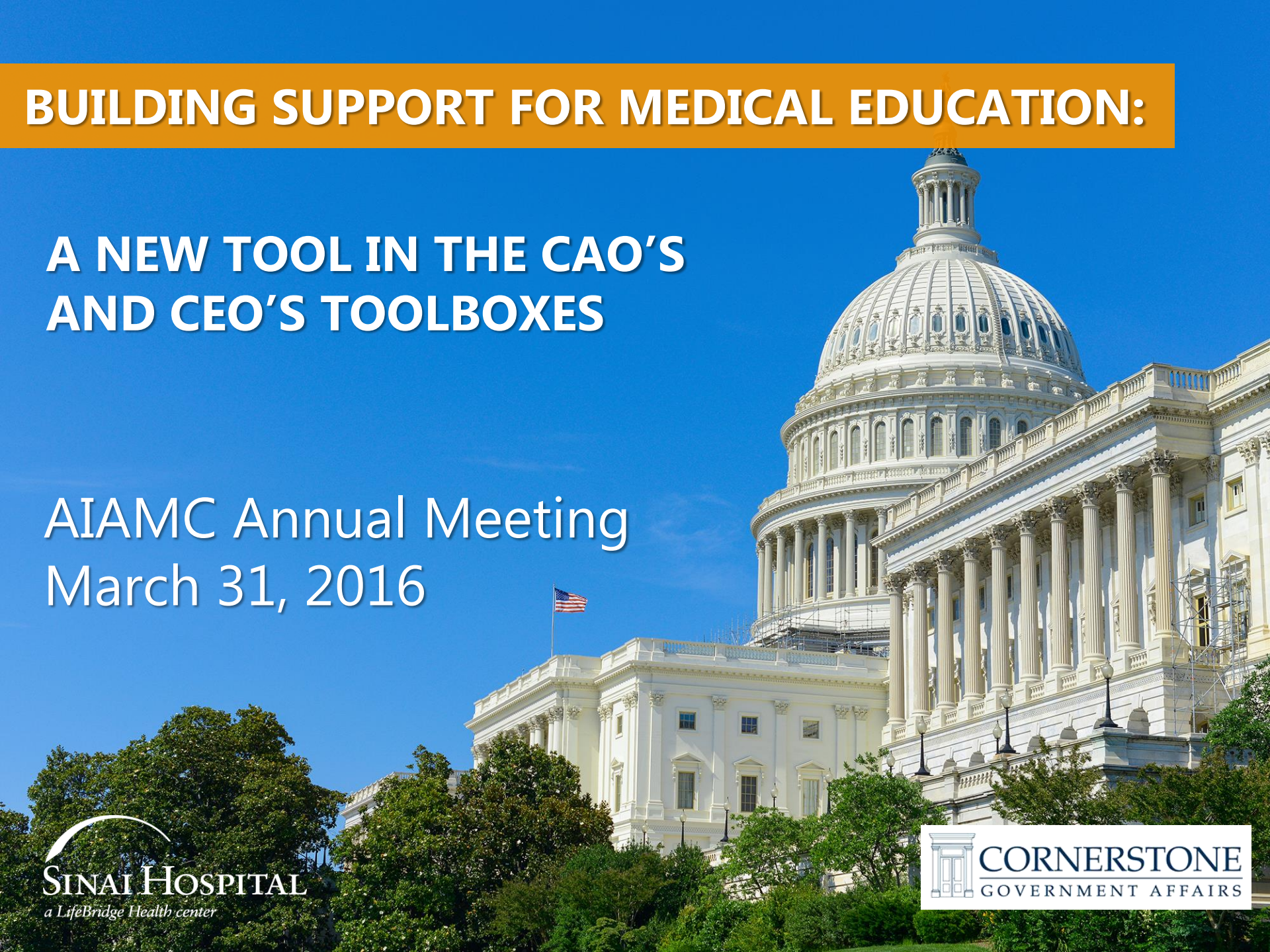
BUILDING SUPPORT FOR MEDICAL EDUCATION:

A NEW TOOL IN THE CAO'S AND CEO'S TOOLBOXES

AIAMC Annual Meeting
March 31, 2016



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Presenters

John Cmar, M.D.
Program Director, Residency Program, Sinai Hospital
Director of Infectious Disease & Internal Medicine, Sinai Hospital
Part-time Instructor, Johns Hopkins University School of Medicine

Martha Nathanson, Esq.,
Vice President, Government Relations and Community Development, LifeBridge Health

John Crumbliss,
Legislative Representative, Cornerstone Government Affairs

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What is the Tool?

- Government Relations
- Advocacy
- Lobbying
- Government Affairs
- Public Policy
- External Relations
- Legislative Affairs
- Grassroots

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Amy Perry, President, Sinai Hospital

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Video Transcript - Amy Perry, President of Sinai Hospital of Baltimore

Good Afternoon, I'm Amy Perry, President of Sinai Hospital of Baltimore and Executive Vice President of LifeBridge Health. I'm so pleased that Sinai is a member of the Alliance of Independent Academic Medical Centers, so that we can work together with hospitals that face similar challenges to ours.
Sinai was founded in 1866 primarily to serve the Jewish population of patients and physicians who, due to discrimination, faced difficulty in obtaining or providing health care. Our history helps us recognize the importance of making health care accessible to all. Sinai Hospital serves one of Baltimore's most distressed neighborhoods, and we see evidence that the economic disparities experienced by these communities impact their overall quality of life and health status.

As Independent Academic Medical Centers, we provide access to a level of care our communities would not have otherwise. We love our more than 160 residents and fellows who they deliver the most up-to-date medical approaches and represent Maryland's future health care workforce. But most importantly, our faculty and residents bring our communities the specialty and subspecialty care that would otherwise not be available to them. These patients know that when they come to Sinai, they are treated by physicians who prioritize clinical care over administrative and research endeavors, who have chosen Sinai because they want to stay closely connected to their patients.

I know you will find the presentation on advocacy and government relations interesting and helpful as your GME programs face strategic and economic challenges. This process – this tool in your toolkit – provides a powerful way to change the course of our programs and enhances our ability to provide high-quality health care services to those in need. Engaging our government and community leaders in supporting our programs is a critical step to success, and I thank you for taking the time today to learn from these experts about how it's done.

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Why Use This Tool?

- Health systems receive government funds through **reimbursement** for services furnished to patients and **grants** to provide services (operating and capital).

- Health systems are subject to **legislative** and **regulatory** oversight.

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Why? *(continued)*

- Health systems **proactively**
  - Work with **legislators and agency officials** and staff
  - Determine appropriate **law, policy and budget** positions, and
  - Obtain **appropriations** to meet the needs of patients served by our employees and physicians throughout the community.

Why? *(continued)*

- Solve specific problems
  - Ask: ***Can a change in law, regulation, policy, or funding, pursue or protect our interests?***

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What Types of Issues?

- Medical Liability
- Population Health
- 340B
- FQHCs
- Certificate of Need
- Self-Referral
- Community Health Workers
- Behavioral Health

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What? *(continued)*

- Capital (State/Local) and Program Support
- Community Development
- Tax Exempt Status
- Health Disparities Reduction
- Graduate Medical Education

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Who is Involved?

- Internal Legislative Policy Workgroup
  - (President(s)/CFO/General Counsel/Planning/Government Relations)
- Full Exec Team, Directors, Managers and staff as needed to define and flesh out issues
- Elected and agency officials and staff
- Lay Leaders
- Patients
- Physicians/Residents

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Who? *(continued)*

- Contract Lobbyists
- External sources
  - Legislative Committees/ workgroups
  - Associations
  - Industry and general press
  - Community
- Ally or Enemy?

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Where Do We Work?

- **Local legislative and regulatory bodies**
  - City Council
  - City Health Department
- **State legislative and regulatory bodies**
  - State Legislature
  - State Department of Health
  - State Health Planning Commission
- **US Congress/Agencies - CMS, HRSA**

How is The Tool Used?

- Hospitals don't vote – people do (relationships)
- One-on-one communication
- Invite Members to hospital events
- Invite Members to hospital-sponsored community events (small grants, scholarship awards, employee awards)
- Economic impact

How? *(continued)*

- Campaign events
- Lobbying
- Fundraising
  - Board PAC
  - Association PAC

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Your New Tool!

- Solve specific problems
  - Ask: ***Can a change in law, regulation, policy, or funding, pursue or protect our interests?***

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Appropriations Opportunities

- Add funding to an agency for specific purposes (but not earmarks).
- Stop funding for a specific program or purpose.
- Include policy recommendations or directives in committee reports.
- Require an agency to report on a certain activity.
- Raise issues at hearings.

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Role of Committees

- **Budget** Committee: Set broad overall annual spending limits.
- **Appropriations** Committee: Approve or modify the President's Budget request for annual discretionary spending on a program-by-program basis.
- **Authorizing** Committees: Create programs, agencies, policy legislation. Provide direct spending for mandatory or entitlement programs such as Medicare, SCHIP. They DO NOT provide discretionary funding.

Mandatory Spending

- Spending level for programs is governed by formulas or set forth by law rather than by appropriations action.
- Examples include: Social Security, Medicare, veterans' pensions, food stamps, school lunch and payment of interest on the public debt.
- Accounts for 2/3 of all Federal spending.

Discretionary Spending

- Spending made available annually through the appropriations process.
- 1/3 of the Federal budget.
- Defense spending accounts for roughly ½ of discretionary spending.

Typical Appropriations Schedule

- 1st Monday, February: President submits budget to Congress
- February – May: Hearings
- March/April: Wish lists due to Subcommittees
- May – June: Sub & Full Committee markup
- June – July: Floor action
- August: Recess
- September- December: Conference Committee sends bills to President
- October 1: Fiscal year begins (bill completed or begin continuing resolutions)

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Laura Green, M.D.

Ophthalmology Residency Program Director, Krieger Eye Institute at Sinai Hospital of Baltimore

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Video Transcript - Dr. Laura Green, Ophthalmology Residency Program Director at the Krieger Eye Institute at Sinai Hospital of Baltimore

Good afternoon, I'm Dr. Laura Green, Ophthalmology Residency Program Director at the Krieger Eye Institute at Sinai Hospital of Baltimore.

I've been at Sinai Hospital for nearly nine years, beginning as a comprehensive ophthalmologist.

Because of my interest in resident education, I worked more and more with our residents in their clinic and the operating room.

I was asked to be the Associate Residency Program Director, and about five years ago was promoted to Residency Program Director after a successful ACGME site visit, which I organized and led.

I'm currently enrolled in the Leadership Development Program of The American Academy of Ophthalmology.
I was nominated to this program by my state ophthalmology society, where I chaired the Education Committee.

I also serve as Secretary of the Board for the Maryland Society for Eye Physicians and Surgeons.

This leadership program is giving me the tools to become an effective advocate for our patients and our profession.

In April, we head to Washington, D.C., to meet with the legislators and other officials who write laws and policies that affect our patients and residents.

My first experience with advocacy came during my time on the board of my state ophthalmology society.

Through this work, I learned the impact that medical educators and resident physicians can have with our elected officials.

Enhancing Funding for IAMCs