INTRODUCTION

Technological advances and increased utilization have helped establish radiology as one of the preeminent professions in medicine. However, we are now facing serious challenges as the United States embarks on a generational reassessment of health care services, financing, and priorities. Radiology, in particular, with its prominent profile, has been and will continue to be at risk. How we practice and are reimbursed will increasingly be determined by federal agencies, such as the Independent Payment Advisory Board and the United States Preventative Services Task Force. Although advocacy and lobbying can be controversial, they are critical tools for our collective voice to have input in the process.

ADVOCACY: DEFINITIONS

The word advocate comes from the Latin ad, to + vocare, to call. The early meaning was “one summoned or ‘called to’ [aid] another.” The modern definition is one who attempts to affect some aspect of society, whether an appeal to individuals, employers about their rules, or the government about its laws [1].

Advocacy and lobbying are often used synonymously. However, in both legal and regulatory contexts, when advocacy becomes focused on specific legislation it is considered lobbying and becomes subject to different rules.

The definition of lobbying is broken down further as follows:

1. Direct lobbying is the “attempt(s) to influence legislation through communication with a member or employee of a legislative body, or with any other government official or employee who may participate in the formulation of legislation.” Direct lobbying also includes communications by an organization encouraging others to engage in influencing specific legislation [2].

2. Grassroots or indirect lobbying is “any attempt to influence legislation through an attempt to affect the opinions of the general public or any segment thereof. [3]”

3. Call to Action is a specifically defined and regulated communication, which identifies a legislator or solicits support on a specific piece of legislation [2].

These definitions are important because lobbying is a highly regulated activity with clear reporting requirements and significant penalties for violations.

HISTORY OF LOBBYING

The political scientist Thomas R. Dye once said that politics is about battling over scarce governmental resources [4]. As such, the battle for influence has arguably occurred in organized society since early civilization.

Many believe the term lobbyists was first used to describe those who went to the lobby of the Willard Hotel in Washington hoping to gain access to President Ulysses S. Grant where he frequently went to smoke a cigar and drink brandy.

In the United States, the earliest descriptions of lobbying date back to the founding fathers. James Madison identified a faction as “a number of citizens, whether amounting to a minority or majority of the whole, who are united and actuated by some common impulse of passion, or of interest…” Madison argued in Federalist No. 10 that it was constructive for factions to debate and represent opposing views [5]. Others, such as Alexis de Tocqueville in his Democracy in America, outlined the vital role that advocacy plays in American life and provided a framework for distinguishing defensible forms of lobbying [6].

Lobbying in Washington has grown significantly over our history. Especially since the 1970s, there has been an exponential increase in lobbying activity and expenditures. Total lobbying spending has mushroomed from $1.45 billion in 1998 to $3.3 billion in 2013. Between 1998 and 2013, the number of registered lobbyists has varied from a high of 14,842 in 2007 to 9,434 in 2013 [7].

There are many critics of the concept and practice of lobbying. Many argue that lobbyists are “hired guns” who are gatekeepers of power and influence in Washington. Names such as Jack Abramoff, Randy “Duke” Cunningham, Bob Nye, and others have contributed to the shady image of lobbyists.

Despite numerous attempts to rein in lobbying, the Constitution and its protection of free speech has been the legal basis to sustain it. Proponents argue that lobbyists bring valuable expertise to policymakers. Congressional representatives cannot be expected to be expert in every issue. Competing lobbyists can bring considerable expertise to raise awareness and bring different arguments to legislators about complex issues. Senator William Byrd admitted that modern Congressmen “could not adequately consider (their) work load without them [8].”

The process of lobbying itself can also result in compromise as the adversarial interests debate and discuss. In addition, it may be that almost every citizen is currently represented by some, if not many, special lobbying interests. Lobbying may now be a requisite to have appropriate representation in the lawmaking process.
VALUE OF ADVOCACY

The value of advocacy has been extensively evaluated. Most recent studies conclude that advocacy is a prudent investment. One report by the investment research firm Strategas demonstrated that large corporations which had disproportionate lobbying outperformed the S&P index from 2001 to 2011 [9]. Another study by Bloomberg News suggested that lobbying was a “sound … strategy” for the 20 largest federal contractors. For each dollar of lobbying investment, there was a return of up to $2,517 in revenues [10]. A 2009 study by the University of Kansas suggested that lobbying brought a substantial return on investment [11]. A 2011 meta-analysis of previous research found a positive correlation between corporate political activity and firm performance [12].

Although dollars returned certainly is not the sole criteria for nonprofit corporations, the conclusions are the same. Advocacy has been demonstrated to be an important and effective strategy for a cross-section of organizations.

ADVOCACY IN HEALTH CARE

Given that the industry accounts for one-sixth of the United States GDP, it is not surprising that the health care lobby is one of the largest in Washington. Between 1998 and 2010, health care interests spent $4.2 billion, number two only to the finance and real estate industry [1].

The health professionals lobby spent more than $82 million during the 2008 election cycle, and was the fifth highest spender on political campaigns. The American Medical Association alone spent more than $22 million on lobbying Congress during the health care reform debate [13]. CBS News reported in 2009 that there were more than 3,000 registered active health care lobbyists involved in the health care bill. The network pointed out “That’s more than six (lobbyists) for every single member of Congress” [14].

And the Center of Public Integrity reports that special interests were successful in “blocking provisions like a robust government-run insurance program, and blunting the effect of cost-cutting measures on health care companies” [15].

Although the health care industry is made up of varying interests, most of which hire professional lobbyists, physicians themselves can be effective advocates. In a study by Landers and Seghal, 90% of legislative assistants rated physicians either effective or somewhat effective lobbyists. The most common suggestions were to focus less on reimbursement and to address a broader range of health care issues [16].

Advocacy in Radiology

Radiology has ample opportunity to educate legislators in Washington. Most legislators know little about what we do and who we are. For example, in 2005, an ACR pre-marketing survey revealed that only 51% to 64% of the public knew that radiologists were doctors [17].

There are 57 organizations and societies in radiology. Because advocacy is a nonrevenue-generating activity, only a few have the resources to dedicate towards lobbying. Advocacy is one of the pillars of the ACR mission statement. The ACR maintains 11 full-time staff and engages consultants for advocacy through its Government Relations Commission. Many other organizations defer to the ACR for advocacy. ACR is recognized by congressional representatives and industry as the largest and most influential advocacy organization for the profession.

Other groups that provide radiology advocacy include the Medical Imaging and Technical Alliance, E-ordering Coalition, American Society for Radiaton Oncology, Access to Medical Imaging Coalition, Society of Interventional Radiologists, and Academy of Radiology Research.

Lobbying for Radiology is important for you and your practices. The most recent example was on April 2, 2014, when the President signed the “Protecting Access to Medicare Act”. The bill was another delay in Sustainable Growth Rate related reimbursement cuts. It also included several radiology specific provisions including: 1) Clinical Decision Support for advanced imaging procedures, 2) mandate that CMS disclose data used to justify MPPR and 3) limits (or “dampening”) on reductions for any cpt code reimbursement in any given year.

The success in getting these items included is a testament to the talent, hard work and dedication of the ACR Government Relations staff. We have Dr. Harvey Neiman to thank for developing a first class ACR Government Relations Department.

However, we cannot simply delegate away our advocacy responsibilities. To do their jobs and be effective, our GR team needs and deserves the grassroots support of the radiology community. Currently, we have about 14% of ACRA members contributing to RADPAC. Even with considerable improvements with the Radiology Advocacy Network, participation rates in our e-mail Calls to Action average around 14%. We have plenty of opportunity to do better.

CULTURE OF ADVOCACY

Radiologists have obvious self-centered interests in being represented in the DC legislative arena. Our practices require significant investments of time, resources, and capital. They need adequate and fair reimbursement to maintain services. Our practices also serve as important job creators for our communities.

There are additional motivators for us to invest and engage in advocacy. We are, first and foremost, physicians. We pledged ourselves to
serve our patients and promote the health interests of our communities. The patient-physician relationship is the foundation for our social contract. This contract is what differentiates us from other professionals and maintains our special status in society. It is our ethical and social responsibility to defend and advocate for the interests of our patients.

It has been argued that we, as physicians, need to hold our lobbying interests to a higher standard, one that requires having our patients’ interest as primary [18]. As radiologists, it is our role to focus on protecting the integrity of image-based health care services.

To effectively deal with the new health care realities and to meet our social responsibilities, we need to be politically aware, active, and engaged. As a radiology community, we need to develop a culture of advocacy.

Culture change has been studied extensively. It remains one of the most difficult challenges of leadership. It has to start with awareness and education.

Each individual does not need to engross his or her self and be an expert in advocacy. However, it is part of being a radiologist that we appropriate adequate resources and training in government relations. As leaders, we should consider advocacy a cost of doing business. As partners, we should promote advocacy as a recognized practice priority. It has been argued that political activity is part of the definition of citizenship in radiology [19].

Each of us can start by belonging to societies that sponsor advocacy, especially the ACR and RADPAC. At the same time we must be vigilant that advocacy efforts remain coordinated. Although diversification might be useful, disaggregation in advocacy can result in confusing competition and inconsistent messaging.

For the interests of our patients and our profession, the following strategies should be promoted to develop and support a radiology culture of advocacy:

- Advocacy should be a standing agenda item for meetings in every practice, department, society, and chapter.
- Make advocacy a requisite for “citizenship” in your practice. Establish incentives and rewards to reinforce advocacy activity. Expectations should include contributing to radiology specific political action committees and attending or sponsoring fundraisers for candidates in your hometown.
- Have your practice sponsor facility visits with local or federal politicians. A visit to your office or department will demonstrate the value of radiology and radiologists in any health care enterprise. Emphasize that we are job creators for our communities.
- Professional societies should create opportunities in their periodicals and annual meetings to discuss advocacy and legislative updates.
- Early engagement of advocacy in the next generation of radiologists is essential. Presentations about politics and health care should be incorporated into training programs. The American Institute of Radiologic Pathology is a unique opportunity to introduce advocacy concepts to residents and fellows.
- Basic elements of advocacy can be included in the professionalism module of Maintenance of Certification.

REFERENCES

17. Personal communication, ACR.

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