

WHAT'S UP, ~~DOC~~ HOSPITALIST?

The fastest growing physician specialty in the history of healthcare may be hospital medicine. Its practitioners, known as hospitalists, are defined by the Society of Hospital Medicine as “physicians whose primary professional focus is the general medical care of hospitalized patients.”*



More than 20,000 hospitalists are practicing in the U.S., and within the next 10 years, experts predict that number will reach 50,000. Already, demand far exceeds supply.

The role itself is the subject of controversy. While hospitalists have both staunch detractors and ardent supporters, everyone agrees they are radically changing the way inpatient hospital care is delivered. Hospital medicine programs are each unique in culture, goals, structure, composition and operations, but in all cases, the hospital is their office – and inpatients rarely have appointments.

Hospitalists add value in many ways. Administrators are employing hospitalist services to address the challenges associated with on-call coverage for unassigned patients who enter the hospital through the emergency room and as direct admits. They can improve throughput, reduce bottlenecks, expedite discharges and influence patient placement.

POSITIVE IMPACTS OF HOSPITALIST PROGRAM

- Engaged medical staff members
- Treating unassigned patients
- Improving physician practices
- Increased availability/accessibility
- Improving resource utilization
- Improving patient flow
- Improving staff and patient education
- Improving service quality and patient safety

WHO EMPLOYS HOSPITALISTS?

- Hospitals
- Managed care organizations
- Local medical groups (usually large multi-specialties)
- Geographically diverse, for-profit hospitalist companies
- Academic hospitalist practices
- Self-employed

* “How Hospitalists Add Value,” *Hospitalist Special Supplement*, Joseph A. Miller

EVOLVING ROLES

Today, fewer office-based physicians are active on medical staff committees. Hospitalists are filling this void and assuming leadership roles, and administrators are glad to have them. Office-based physicians are also benefitting from the hospitalists. When hospitalists take care of inpatients, office-based physicians can stay in their offices and see more patients. These doctors (and their patients) also experience fewer workday interruptions since they are no longer taking calls from, or making visits to, the hospital. Hospitalists can also refer new patients to office-based practitioners.

Several subspecialties have emerged for hospitalists. Nocturnists have emerged in response to a marked increase in patient needs and admissions during night shifts. Many hospitals continue to use the on-call system to respond to after-hours needs, and some programs are scheduling physician assistants, nurse practitioners and moonlighters for coverage. Hospitalists can help respond to these demands.

Obstetrics departments now employ laborists on OB units. Behavioral health units are employing specially trained hospitalists. For hospitals without behavioral units, hospitalists are also proving helpful in addressing behavioral health patient care transitions. Hospitalists are rapidly expanding their duties as co-managers of care with surgeons and have been especially beneficial working with orthopedic and neurology patients. Pediatric hospitalists are also on the rise.

Hospitalist programs have also realized improvements in use of resources and managing finances. These improvements can include compliance with formularies, practice guidelines and improved coding. Hospitalists have proven to be effective educators for staff, patients and other professionals. They contribute and lead many quality-of-care and patient safety initiatives and are becoming more involved in evidence-based medicine and research. They can also have a profound contribution in improving end-of-life and palliative care.

HOSPITALIST SPECIALTIES

● General Internal Medicine	82.3%
● General Pediatrics	6.5%
● Internal Medicine Sub-specialty	4.0%
● Family Practice	3.7%
● Internal Medicine Pediatrics	3.1%
● Pediatrics Sub-specialty	0.4%

The way hospitalists are employed is also evolving. Early adopters of the hospitalist models are refining their programs to respond to resource allocation and workload demands. Many hospital medicine programs have instituted work assignments based on a “rounder and admitter” format, splitting duties and increasing throughput. Some larger facilities have instituted geographic distribution models where they assign hospitalists to specific areas to improve efficiency and reduce the need for doctors to run from floor to floor. Placing a dedicated hospitalist in the emergency department during peak times is another way hospitals are addressing workload issues.

TRADE-OFFS

The increasing role of the hospitalist has generated significant controversy. It has been proven that the more people involved in treating a patient, the more opportunities there are for errors. Healthcare experts generally agree that the transfer of care to a hospitalist disrupts the relationship of patient and primary care doctor, and the importance of that relationship is undisputed. Continuity of care, effective communications and safe patient transitions between office-based physicians or other care providers and the hospitalist are paramount in reducing the chances for things to fall between the cracks and for care to suffer.

HOSPITALIST DATA

- Average age – 37
- Gender – 63% male
- Average experience – 3.7 years
- Average patient encounters – 2,400/year
- Average compensation – \$193,000
- Region:
 - East 31%
 - West 21%
 - South 28%
 - Midwest 20%

“2007-2008 SHM Bi-Annual Survey,” Society of Hospital Medicine



Education and training are also key. Many hospitalists are recruited out of residency programs. Much discussion surrounds the skill set needed to practice effectively as a hospitalist and how to evaluate an individual hospitalist's performance. Developing metrics that include not only financial and productivity measures but patient, staff and physician satisfaction and job performance are important to this discussion.

Medical staff issues of competency, privileging and boarding must also be considered in developing and modifying a hospital medicine program. Some expect that hospitalists will soon be able to receive board certification in hospital medicine. The need to address all these issues will increase as fewer office-based physicians maintain in-patient volumes required for staff membership. The demand for residency programs to train graduates pursuing hospital medicine careers will likely increase.

RISK MANAGEMENT

As hospital medicine changes the delivery of healthcare, it also changes the risk profile of healthcare providers. Hospitalists can improve risk management at a hospital if the role of the hospitalist is integrated into the workings of the hospital in a thought-out, systematic way. When their organizations are evaluating whether to start a hospital medicine program, risk managers should be involved, and once the program is in place, they should be a valued resource to the hospitalists. Here are some steps a hospital can take to make sure the hospitalist impact on risk is a positive one.

- Involve hospitalists in more leadership activities to improve care, including developing practice guidelines, utilization review, patient satisfaction protocols, quality of care and patient safety initiatives, compliance and education programs, disaster planning, technology implementation and other risk reduction initiatives.
- Engage hospitalists in improving the assessment and documentation of present-on-admission conditions and ongoing evaluation during hospitalization.
- Ensure that the volume of patient encounters with hospitalists is constantly reevaluated to determine appropriate staffing levels; ensure data is captured and reviewed just as it is for other clinical professionals (e.g., nursing schedules and assignments), which may be needed in litigation.
- Consider formalizing a liaison between risk management and the hospitalist(s).
- Provide a risk management orientation structured specifically for hospitalists. Share articles, specialty claim trends and best practices.
- Review/revise disaster plans to include hospitalist participation and be prepared for fewer office-based physicians to readily respond.
- Ensure patients understand the role of the hospitalist in your organizations. This can be done in a written format, but an audio/visual orientation program broadcast over the in-room



television can be more effective. Review the scripting with hospitalists.

- Confirm that all practitioners involved in hospitalist programs, including moonlighters, are properly credentialed, privileged and insured.

REFERENCES AND RECOMMENDED READING

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