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LEADERSHIP PAGE

Advocacy for Health Care

All Hands on Deck!

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Advocacy can seem daunting. Understanding the complex political process on Capitol Hill and at the state house is difficult and can be intimidating. And in our current partisan and divisive environment, it may be tempting to avoid all interaction with our political processes in favor of avoiding conflicts in the workplace, among friends, and even at home. But, the time is also ripe for physicians and other clinicians to make their voices heard on behalf of our patients, our hospitals, our health systems, and public health. Health care advocacy is truly a "white hat" issue for us. There may be a partisan divide when it comes to proposed legislation, mandates, and agency regulations, but when we advocate on behalf of our patients, we are all on the same side.

For many years, much of what we concerned ourselves with on the advocacy front was the ever-looming cuts because of the Sustainable Growth Rate (SGR)—the formula long used to calculate Medicare physician payments. Stopping the cuts and repealing the SGR was the focus of physicians across the United States and of many of our professional societies. Faced with the threat of a marked decline in income, many could not shine a light on some of the broader health care issues facing our patients, other clinicians, and hospitals. When the SGR was repealed as part of the passage of the Medicare and CHIP Reauthorization Act of 2015, one of the benefits was that we could turn our collective attention to other pressing health care advocacy issues affecting our patients and the practice of cardiovascular medicine.

Advocacy in health care takes many forms. Joining the American College of Cardiology (ACC) Political Action Committee, attending the ACC Legislative Conference in the fall and meeting with senators and representatives and their health policy staff, and being active in local state chapter legislative days are all examples of easy ways that ACC members can dip their toes into the legislative process and begin to make a difference. But, there are many other ways to be a health care advocate and express personal and professional concerns to state and federal legislatures and agencies.

My first experience in health care advocacy came in the mid-1990s at a Medicaid hearing in my home state of Indiana. At that time, guideline-directed medications for patients with heart failure with reduced ejection fraction included beta-blockers that were not yet generic. Despite proven quality of life and mortality benefits, these medications were not covered by Indiana Medicaid. As an advocate for my patients, I asked to be heard by the Medicaid committee responsible for coverage decisions. Each presenter to the committee had only a single minute to present his or her case. I rehearsed in advance and presented the mortality and quality of life data and the ACC/American Heart Association guideline recommendations for beta-blockers in heart failure with reduced ejection fraction in under 1 minute. I even had 10 seconds to spare! The committee voted favorably, and evidence-based beta-blockers were added to the Medicaid formulary in my state. It was a big win for patients, and it changed my view of health advocacy. I was the only physician in the hearing room, and my scientific expertise and experience with patient care mattered to those making coverage decisions. More importantly, the outcome of that hearing had an impact on thousands of patients across Indiana, and I realized that health care advocacy was part of my responsibility as a physician.

My most recent experience with advocacy was just a few weeks ago. Prior to a House of Representatives vote on a bill that would affect patient access to and affordability of care, I called my representative, and somewhat surprisingly, the phone was answered live, rather than by a machine. After a greeting, I stated my name and the reason for my call. I said that I was a physician, detailed the impact that the proposed legislation would have on patients, and added a personal note to my representative: I reminded her

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that our children had gone to school together. Whether my call or other feedback to my representative mattered is unknown, because the bill was canceled prior to the vote. But, I made my voice heard as a physician and as a patient advocate.

Other ACC members have had similar early experiences with advocacy. Thad Waites, MD, FACC, chair of ACC's Health Affairs Committee, got his start in advocacy at a young age through the American Legion Boys State in Mississippi, just before his senior year in high school:

> *I supported some friends running for office and myself managed to be elected to be superintendent of education for the state of Mississippi for a day. My mother and father were teachers and my father had run for superintendent of our county school district so advocacy was a natural part of my life from a young age. I then had a long hiatus during my medical training, military tenure, and very busy clinical practice and resumed advocacy efforts when I was elected president of the ACC's Mississippi Chapter. As governor of the Mississippi Chapter, I began to learn more about advocacy at both the state and national levels. Then, as chair of the ACC's Board of Governors (BOG), my involvement and study of the political process grew exponentially. Finally, as a former chair of the BOG, I was ex officio on the Advocacy (now Health Affairs) Committee and found myself hooked in the exciting world of advocacy.*

Sandra Lewis, MD, FACC, Co-Chair of the ACC Political Action Committee Board, got her start in advocacy in high school:

> *I interviewed then Oregon Senator Wayne Morse, (a fiercely independent guy—one of 2 senators to vote against the Gulf of Tonkin resolution to expand the Vietnam War) and learned early on that there is a very practiced and finely tuned ability to avoid answering questions by our leaders. Later that year, I was honored to travel to Washington, DC, where General Mills brought "Future Homemakers" to DC, to meet with senators and representatives at a reception on the Hill. I still have cocktail napkins signed by Teddy and Bobby Kennedy from that reception. My senator, Mark Hatfield, was involved in a vote, and sent an aide to bring me to the senate floor by the little train that runs underneath those hallowed halls. So cool. Perhaps my first advocacy, though, was in college, when I went door-to-door for Eugene McCarthy. The chaos on campuses, the violence that followed the 'peace' movement propelled me away from an inability to understand crowd psychology, to medicine. So, from there, it has been an inevitable path to advocacy for our patients and colleagues.*

Andy Miller, MD, FACC, chair-elect of the ACC BOG began his advocacy journey at the state level through his involvement with his ACC state chapter. He also had an advocacy mentor, Carl Gessler Jr., MD, FACC.

> *In Alabama, advocacy means Carl Gessler Jr., MD, FACC. I was told by a past governor that a trip to the Hill with Carl is like a horse race: you strap yourself in and hold on for the ride. It really is more like Space Mountain, an e-ticket ride as Carl pulls our team to every Alabama Congressional office. It starts out under his lead, but by the third visit he has us all contributing talking points. Some of my favorite introductions are: 'We invented appropriate use criteria' and 'We are really a team—let me introduce you to our team.' Everyone—staffer and senator/representative alike—knows Dr. Gessler Jr. by sight and you can feel that they are listening when he says: 'I know you've got a lot to do and we're not going to take much of your time, we just have four talking points.' A day with Carl on the Hill is a day of action that leaves me with a feeling of engagement and a bunch of thank-you notes to write.*

It is said that all politics are local and that is no truer than in health care policy. Legislation that affects the health of the public is often the product of city and state ordinances. Bills that provide funding for walking and bike paths, clean indoor air acts, and cigarette tax increases are all introduced and debated at the city and state level. Getting to know your local legislators and making your opinions known on such issues is powerful, and providing data on causation and the effects of similar legislation in other cities, states, and countries is very persuasive. Data are powerful in health care, and a compelling case can be made by an op-ed in the local paper; in-person visits to legislators; and e-mails, letters, and phone calls providing such data. The current health care landscape is changing rapidly, making it crucial for us all to advocate on behalf of our patients.

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