. She wants to speak out and she wants to give her daughter a voice. She does not want this to happen to other little girls. My colleagues know that I can help this woman by elevating her voice, by telling her daughter's story. I have found a passion in gun violence prevention advocacy and I fight every day for little girls like this.

For almost 10 years, I studied asthma. I presented lectures. I conducted research. I published papers. It was my thing. In fact, it still is my thing. But one day shortly after the shooting at Marjory Stoneman Douglas High School in Parkland, Florida, I was dropping my oldest daughter off at Kindergarten and for the first time, I saw an armed police officer patrolling the drop-off line. It hit me like a ton of bricks. I went home and called my Senators and Representatives. As I was talking to an aide about evidence-based gun safety legislation, I lost it. I started crying. I finished the call and just sat there. I was momentarily frozen, uncertain of what to do next yet compelled to take action. I decided to attend a meeting of a local gun violence prevention group. Maybe this action of going to one meeting would quell the anxiety and fear that was building inside of me. I found my local Moms Demand Action chapter and I went. About halfway through the meeting, the chapter leader began describing their gun safety campaign, Be SMART for kids, and mentioned that they had been trying to make connections with the Children's Hospital. That is the moment. That is when it clicked. I have a voice that this movement needs. I can help them. And I did.

storage practices (storing guns locked, unloaded, and separate from ammunition) reduce the risk of suicide and firearm injuries,[4] yet 4.6 million American children live in a home with a loaded, unlocked firearm.[5] Promoting safe gun storage practices and advocating for common sense gun safety legislation are two effective ways to address this crisis.

Gun violence prevention is my passion, but it might not be yours. Regardless of your passion, the blueprint for becoming a physician advocate is the same.

WHY DO PHYSICIANS MAKE NATURAL, EFFECTIVE ADVOCATES?

Advocacy, in its most distilled form, is speaking out for something you believe in, often for someone who cannot speak out for themselves. This is at the core of what we, as healthcare providers, do every day. We help people through some of the hardest moments of their lives, when they are sick and vulnerable. Every day, we are faced with problems that need to be solved. Our experience at the bedside helps us understand how policies affect real people. We understand evidence, data, and science. We recognize that anecdotes are powerful but if not backed up with data will be unlikely to lead to meaningful change. Perhaps most importantly, as professional members of the community, we have agency. We can use our voice and our privilege as physicians to elevate the voices of others.

As you go through medical training, you may not even realize that what you are doing on a daily basis is advocacy. But there comes a moment when you realize that the problem is bigger than the individual patient in front of you. There are systems that are broken that, if fixed, could improve the health of patients everywhere and save lives. To create change on a population level, the status quo will need to be challenged and systems may need to be disrupted.

PHYSICIANS: NATURAL ADVOCATES

Annie Lintzenich Andrews, MD, MSCR, Turning Your Passion into Action: Becoming a Physician Advocate. *J. Hosp. Med* 2020;2;121-123. Published online first October 23, 2019. doi:10.12788/jhm.3310

Keys to Successful Physician Advocacy

- Find your passion
- Do your research
- Start small
- Partner with community organizations
- Identify allies and challengers
- Maintain focus and discipline
- Use your unique skills to further your cause (QI, research, education)
- Work with your employer
- Leverage social media

DO THIS: LEVERAGE YOUR SKILLS & EXPERTISE

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DO

LEVERAGE YOUR EXPERTISE & SKILLS

DON'T

DISCOUNT WHAT YOU BRING TO THE TABLE

DISCUSSION:

WHAT PHYSICIAN SKILLS AND CHARACTERISTICS LEND THEMSELVES TO EFFECTIVE ADVOCACY?

WHY DO PHYSICIANS MAKE NATURAL ADVOCATES?

- Help vulnerable people
- Solve problems
- Witness human suffering
- Understand how policies affect real people
- Understand evidence, data, and science
- Recognize that anecdotes are powerful but must be backed in data for meaningful change
- Have agency and social standing

"We help people through some of the hardest moments of their lives, when they are sick and vulnerable. Every day, we are faced with problems that need to be solved. Our experience at the bedside helps us understand how policies affect real people.

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BACK TO THE CASE:

The patient was admitted to the inpatient ward after making an informed decision about the >30% chance he would face medical debt and >12% chance he would no longer be able to afford his mortgage.

What can I, his physician, do?

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DO

FOLLOW YOUR PASSION & TELL YOUR STORY

DON'T

LOSE SIGHT OF YOUR 'WHY'

TELL YOUR STORY

- Employer
- Colleagues
- Legislators/Policy Makers
- Community Organizers
- Op-Eds
- Radio
- Television
- Social Media

THE POWER OF STORIES

- Byron Dorgan (R): Legislator from North Dakota
  - Major advocate for banning lifetime limits for health insurance benefits
  - Why? A local Constituent & the mother of a patient with hemophilia

EET SHARE

Byron Dorgan spent 30 years representing North Dakota in Congress — 18 years in the Senate and 12 in the House. And there's one constituent he thinks of when people ask how ordinary people can effectively lobby their representatives. She was a determined woman whose fight to help her son eventually changed how American health insurance works.

Dorgan told me this story a few weeks ago, when I was working on a piece about the Affordable Care Act's ban on **lifetime limits in health insurance**. Next week, as legislators return to their districts for recess and town halls, his advice might prove especially relevant. As David Leonhardt **writes** for the New York Times, those meetings will be "a chance for people to make clear the actual stakes in the health care debate."

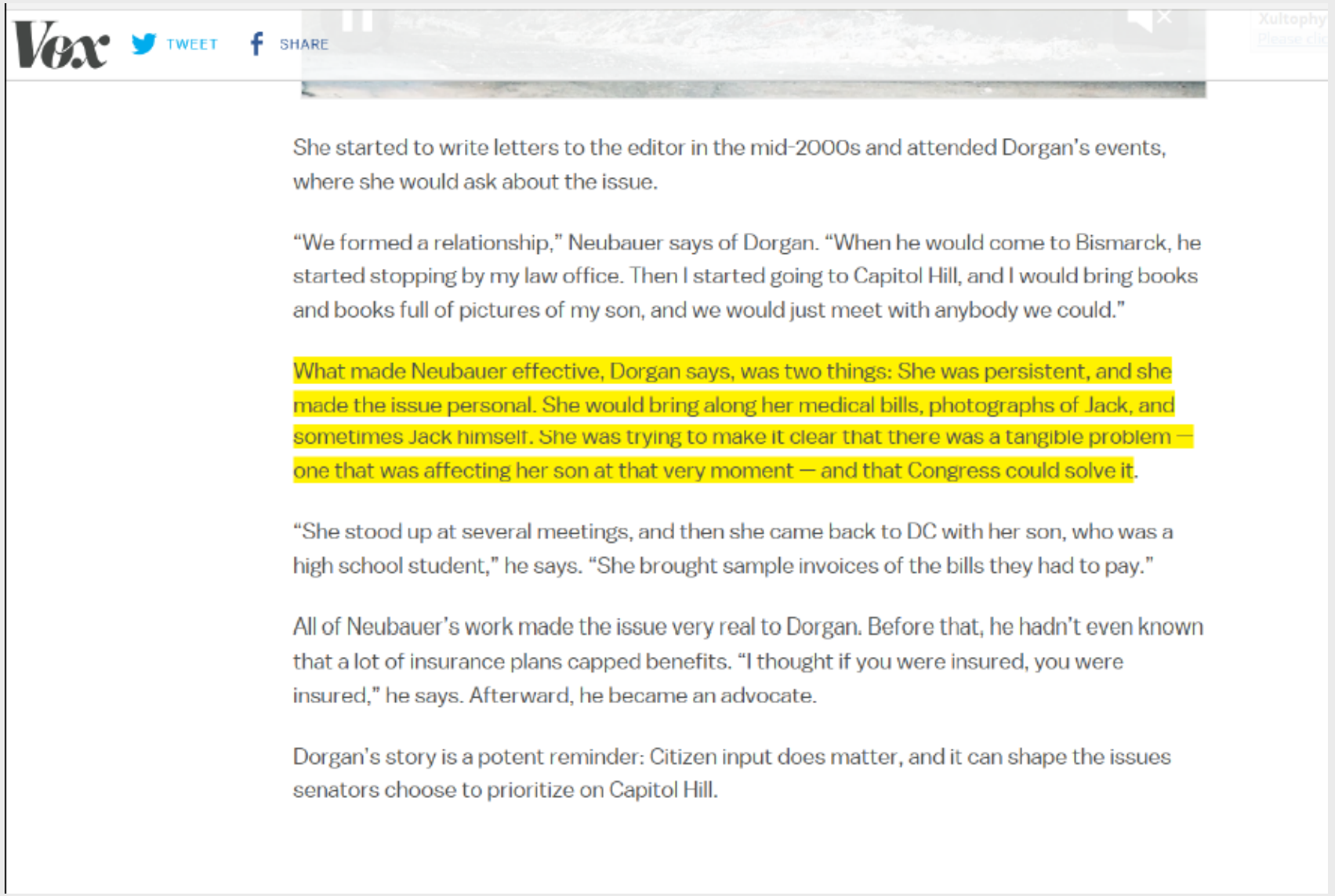
I initially reached out to the former North Dakota senator because I had heard from a former Senate staffer, John McDonough, that Dorgan was the driving force behind the push to ban lifetime limits. Before the Affordable Care Act, many health insurance plans capped medical benefits at $1 million or $2 million. I wanted to understand how Dorgan became so passionate about ending those caps.

The answer was surprisingly simple: A constituent bothered him about the topic. Repeatedly.

"I used to use her as an example of how to be effective at lobbying Congress," Dorgan, now a senior policy adviser at law firm Arent Fox, says. "She caught my attention, I cared about it, and it became personal."

The woman was named Brenda Neubauer. Her son Jack has hemophilia, a blood disease that requires regular injections of an expensive blood clotting agent. The medication cost $30,000 each month.

PERSISTENT & PERSONAL




DR. GUERRERO

Opinion

Readers respond: Vaccination refusal affects greater community

Published: Sep. 08, 2021, 6:45 a.m.

We are tired of seeing our patients not receive the care they need. We are also tired of telling parents that their child – a young adult in his or her 20s – has died. We are tired of telling kids that their father will never come home. We are tired of telling husbands that their wife won't make it. And the greatest tragedy is that many of these deaths could have been prevented if only the patient had been vaccinated. When we see people with their kids protesting vaccine mandates, we see parents dead from COVID-19 and grieving orphans. We don't want to see another person die from COVID-19. For the sake of yourself, your family, your friends, Oregonians, Americans, and the entire world, we ask you – we beg you – please get vaccinated.

THE POWER OF OUR NARRATIVES

I stand in the hospital room of a little girl who was shot in her own home just two weeks ago. She was drawing in her sketchbook when a group of teenagers drove by her apartment and took aim. She was shot twice in the chest. Her life and her health will forever be altered. I am not part of her care team, but I am there because just hours after their arrival to the hospital her mother declared that she was going to do something, that gun violence must be stopped. She wants to speak out and she wants to give her daughter a voice. She does not

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DO

FIND YOUR ALLIES

DON'T

WORK IN A VACUUM

BUILDING A COALITION

- Who believes in this work?
- Who shares my values?
- Who has assets that I lack or am still developing?
- Who holds power to make change?
- Who can amplify the collective voice of the work?

OPEN ACCESS | September 18, 2017

The Community Pediatrics Training Initiative Project Planning Tool: A Practical Approach to Community-Based Advocacy

Benjamin D. Hoffman, MD, Jerri Rose, MD, Debra Best, MD, Julie Linton, MD, Steven Chapman, MD, Michele Lossius, MD, Andrew Aligne, MD, MPH, Cappy Collins, MD, MPH, Lisa Ayoub-Rodriguez, MD

https://doi.org/10.15766/mep_2374-8265.10630


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The Medical
Society Consortium
ON CLIMATE & HEALTH


PNHP

Where We Stand

ACP Advocate Newsletter

Advocates for Internal Medicine Network

State Health Policy

Advocacy in Action

Current Public Policy Papers

ACP Policies & Recommendations

Current Public Policy Papers

ACP public policy papers summarize and dissect published research and discussion on current issues involving clinical practice, medical education, bioethics, and health care financing and delivery, and make specific recommendations for internists, patients, and policy makers. Read about ACP's public policy development process.

Learn more about where ACP stands on important and timely issues:

- Coronavirus Disease 2019 (COVID-19)
- Racial Health Disparities, Prejudice and Violence
- Health Care Reform/Access
- Payment/Delivery System Reform
- Health Information Technology
- Medicare and Medicaid
- Controlling Costs, Improving Effectiveness
- Prescription Drugs and Public Health Related

ACP Policy Compendium

Updated July 2020

Download an up-to-date summary of ACP's policy positions.

Download Compendium PDF

Where We Stand
ACP Advocate Newsletter
Advocates for Internal Medicine Network
State Health Policy
Advocacy in Action
Current Public Policy Papers
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Download Compendium PDF

Annals of Internal Medicine SUPPLEMENT: VISION FOR U.S. HEALTH CARE

Envisioning a Better U.S. Health Care System for All: Coverage and Cost of Care

Ryan Crowley, BSJ; Hilary Daniel, BS; Thomas G. Cooney, MD; and Lee S. Engel, MD; for the Health and Public Policy Committee of the American College of Physicians*

This paper is part of the American College of Physicians' policy framework to achieve a vision for a better health care system, where everyone has coverage for and access to the care they need, at a cost they and the country can afford. Currently, the United States is the only wealthy industrialized country that has not achieved universal health coverage. The nation's existing health care system is inefficient, unaffordable, unsustainable, and inaccessible to many. Part 1 of this paper discusses why the United States needs to do better in addressing coverage and cost. Part 2 presents 2 potential approaches, a single-payer model and a public choice model, to achieve universal coverage. Part 3 describes how an emphasis on value-based care can reduce costs.

Ann Intern Med. 2020;172:S7-S32. doi:10.7326/M19-2415 **Annals.org**
For author affiliations, see end of text.

OREGON ACP ADVOCACY DAY MARCH 16TH, 2023

What's Next?

The Oregon legislature is only in session for just over a month in 2022, from February 1 to March 7. According to an interview with Rep. Andrea Salinas, the vice-chair of the Oregon House Interim Committee on Health Care, we shouldn't expect the legislature to pass comprehensive public option legislation during this short window. Instead, legislators are likely to focus on some foundational elements to improve consumers' experiences transitioning between Medicaid and the marketplace ahead of the ending of the Public Health Emergency and associated coverage disruptions, and prepare to tackle the big questions involved in establishing a public option in 2023.

CASE RESOLUTION(ISH)

After 6 days of inpatient IV loop diuretic, the patient was discharged from the hospital on partial GDMT to tend to his small business. His final medical bill is unknown, and he remained in decompensated heart failure at the time of discharge:

Caring for this patient using an **advocacy lens** looks like:

DO THIS NOT THAT: ADVOCACY

1. BECOME A PHYSICIAN ADVOCATE
2. LEVERAGE YOUR SKILLS & EXPERTISE
3. FOLLOW YOUR PASSION & TELL YOUR STORY
4. FIND YOUR ALLIES

"*Hospitalists are particularly well positioned to be advocates* because we interact with virtually all aspects of the healthcare system either directly or indirectly. We care for patients with a myriad of disease processes and medical needs using varying levels of resources and social support systems. We often see patients in their most dire moments and, unlike outpatient physicians, we have the luxury of time. Hospitalized patients are a captive audience. We have time to educate, assess what patients need, and connect patients with community resources."

Annie Lintzenich Andrews, MD, MSCR, Turning Your Passion into Action: Becoming a Physician Advocate. *J. Hosp. Med* 2020;2;121-123. Published online first October 23, 2019. doi:10.12788/jhm.3310

THE Hospitalist

Clinical | Practice Management | Diversity | Career | Pediatrics | HM Voices | SHM Resources

Public Policy

Why Hospitalists Should Vote and Help Their Patients with Civic Engagement

By Amith Skandhan, MD, FACP, SFHM

September 1, 2022

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THANKS FOR LISTENING.

Let's keep the conversation going and be advocates for health and equity together.

Kelsi Manley MD

manleyk@ohsu.edu

Joel Burnett MD

burnejoe@ohsu.edu

@JBurnettMD

OBJECTIVES

1. Identify attributes of physicians that lend to effective advocacy
2. Describe skills necessary for effective physician advocacy
3. Reflect on the role for physicians in public advocacy
4. Identify examples of effective advocacy by physicians