Health Policy and Advocacy for Healthcare Professionals

Michael S. Sinha, M.D., J.D., M.P.H.
Research Fellow, Harvard-MIT Center for Regulatory Science
Harvard Medical School
Disclosures

• I have no relationships with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

• The contents of this presentation do not constitute medical or legal advice.
Why write for a policy audience?

- Shape local, state, and national policy
- Advance your profession
- Advance causes of importance to you and your patients
- Show initiative
- Demonstrate leadership
What’s different about policy writing?

• Persuasive writing
  – Must convince the reader to buy-in
• One function is to educate the audience about a given topic
• Often have to break down or refute opposing arguments
  – Need to know the opposing argument even better than your own
  – In that way, a lot like legal persuasive writing (and a lot of policy issues will center on law)
Some Venues for Policy Writing

- Medical journals
- Narrative writing as policy
- Policy for administrative agencies
- Policy for state/federal elected officials
- Policy pieces in lay media
- Resolutions for medical societies
- Draft model regulations/statutes
- Draft amicus briefs for pending legal cases
- Self-publish policy briefs
Policy Pieces for Medical Journals

• Journals include NEJM, JAMA, BMJ, Lancet
  – Generally 1000-1200 words and one figure, up to 3 authors
• Topic must be of general interest to a medical audience and not previously covered in other articles
• Essentially medical op-eds, but are lightly peer-reviewed
• Intro/hook should be related to current events
• Language needs to be well-polished prior to submission
  – Multiple, multiple rounds of editing
June 12, 2018

Antitrust, Market Exclusivity, and Transparency in the Pharmaceutical Industry

Michael S. Sinha, MD, JD, MPH1; Gregory D. Curfman, MD1,2; Michael A. Carrier, JD3

» Author Affiliations | Article Information

Policy Briefs/Reviews

• Health Affairs also has Health Policy Briefs (invite-only)
  – Length requirements less stringent (~2000-5000 words)
  – Review policy topics in more detail

• NEJM/JAMA review articles
  – May require pre-submission inquiry, must be relevant and of interest to a broad medical audience

• Policy briefs for organizations (Pew Trusts, Commonwealth Fund)
  – Often can later be published in medical journals
Determinants of Market Exclusivity for Prescription Drugs in the United States

September 13, 2017 | Aaron S. Kesselheim

Special Communication | Health Care Policy and Law
November 2017

Determinants of Market Exclusivity for Prescription Drugs in the United States

Aaron S. Kesselheim, MD, JD, MPH¹; Michael S. Sinha, MD, JD, MPH¹; Jerry Avorn, MD¹

Author Affiliations | Article Information

Narrative writing as policy

• Health Affairs “Narrative Matters”
  – “the power of stories and storytelling & their role in forming policy”
  – One a month, archive is open access
‘These Things Sometimes Happen’: Speaking Up About Harassment

A resident physician explores the pressing issue of harassment in medicine, which can come from the patients providers serve.

BY CHARLOTTE GRINBERG

In my second year of medical school, I volunteered every Thursday at a student-run free clinic in a homeless shelter in a Northeastern city. My job was to connect shelter residents to resources in the community, and I was eager to see my patients after sitting in lectures all day. In time, the residents recognized me by my happy gait and colorful dresses. I hoped I brought some sunshine to their day.

I met with John every week. He was different from the rest of the men: He was much younger (in his early twenties) and sported shaggy hair and a backward snapback hat, with a skateboard by his side. He was in great physical health, while the rest of the men in the shelter had some combination of high blood pressure, high cholesterol, diabetes, and obesity. He was also the only person with whom I had difficulty connecting. I felt uncomfortable in his presence, under the gaze of his striking blue eyes, but I didn’t exactly know why.

Policy Checklist

The issue: Sexual harassment in medicine can come from the patients we serve. Ignoring these incidents when they occur can lead to empathy fatigue and feelings of loneliness and guilt. Change should begin with supervising physicians taking the time to listen, debrief, and report incidents to foster a supportive environment.

Related reading:


Policy for administrative agencies

• When administrative agencies (such as the FDA) create draft guidance documents, they often hold public hearings.

• Often, there is a “Notice and Comment” period to solicit insights from the public: [https://www.regulations.gov/](https://www.regulations.gov/)

Make a difference. Submit your comments and let your voice be heard.
Policy for state/federal elected officials

• When meeting with elected officials, prepare a one-page fact sheet or memo as a leave-behind
  – Include references where necessary
  – Include your contact information for follow-up
  – Put on your professional letterhead
  – Wear your white coat when visiting legislators or their staff
  – Talk about your patients (a.k.a. their voting constituents)
    • Best to preserve confidentiality or obtain patient permission in advance!
Policy pieces in lay media

• Often a good way to translate a new publication into a form the general public can understand

• Can also talk about broad topics of interest in healthcare

• Fine balance between scholar and advocate

• Generally opinion pieces, blogs can be effective as well
  – *e.g.*, STAT Opinion, KevinMD, Doximity, Health Affairs Blog
Opinions

The 21st Century Cures Act could be a harmful step backward

By Susan F. Wood and Diana Zuckerman
November 19, 2015

Congress’s Cures Breakthrough

Modest progress toward bringing the FDA into the 21st century.

Dec. 6, 2016 7:38 pm ET
Why are women excluded from medical society awards?

By JULIE K. SILVER / JULY 19, 2017

Ethical leaders: use science to advance gender equity in medicine

By JULIE K. SILVER / NOVEMBER 13, 2018
Invisible women: Female doctors and health care leaders are being hidden in plain sight

By JULIE K. SILVER / OCTOBER 24, 2016

These stock photos have all been used in articles to represent women physicians. See any problems? #ILookLikeASurgeon #NYerORCoverChallenge

Heather Logghe, MD and 9 others

3:52 PM · Apr 26, 2017 from Boston, MA · Twitter for Android
This has *never* happened to me. In fact, I was often called "doctor" as a medical student! Up to #HeForShe #MenInMedicine to call this out when it happens! #WomenInMedicine

Earlier in my career, I had more than one patient complain to me that they hadn't seen a doctor their entire hospital stay. They were being cared for by an all-female team 😖. Introduce yourself as doctor and keep reintroducing yourself! #WomenInMedicine

I can't recall anyone questioning the attire of men in medicine. We can wear scrubs to clinic and be taken just as seriously. #MWIMChat

T3. Sadly, I've heard from professionals that if a woman in medicine is too fashionably dressed, they question her credibility. That doesn't seem to happen with male physicians.

5:36 PM - 15 Oct 2018
Resolutions for Medical Societies

• Parliamentary procedure (formal process for debate/voting)
  – Resolution submitted in advance of meeting, reviewed by staff (including legal counsel)
  – First day of meeting includes Reference Committees, where members will discuss pros/cons of all items for debate (online forums as well)
  – Reference Committee considers weight of testimony and makes recommendations that the voting members of the House of Delegates can accept or further debate the following day(s)
  – Voting occurs with multiple possible outcomes
Resolutions for Medical Societies

• Parliamentary procedure
• Resolutions have the following structure:
  – Whereas clauses

(Define terms of art)  Whereas, Workforce diversity is defined as the presence of people from many different backgrounds, and workforce inclusion represents how these individuals are able to equitably be promoted, compensated, and supported in their careers;¹ and
Resolutions for Medical Societies

• Parliamentary procedure
• Resolutions have the following structure:
  – Whereas clauses

  (Cite data and statistics)       Whereas, Women physicians have documented gaps in compensation and career advancement at all levels, and these gaps widen over their career trajectory;\(^2\) and

  (Refute opposing arguments)    Whereas, Gender pay disparities exist even when other factors are accounted for, including differences in specialty, age, faculty rank, and metrics of clinical and research productivity;\(^3\) and
Resolutions for medical societies

• Parliamentary procedure
• Resolutions have the following structure:
  – Whereas clauses
  – Resolved clauses

  RESOLVED, That our AMA commit to equal pay in medicine by undertaking routine assessments of salaries across the organization while making the necessary adjustments to ensure equal pay for equal work; and be it further
Overwhelming Support for Gender Equity at the AMA

Julie Silver, MD and Michael Sinha, MD JD, MPH

Jun 14, 2018

Huge help from co-author @JulieSilverMD, colleagues @Cardiology @AmCollegeGastro @meridity1 & @DrKathyHughes

ADVANCING GENDER EQUITY IN MEDICINE

RESOLVED. That our American Medical Association adopt and disseminate a report detailing its positions and recommendations for gender equity in medicine, including clarifying principles for state and specialty societies, academic medical centers, and other entities that employ physicians, to be submitted to the House for consideration at the 2019 Annual Meeting (Direct to Take Action), and be it further

RESOLVED. That our American Medical Association (1) advocate for institutional, departmental, and practice policies that promote transparency in defining the criteria for initial and subsequent physician compensation; (2) advocate for pay structures based on objective, gender-neutral objective criteria; (3) encourage a speciﬁc approach, sufﬁcient to identify gender disparity, to oversight of compensation models, metrics, and actual total compensation for all employed physicians; and (4) advocate for training to identify and mitigate implicit bias in compensation determination for those in positions to determine salary and bonuses, with a focus on how subtle differences in the further evaluation of physicians of different genders may impact compensation and career advancement (Women HoD Policy), and be it further

RESOLVED. That our American Medical Association (AMA) recommend as immediate actions to resolve gender bias (4)

Mass Medical Society and 9 others

4:15 PM · Jun 11, 2018 · Twitter for Android

Image: Kang Hyejin/Shutterstock
At #MMSInterim, the @MassMedical House of Delegates passed comprehensive policy I wrote with @JulieSilverMD: "Advancing Gender Equity in Medicine"

cc: @AmerMedicalAssn #WomenInMedicine
#MembersMoveMedicine #AMAMtg @DrKathyHughes
@MCBombaughMD @meridity1 #SheLeadsHealthcare

RESOLVED, That the MMS adopt the following Medical Association policy/directive:

1. That the MMS draft and disseminate recommendations for gender equity in state and specialty societies that employ physicians, to be discussed at the 2019 Annual Meeting.

2. That the MMS:
   (a) Promote institutional, departmental, federal and Massachusetts law, and subsequent physician compensation policies that promote pay equity;
   (b) Continue to advocate for pay equity criteria;
   (c) Promote existing Attorney General and Pay Act, which offers a framework for identifying gender pay disparities and provides guidelines regarding appropriate compensation models and metrics for evaluating pay equity.

Advocate for creating and maintaining explicit criteria in compensation and evaluation for gender in order to ensure parity and balance, with a focus on how subtle differences in the evaluation of physicians of lower genders may impact compensation and career advancement. (D)

It is recommended that the MMS adopt and implement policies to reduce the gender pay gap in the Massachusetts healthcare sector, including by implementing gender equity criteria in pay and promotion decisions. (D)

American Medical Women's Association (AMWA) The Vision and Voice of Women in Medicine since 1915

8:39 PM · Feb 26, 2019 · Twitter for Android
Revolution by Resolution: Advancing Gender Equity in Medical Societies State by State

Revolution by Resolution is a new initiative of the American Medical Women’s Association in collaboration with Harvard leaders Dr. Julie Silver and Dr. Michael Sinha and health policy expert Dr. Meridith Englander.

Following the success of two gender equity resolutions in 2018 (at the American Medical Association and Massachusetts Medical Society) co-authored by Dr. Silver and Dr. Sinha, the goal of this initiative is to sweep the country with similar resolutions in every state medical society.

Get Involved

Sign up for an informational webinar to learn about available resources and get connected with others in your state who are interested in working on this together. Join AMWA to help make gender equity a reality in every state medical society.

The webinar will provide information on how to request available templates and resources to facilitate this work in other state medical societies. AMWA will track progress through the color coded map below. Please be sure to work in conjunction with the AMWA Gender Equity Task Force so that efforts in various states will not be duplicated.

Draft model statutes/regulations

• Requires content and technical expertise, understanding of existing laws and regulations and legal language/terminology

• Even in the absence of “legalese,” provides a framework for policymakers to craft new laws/regulations

• Framework often more important than details or logistics, allows you to weigh in on areas of clinical expertise

• Can often rely on medical societies to move the needle on these issues if resolutions are passed (but only if you ask)
Item #: 4
Code: Resolution A-18 A-104
Title: Limiting the Scope of Involuntary Civil Commitment of Persons for Reasons Related to Substance-Use Disorder
Sponsor: Michael Sinha, MD, JD, MPH
Referred to: Reference Committee A
Marian Craighill, MD, MPH, Chair

1. That the MMS advocate for and advance research into any harms, benefits, and/or efficacy of any involuntary commitment solely related to substance-use disorder. (D)

2. That the MMS oppose involuntary civil commitment of persons for reasons solely related to substance-use disorder without judicial involvement. (D)

3. That the MMS work to advance policy and programmatic efforts to address gaps in voluntary substance-use treatment services. (D)

4. That the MMS advocate that the American Medical Association oppose further expansions of authority to involuntary civil commitment of persons for reasons solely related to substance-use disorder without judicial involvement in Massachusetts and nationally. (D)

5. That the MMS advocate to limit the practice of involuntary civil-commitment for reasons solely related to substance-use disorder in Massachusetts in furtherance of health, ethical, and patients’ rights imperatives. (D)

6. That the MMS advocate that the American Medical Association work to advance policy and programmatic efforts to address gaps in voluntary substance-use treatment services. (D)
Item #: 4
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Referred to: Reference Committee A
Marian Craighill, MD, MPH, Chair

HOUSE VOTE: Adopted as Amended
Referred to: (Items 1, 3) Task Force on Opioid Therapy and Physician Communication
(Items 2, 5) Committee on Legislation
(Items 4, 6) MA AMA Delegation

Informational Report: A-19
Strategic Priority: Physician and Patient Advocacy

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Baker's proposal to authorize medical professionals to hold a patient for up to three days for substance use treatment was not included in the compromise.
Draft amicus briefs for pending legal cases

• When cases are up for appeal, interested parties can submit documents supporting one side of the litigation
• Often relate to areas of research expertise, can be prepared/cosigned by multiple interested parties and organizations
• Can be done in conjunction with a lawyer/law firm
• Generally a good idea to reach out to legal counsel in the case to ensure alignment between amicus briefs and legal strategy
Self-publish policy briefs/white papers

• For issues that may not have a natural fit in the literature
• For broad dissemination without limits (highly open access)
• For content/formatting that may not necessarily fit that of peer-reviewed journals
• Be prepared to create a dissemination strategy!

#BeEthical

A Call to Healthcare Leaders:

Ending Gender Workforce Disparities is an Ethical Imperative
Any questions? Come find me!