

Public Policy and Physician Involvement: Removing Barriers, Enhancing Impact



The active participation of physicians in public policy is beneficial not only for physicians and policymakers, but also for patients and communities.¹ However, at present, pipelines for physicians to develop public policy-relevant careers are ad hoc and not very visible, with success often due to serendipity rather than intention.² Physicians bring with them the experience of having directly seen the impact of prior policies both on their own practice environments and on their patients. This is reflected in the trust that the public places in physicians on the topic of health care reform and policy compared with purely political actors.³ American health policy is full of examples of well-meaning services or regulations that were unable to meet their full potential or worse, distorted health systems to the disadvantage of patients. The Electronic Health Record Meaningful Use program, for example, aims to harness electronic health records to improve clinical quality and enhance patient choice. However, it is frequently criticized for disrupting clinical workflows and decreasing efficiency.⁴ Such issues are often due to the misalignment of policies with the realities of medical practice, which physicians are ideally placed to address.

Direct involvement in policymaking is also an invaluable experience for physicians, particularly at an early stage in their career, as exposure to the fast-moving policy environment can both guide relevant research and allow them to have a broad impact on health care. In contrast to the years-long time frame of traditional research, policy leaders need to make decisions impacting health care delivery, utilization, access, and payment that cannot be delayed until research is published. Such tensions and tradeoffs are inherent in decision-making in most policy settings, and yet are underappreciated in the academic medical and research community, leading to dissatisfaction by decision-makers in the current evidence base in medicine.⁵ Physicians who better understand the constraints of political institutions in

implementing health policy will be more likely to conduct realistic and relevant research and in turn influence future policy.⁶ However, public policy is a complex undertaking, requiring skills and knowledge not often taught in medical education. The possession of clinical and research training is therefore useful but insufficient for entry into key health policy roles. How, then, can physicians acquire the necessary skills and experience to improve public health policy?

BARRIERS TO ENTRY INTO PUBLIC POLICY CAREERS

Medical schools and residencies are increasingly offering training in management and health policy, but opportunities for direct policy experience are far rarer.⁷ While these programs indicate a response to interest among young physicians and students for exposure to health care leadership beyond the doctor–patient relationship, there remains a need to develop these interests through applied and hands-on experience in a public service or public policy organization. Beyond training, young physicians face several headwinds in trying to construct a successful career in public policy. Current advancement in academic settings largely consists of traditional research with achievement measured in the form of publications in peer-reviewed journals and grant funding. A career focused on public policy therefore often means lack of recognition or promotion at academic medical centers. Additionally, the large opportunity cost of reducing clinical output both in terms of clinical skills and economic reimbursement is a barrier for physicians considering public policy involvement. These factors then translate into lower perceived prestige by students and trainees, and combined with a lack of clear pathways or role models are a powerful factor in discouraging participation in public policy.

SOLUTIONS AND OPPORTUNITIES — MEDICAL SCHOOL AND POSTGRADUATE TRAINING

To counter such barriers, we propose that interested physicians should be encouraged to directly participate in public policy work in government and nongovernment settings early in their training and careers. The [Table](#) lists some of the existing opportunities for such involvement. Medical schools and

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Table Examples of Existing Opportunities and Pathways for Public Policy Involvement

Career Stage	Programs with Specific Examples
Medical school	<p>Joint degree programs: Master's degrees in Business Administration, Public Health or Public Policy</p> <p>Involvement with local and national physicians organizations: The Ohio State Medical Association Medical Student Fellowship provides a 6-8 week opportunity in areas of health policy</p> <p>Away rotations at policy institutions: The American Medical Association Food and Drug Administration Internship is a four week elective for students and trainees interested in advocacy and health communication</p> <p>Extended health policy experiences: The American Medical Association Government Relations Advocacy Fellowship is a one year funded experience in advocacy and health policy</p>
Postgraduate training	<p>Health policy electives: Similar programs to those medical students are eligible for</p> <p>Preventive medicine residency Management or policy electives/tracks within residency programs: Brigham and Women's Hospital Medical Management Leadership Track provides a longitudinal experience in management, innovation, and policy</p> <p>Policy-focused research and clinical fellowships National Clinical Scholars Program is a fellowship program focused on health policy research with opportunities for public policy work American Association of Medical Colleges — Centers for Disease Control and Prevention (CDC) Public Health Policy Fellowship is a 1-year funded fellowship for health policy work at the CDC</p>
Early to mid-career physicians	<p>Public policy fellowships: White House Fellows Program is a 1-year funded experience working with top government officials Health and Aging Policy Fellows Program provides funding for 1 year of involvement in the policymaking process at different state and federal governmental offices</p> <p>Executive/leadership training programs Institutional funding for policy work: Initiative to Support Promising Research (INSPIRE) provides funding to support and inform current research at the Center for Medicare and Medicaid Innovation</p> <p>Non-clinical management activities: Hospital administration, Management consulting</p>

residencies that have introduced management training into their curricula could naturally extend these efforts to include “externships” in public service organizations. Care must be taken that such experiences are not reduced to mere “shadowing” and that motivated students and trainees are allowed to have meaningful involvement in actual policy discussions and decision-making. Many important skills in management and leadership crucial to success as a policy leader are likely to be learned best through one-on-one mentoring, which has been shown to be important for the success of physician leaders.⁸ Combining externship experiences with mentorship from senior public policy figures will allow students and trainees to navigate such a nontraditional career path with greater confidence. Governmental and nongovernmental public policy organizations also need to create and publicize funding tracks to support trainee and early career physician involvement in public policy. Examples such as the Initiative to Support

Promising Research (INSPIRE) by the Center for Medicare and Medicaid Innovation (CMMI) provides an avenue for members of the academic and medical community to directly contribute their expertise to innovation efforts at the CMMI. The National Clinician Scholars Program also provides opportunities for policy placements in the context of training in health services and policy research. However, such programs remain few in number and scope, and physicians face many barriers in trying to combine policy work with academic and clinical pursuits, particularly as they attempt to advance in their careers.

SOLUTIONS AND OPPORTUNITIES — EARLY AND MID-CAREER PHYSICIANS

To foster greater collaboration between academia and policy institutions, academic medical centers and medical schools need to recognize nontraditional career tracks that

consider innovations in public policy and management in career advancement. An expanded definition of “scholarship” has been advocated by some, as a growing number of physicians have become engaged in activities outside of traditional research, leading a few institutions to acknowledge nontraditional career paths.⁹ Similar career models have been employed successfully by some practitioners involved in global health, combining domestic and global health work as well as clinical and academic activities.¹⁰ While some contributions can be made on a part-time basis, many policy endeavors will require full-time participation, particularly for important and wide-reaching policies. Sabbaticals have been proposed as a means to better integrate the research and public service communities in some settings.¹¹ However, there is evidence that such sabbaticals are not widely utilized in academic medicine.¹² Funding for such work should ideally be shared by policy and academic institutions as well as professional societies, as successful endeavors are likely to directly or indirectly benefit all parties.

As beneficiaries of some of the opportunities mentioned above, we have been able to have meaningful involvement in different policy-making positions early in our careers. One of us (EWP) assisted with federal payment policy related to enhancing long-acting reversible contraception use, and another of us (SAMK) helped develop a framework for certification of payments for diabetes prevention by Medicare. These experiences were instrumental for us in establishing an interest in incorporating public policy work as a component of our careers. Physicians have provided leadership in the health care reform debate over the last few years, but the path toward such careers is not highlighted to those in their training or early careers. We propose systematic changes that will allow for a richer pool of physicians to combine clinical medicine, academic research, and public policy. A combination of increased hands-on experience at an early career stage, increased funding mechanisms for policy work, and flexible career paths will go a long way toward bridging the divide between medicine and public policy.

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