Health Policy Advocacy Engagement: A Physician Survey

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ABSTRACT

Purpose: Physicians can play an important role in shaping health policy. The purpose of this study was to determine characteristics of physicians participating in health policy and barriers and facilitators to their advocacy.

Methods: A modified previously validated survey instrument was mailed to physicians affiliated with the University of Wisconsin on October 12, 2018. Three follow-up emails were sent, and the response period closed January 30, 2019. Twenty-eight items were included in the survey tool. Respondents were considered highly engaged if they: (a) reported involvement in predetermined high impact areas, (b) had self-reported weekly or monthly advocacy involvement, or (c) had more than 10% dedicated work time for advocacy.

Results: Eight hundred eighty-six of 1,432 physicians responded (61.9%), of which 133 (15.0%) were highly engaged. Highly engaged respondents were more commonly male (57.1%), White (90.2%), of nonsurgical specialties (80.5%), and Democrat (55.6%) or Independent (27.1%). Those not highly engaged were more likely to report "I don't know how to get involved." Less than half of all respondents received any advocacy education, with professional organizations providing the majority of education through conferences and distribution of materials. Only 2.5% of respondents had more than 10% of work time dedicated to health policy.

Conclusions: Engagement in health policy exists on a spectrum, but only a small percent of physicians are highly engaged, and very few have dedicated work time for advocacy. Certain demographics predominate the advocacy voice, and health policy training opportunities are lacking.

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INTRODUCTION

In 2018, health care spending accounted for $3.6 trillion, amounting to 17.7% of the United States Gross Domestic Product (GDP). Over the next decade, health expenditures are expected to outpace overall GDP growth, accounting for a greater proportion of the domestic economy each year.[1] These expenses outpace every other nation but do not translate to improved health or life expectancy.[2]

As such, physicians are at the front line of health care spending, utilization, and quality, and poised and equipped to influence legislative and regulatory national health policy reform and expenditures with the primary goal of improved patient care and care delivery as the end point. While doctors and other health professionals visibly contribute to policy discussions on specific topics, such as firearm safety,[3,4] health care reform,[5] and more recently in the COVID-19 pandemic, at other times physicians seem absent from critical policy discussions. National organizations provide some structure to advocacy and encourage physician involvement,[6] but a variety of barriers exist.[7,8] As a result, physicians may not have a voice in critical decisions directly impacting their patients or profession.

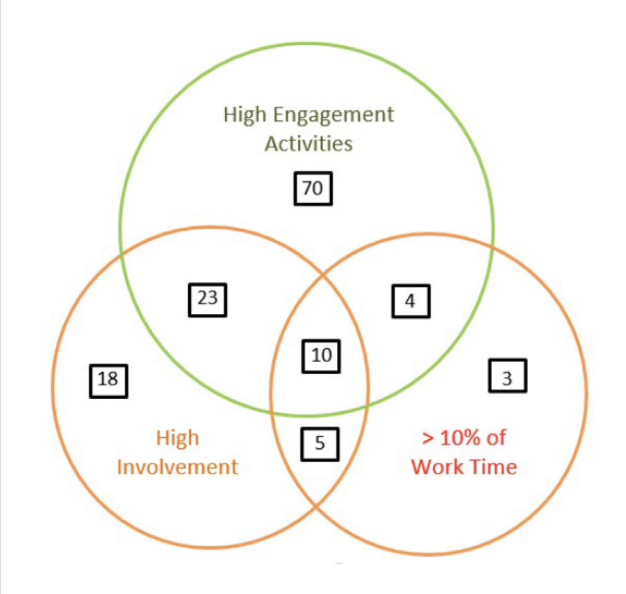
Despite its importance, little is known about physician engagement in health policy advocacy, including what defines engagement, how many physicians are engaged, which types of physicians are involved, what barriers exist to policy engagement, and how physicians learn how to effectively advocate for

Table 1. Baseline Characteristics

	All n=886		High Engagement n=133 (15.0%)		Not High Engagement n=753 (85.0%)	
Age						
0-44	428	48.3%	43	32.3%	384	51.0%
45-64	390	44.0%	77	57.9%	313	41.6%
65 and older	68	7.7%	13	9.8%	55	7.3%
Gender						
Male	491	55.4%	76	57.1%	415	55.1%
Female	366	41.3%	54	40.6%	312	41.4%
Prefer not to answer or omitted	29	3.3%	2	1.5%	22	2.9%
Race[a]						
White	736	83.1%	120	90.2%	616	81.8%
Asian/Pacific Islander	82	9.3%	7	5.3%	75	10.0%
Other[b]	39	4.4%	2	1.5%	37	4.9%
Prefer not to answer	41	4.6%	6	4.5%	35	4.6%
Specialty						
Surgical	185	20.9%	26	19.5%	159	21.1%
Nonsurgical	667	75.3%	107	80.5%	560	74.4%
Did not answer	34	3.8%	0	0.0%	34	4.5%
Primary political affiliation						
Democrat	480	54.2%	74	55.6%	406	53.9%
Republican	65	7.3%	6	4.5%	59	7.8%
Independent	208	23.5%	36	27.1%	172	22.8%
Other	29	3.3%	7	5.3%	22	2.9%
Prefer not to respond	101	11.4%	10	7.5%	91	12.1%

If "did not answer" exceeded 1%, it is specified in the Table.
[a]Respondents were asked to choose all that applied.
[b]Other includes those that identified as Black, Latinx, Native American, or Other. These were grouped soley due to small sample size and desire to protect participant identity.

Figure. High Physician Engagement by Activities, Involvement, or Work Time



133 unique respondents were considered highly engaged, with 91 meeting 1 criteria, 32 meeting 2 criteria, and 10 meeting all 3 criteria.

health policy priorities. The purpose of this study was to determine specifically physician views of, and level of engagement in, health policy advocacy, and to identify barriers and facilitators of that involvement.

METHODS

General Methods

The University of Wisconsin (UW) Institutional Review Board approved this study. We conducted a survey of all active UW Health physicians from October 12, 2018 to January 30, 2019. UW Health is the "integrated health system of the University of Wisconsin-Madison caring for more than 600,000 patients each year with 1,785 employed physicians and 21,000 employees at 7 hospitals and 87 outpatient clinics."[9] The academic medical center, located in Madison, Wisconsin, consists of a 505-bed adult University Hospital and 87-bed pediatric hospital. The system also includes a 50-bed inpatient rehabilitation facility and 4 community hospitals ranging from 34 to 448 beds.[9]

Providers were identified on a list provided by the University of Wisconsin School of Medicine and Public Health. A total of 1,542 surveys were sent, which was reduced by 110 after the list revealed accidental inclusion of nurse anesthetists (CRNA) and PhD-only faculty. Therefore, 1,432 surveys were included as the denominator.

Survey Tool

The 28-question survey tool was developed and conducted with support of the University of Wisconsin Survey Center. The questionnaire was derived from a previous validated survey to evaluate the involvement of health educators in health policy advocacy and included questions on demographics such as age, career level, specialty, gender, board certifications, race, and personal political affiliation.[10] The instrument also included questions on personal and professional advocacy during the past 2 years, work time or personal time dedicated to advocacy, perceived barriers and benefits to advocacy participation, and training in policy. In this study, public policy was defined as "a system of laws, courses of action, and priorities directing a government action." Health policy was defined as "decisions, plans, and actions that are undertaken to achieve specific health care goals within a society." Advocacy was defined as "attempting to influence public policy through education, lobbying, or political pressure." We define health policy advocacy as the activities used to influence specific health goals of society via action taken by physicians to inform and educate public officials or policies.

Defining Health Policy Advocacy Engagement

A priori, respondents were defined to have high overall health policy advocacy engagement (highly engaged) if they met 1 or more of the following criteria:

1. Participation in high effort activity: Participation in any high

effort and/or time intensive advocacy activity done outside of other professional responsibilities that would typically involve additional training, experience and collaboration, and/or coordination with others. (Example: testifying at a formal legislative hearing).

2. High involvement: Self-reported level of activity defined as monthly or weekly activity involvement.
3. High work time: Ten percent or more of work time dedicated to health policy.

Survey Process and Response

An initial mailing was sent on October 12, 2018 to the physician list. This mailing included a link to the survey to be completed online, in addition to a $5 incentive. Follow up emails were sent October 17, October 23, and October 31, 2018.

Of the 1,432 surveys sent, 29 mailed letters were unable to be delivered, and 22 emails were undeliverable. A total of 476 responses came from the letter prompt, and 410 came from a directed email link, for a total of 886 respondents. The survey response period closed January 30, 2019. The authors were blinded to respondents and were not included in the distribution list.

Statistical Analysis

Survey data was analyzed with the assistance of biostatisticians of the Department of Surgery. Descriptive statistics were used to summarize the data results. Skipped or omitted questions are reported in the results if they exceed 1% of the sample. Other was used to include those who identified as Black, Hispanic, Native American, or Other. These were grouped solely due to small sample size and desire to protect participant identity.

RESULTS

A total of 886 of 1,432 (61.9%) survey responses were obtained. Of respondents, the majority were male (n = 491, 55.4%), White (n = 736, 83.1%), and under age 65 (n = 818, 92.3%). Nonsurgical respondents (n = 667, 75.3%) were more common than surgical (n = 185, 20.9%). Most identified as Democrats (n = 480, 54.2%), followed by Independents (n = 208, 23.5%) and Republicans (n = 65, 7.3%) (Table 1).

A total of 107 (12.1%) unique respondents participated in 1 or more high effort activity, 56 (6.3%) met high involvement criteria, and 22 (2.5%) reported high work time (10% or more of work time for health policy advocacy) (Table 2). Of these 3 definitions, a total of 133 (15.0%) unique respondents were identified as highly engaged, with 91 meeting 1 criteria, 32 meeting 2 criteria, and 10 meeting all 3 (Table 2, Figure 1).

Overall, highly engaged respondents were more likely to be male (57.1%), White (90.2%), identify as a nonsurgical specialty (80.5%) and self-report as Democrat (55.6%) or Independent (27.1%) (Table 1). Highly engaged respondents cited more benefits to participating in health policy advocacy. Those not highly engaged were more likely to report "I don't know how to get involved" (Table 3), which may be due to a significant difference in having health policy advocacy training (highly engaged, 48.9%; not engaged, 18.3%). Very few overall respondents (n = 43, 4.9%) reported health policy advocacy training in either college or medical school. Engaged respondents received education most often at conference sessions (n = 44, 33.1%), from materials provided by professional organizations (n = 39, 29.3%) and on-the-job experience (n = 39, 29.3%) (Table 3).

Table 2. Phyisican Self Reported Health Policy Engagement: Activities, Involvement, and Work Time (n=886)

Activity Participation[a]	N	%
None		
• Not engaged in health policy or advocacy	189	21.3%
Low: Advocacy activity that would be expected to be performed as basic portion of physician professionalism		
• Member of organized medicine or professional society	512	57.8%
• Contacting (calling or writing) legislators	315	35.6%
Moderate: Physician seeks out additional activity related to health policy advocacy, but this activity can be relatively easily incorporated amongst other patient care, administrative and/or academic responsibilities		
• Provided health policy-related information to patients, professionals	169	19.1%
• Used mass media or public events to address health policy issues	80	9.0%
• Actively involved in organized medicine or professional society	215	24.3%
• Attended a medical advocacy summit or event	86	9.7%
• Contribute to a medical political action committee (PAC)	137	15.5%
High: Requires effort and/or time by the physician of significance above and outside of other professional responsibilities[b]		
• Provided written reports, research, recommendations, or other medical related expertise/assistance to a public official	83	9.4%
• Drafted legislation or developed a resolution	13	1.5%
• Testified at a formal legislative hearing	20	2.3%
• Testified or did research for a legal action (lawsuit)	20	2.3%
Physician self-described health policy involvement		
• No activity	329	37.1%
• Slightly involved (1-2 times per year)	361	40.7%
• Moderately involved (more than 1-2 times per year, but less than monthly)	134	15.1%
• Very involved (monthly) or extremely involved (weekly)	56	6.3%
Dedicated percent of work time for health policy		
• None	435	49.1%
• Less than 10%	427	48.2%
• More than 10%	22	2.5%

[a]Respondents were asked to select all that were applicable

[b]Of the 136 respondents reporting a high engagement activity, there were 107 unique respondents, meaning 29 respondents participated in more than 1 of the 4 listed categories.

DISCUSSION

In this study of physician health policy advocacy engagement, we determined that 15% of physician respondents in our health system are highly engaged, although very few had dedicated work time for health policy advocacy. Given that lack of time and com-

Table 3. Benefits of, Barriers to, and Training in Health Policy Participation[a]

	High Engagement n=133	%	Not High Engagement n=753	%
Benefits				
Improving a situation or issue	110	82.7%	564	74.9%
Improving the health of the public	118	88.7%	608	80.7%
Affecting many patients at once	103	77.4%	463	61.5%
Making a difference in others' lives	103	77.4%	447	59.4%
Being able to get involved and participate	68	51.1%	211	28.0%
Potential to get resources such as funding or staffing	39	29.3%	119	15.8%
Personal gratification	80	60.2%	259	34.4%
Barriers				
Lack of time	109	82.0%	563	74.8%
Not important	1	0.8%	15	2.0%
I don't know how to get involved	7	5.3%	260	34.5%
Other priorities	58	43.6%	354	47.0%
Lack of support from others	27	20.3%	87	11.6%
Takes too long to see a difference	9	6.8%	98	13.0%
Frustration with the process	39	29.3%	239	31.7%
Uncertain outcome	17	12.8%	116	15.4%
Probably won't make a difference	13	9.8%	136	18.1%
Using money or resources in other ways	11	8.3%	89	11.8%
Uncomfortable confronting others with opposing views/large funds/influence	21	15.8%	105	13.9%
Policymakers attitude/viewpoints	34	25.6%	133	17.7%
Can't be involved due to employment	14	10.5%	59	7.8%
Training (Any)	65	48.9%	138	18.3%
Type of Training				
College coursework	3	2.3%	2	0.3%
Medical school coursework	10	7.5%	28	3.7%
Other advanced degree coursework	9	6.8%	18	2.4%
Workshops	37	27.8%	33	4.4%
Professional journals	12	9.0%	23	3.1%
Professional colleagues	37	27.8%	51	6.8%
Sessions at conferences	44	33.1%	68	9.0%
Materials from professional organizations	39	29.3%	45	6.0%
Mass media	12	9.0%	11	1.5%
On-the-job experience	39	29.3%	26	3.5%

[a]Respondents were asked to select all that applied.

peting priorities were the most common reasons cited for lack of involvement, health care organizations will need to invest in dedicated professional time and resources if physician advocates are to impact health policy.

Importantly, our results show that less than half of all highly engaged respondents reported any advocacy training, and many fewer (1 in 5) for those not actively engaged. Not highly engaged physicians were also more likely to report they did not know how to get involved in health policy. For those reporting health policy training, surprisingly few physicians reported training in formal degree programs or university course work, with far more citing training obtained at conferences and from professional organizations. While this may demonstrate a need for more degree programs and courses dedicated to advocacy, it may alternatively show that continuing medical education and other more accessible opportunities are preferred, making advocacy instruction more easily accessible to physicians at all career levels. Professional organizations should consider whether health policy advocacy could be a larger part of professional meeting agendas and materials. Undergraduate and graduate medical education also may consider this addition to their curriculums if not already available.

We found several important differences between the highly engaged physicians and, thus, those more likely to be affecting policy, and those not highly engaged. In particular, highly engaged physicians tend to be White, male, Democratic or Independent, and practicing in nonsurgical specialties. Although these data also generally reflected the population surveyed, these demographic and training backgrounds could impact or bias policy positions and priorities, and academic medical centers and their physicians should be aware of this potential. While the population surveyed, and that which responded, was quite congruous, we believe the voice of more diverse physicians in advocacy is critical and needs to be the highest priority for the future of medicine.

Interestingly, benefits and barriers of engagement tracked similarly between those who reported being engaged and those not engaged. Both groups reported "improving a situation or issue" and "improving the health of the public" as the primary benefits of health policy engagement. This highlights physician motivation as the patient and patient care being the center of their work focus. Likewise, with regards to barriers, almost none reported that policy was "not important," but "lack of time" and "other priorities" were commonly cited barriers by both groups. This strongly suggests physician interest in helping patients through policy but that physicians need more dedicated time to engage in this work.

Finally, we used this survey as an opportunity to propose definitions of physician engagement that may be used in future studies of physician advocacy. In addition, these definitions may be used to encourage stepwise involvement in health policy by outlining low barrier activities that could serve as entry points for new physician advocates. For example, the majority of respondents were members of a professional society, and about a third had recently contacted their representative. This shows that engagement in health policy exists on a spectrum and, hopefully, this may encourage interested physicians to engage in higher levels of advocacy and impact. However, future work and professional discourse will be required to determine optimal physician engagement targets at individual institutions and within different specialties. Although beyond the scope of this survey, study of nonphysician medical provider engagement, motivations driving highly engaged physicians, and preferred training for advocacy engagement should be next steps in this line of investigation.

Our findings and conclusions are limited by being from a single Midwestern academic medical center. Although there is no reason to believe our academic medical center is significantly different than other large public institutions, we cannot generalize to nonacademic medical centers or physicians employed by health systems that may differ in other important ways. We also cannot draw conclusions from our findings about those of other health care professionals. Finally, we cannot say with certainty that our survey respondents are representative of our entire physician population. However, we believe our 61.9% response rate to be a study strength that mitigates some of that concern.

CONCLUSION

By engaging in health policy advocacy by responding to legislation, government regulations, and administrative actions, physicians can impact the care of patients and the practice of medicine. This engagement exists on a spectrum; future work could address barriers and needs identified in this introductory survey.

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