It’s a great honor to receive the 2015 Richard Neubauer Advocate for Internal Medicine Award. I was fortunate to meet Dr Neubauer many years ago and I am proud to honor the message built into the title of his award.

I would like to start off by thanking my wife, Dr Marty Allison, a pediatrician in practice, who could not make it to the awards ceremony today. She allows me to represent the ACP on the state and federal level and supports my travel to Washington DC while at home she runs a busy practice and raises our 3 children. I would like to thank the South Dakota Chapter of the ACP for its never ending support for my desire to advocate for the patients and physicians of South Dakota. My mentors have been many: Governors Hurley, Holm, Sandvik, Elson, Braithwaite, Bien and Dr Tom Tape from Nebraska - without them I would not have had the success I have been so kindly awarded. Special thanks go out to the South Dakota State Medical Association. They have been an invaluable resource on physician training and have taught me how to share resources for the common good of medicine. I would finally like to thank my partner physicians in Pierre for covering my practice while I advocate for them.

I learned my advocacy skills first on the state level. The capital of South Dakota, and my adopted home town of Pierre, is a booming metropolis of 13,646 people which swells in population with the arriving legislators. The legislative session in South Dakota is January thru the end of March and you must work quickly to make an impact. Scores of lobbyists descend on the town in an attempt to influence their representatives. The act of “politics” runs its cycle and then fades into the background but never really goes away in Pierre.

Small states share a very special bond with their Congressional representatives. You do realize that the population of the entire state of South Dakota is 850,000 people? To keep things in perspective in 2010 there were 11 US cities with a population over 1 million. I am proud to say that all three legislators from South Dakota come from a town of less than 14,000. It is clear we are a rural state. One of our Legislators was even my next door neighbor when I moved to Pierre and when he became Governor my claim to fame u
sed to be cleaning up the dog waste off my yard from the Governors dog ... Since the elections of 2014 I can now claim to have done my fair share of the “dirty work” ... for a US Senator.

Most physicians view themselves as having limited political experience and clout, and I started out being no exception to that rule. Physicians are content to go about the “business of medicine” until they finally find something to “fix” and then they wonder why it can’t be fixed “immediately” or why everyone “can’t see the answer.” One day I decided to sit in on my first committee hearing to “practice what I preached”. I took time out of the office and sat in on a hearing on smoking legislation. I listened to the proponents, rose and gave my personal testimony, listened to the opponent arguments and then saw the committee close the hearing and make their vote. As I walked out I remembered being surprised at who was considered an “expert” and what was considered “factual” information. After the meeting one of physician legislators on the panel approached me and thanked me for taking time to come and give testimony. He then said something that set me back — “You know not enough physicians are willing to take time out of their day to help us out — and we really need that help.” That was a day that would change my willingness to participate for years to come.

So I committed at that time into making a difference on a local and national level. I volunteered for the Health and Public Policy committee and soon became its chairman. About that time the SD Chapter of the ACP wanted to become more active nationally. We gathered our resources and took our members to Washington DC. I remember showing up at my first ACP leadership day with Governor Dave Sandvick, a geriatrician from Rapid City and another soon to be Governor Dave Elson, an oncologist from Sioux Falls. They were the veterans, my mentors, and they quickly showed me the ropes. We did the standard leadership education and received our update from the college from Bob Doherty and then we went for our Hill visits.

I think they had a little sinister hazing in mind as they led me into the office of then Minority Leader Senator Tom Daschle. They both were watching me, as my eyes got wide with the experience. I remember entering the room with ACP dignitaries, sitting around a huge conference table, seeing pictures on the wall of Presidents Harry Truman and John F Kennedy and looking out a window onto the National Mall from the Capitol building.

Drs Sandvik and Elson soon proved that THEY weren’t there for the scenery. They recognized the time limitations given by men of influence and went
straight to work. They were to the point, respectful, but yet challenging. There was some give and take and a bit of back room South Dakota politic humor but they succeeded in getting the job done effectively.

What they taught me was that relationships are built over time and through hard work. They had built connections with Senator Daschle over the years through trips to Washington DC and through extra visits to talk face to face with Sen Daschle when he had come back to South Dakota. As I walked away from my first Hill visit I was sure that Senator Daschle had no idea who I was, other than a physician from his state. I remember feeling a little embarrassed in my performance and thinking “Did I make a connection? Did I get my point across?” I had no personal relationship built up prior to my visit to allow my statements to resonate. I worried that I was another nameless constituent that had signed a guest book and received a copy of the Constitution. I knew then that I would have to build this relationship with hard work and effort and share my experiences as physicians with REAL STORIES about REAL PATIENTS.

In the 10 years since that visit I have learned to network with colleagues, send thank you emails and blast emails about legislative alerts, and respect everyone on the Legislators staff. Each year since that first visit I have returned more and more confident in my message and see the growth in those relationships. I am now certain that my legislators know who I am, who I represent, and that they value my time and opinions as much as I do theirs.

EVERY TOPIC on the ACP advocacy agenda has application in South Dakota. Keeping practices viable with Medicare and Medicaid funding is crucial throughout my state. My current South Dakota state advocacy efforts are focused primarily on the topic of Graduate Medical Education and the expansion of residency slots. I was appointed independently by South Dakota Governor Dennis Daugaard 3 years ago to be on his Primary Care Task Force. That task force has been successful in getting the state legislature to expand the size of the Sanford School of Medicine at the University of South Dakota but we now face the precipice of post graduate residency training slot limits.

Over the years I have become a believer in the concept of the need for rural residency training. My residency training took place at the University of Nebraska Medical Center in Omaha and I did outpatient “rural” rotations that shaped my life and practice of medicine. Rural medicine showed me opportunities to practice at the level I was most comfortable. I believe you
need to train primary care physicians in all work environments, both urban and rural, before allowing them to make their own decisions on where they want to practice. If residents are only exposed to urban hospital medicine I fear that is the only option they will ever consider. It is obvious that the rural physician shortage is coming and without expansion of residency program slots the future of WHO provides primary care in my state will look a lot different.

So is there any hope on the horizon for fixing what ills medicine? My wife continues to ask me why I keep coming back to Washington DC when I hear “no” so often. So here is the best answer I have come up with over time to answer my wife. I have learned to treat the SGR, and other pieces of legislation, like a chronic disease. New treatments arise, setbacks may occur, but sometimes - like the SGR - there may even be a cure. The legislators need the education just like our patients do and we are the only ones who can deliver the message with such authority. I guess it comes down to the work I am willing to do for my patients and for future physicians. Patients deserve the ability to seek care from the provider of their choice and physicians deserve the ability to practice medicine with fair compensation for the work provided.

Thank you again for honoring me with the prestigious Richard Neubauer Advocate for Internal Medicine award.