Hospitalist Medicine:
A Career Choice

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What is a Hospitalist?

- Your thoughts?

What is Hospital Medicine?

- Hospital medicine, like emergency medicine, is a specialty organized around a site of care (the hospital), rather than an organ (like cardiology), a disease (like oncology), or a patient's age (like pediatrics).
- If this specialty evolves as emergency and intensive care medicine did, it will very likely become a formal specialty with its own residencies and board certification. A few hospital medicine-focused residency and fellowship training programs are already currently operating.

Why Did Hospitalist Medicine Evolve?

- Hospitalists represent one of the most rapidly growing forms of medical practice in the US. This may be because residency programs are required to limit inpatient duty hours, and also because they do have to place an emphasis on outpatient care (especially in light of health care reform). As a result, a need for ongoing inpatient care arose.

Why Did Hospitalist Medicine Evolve?

- Most primary care physicians are experiencing a shrinking role in hospital care. Many of them find they can generate more revenue in the office during the hour or more they would have spent on inpatient rounds, including traveling to and from the hospital, thereby increasing the need for inpatient coverage.
The Benefits

- Hospitalist activities may include patient care, teaching, research, and leadership, all centered around hospital care.
- In addition to patient care duties, hospitalists are often involved in developing and managing aspects of hospital operations such as inpatient flow and quality assurance.
- The practical effect of the hospitalist is to act as transition coordinator and case manager, due to the tremendous growth in medical knowledge and resultant number of medical specialists.

The More Unexpected Benefits

- The formation of hospitalist training tracks in residency programs has been driven in part by the need to educate future hospitalists about business and operational aspects of medicine, as these topics are often not covered in traditional residencies.
- Research shows that hospitalists reduce the length of stay, reduce treatment and overall cost of hospitalization, and improve the overall efficiency of care for hospitalized patients.
- Clinical documentation is key!
- Hospitalists can act as leaders on several quality improvement initiatives in key areas, including transitions of care, co-management of patients, reducing hospital-acquired diseases, and optimizing the care of patients.

A Typical Day

- Hospitalists usually work some sort of shift
- The work you do with each shift depends on the type of shift you are working
  - Days
    - Usually 6am-6pm or 7am-7pm
  - Swing shifts
    - Usually afternoon to around midnight
  - Admitting/triage shifts
    - Can be the same hours as the day shift or the swing shift (which is usually the busier time)
  - Nights
    - Usually 6pm-6am or 7pm-7am

An Overwhelming Decision…

- You are all still early in your careers
- You can always choose a different path than the one you originally thought you would do
- If you do make a change, try to cover as many bases as you can so you don’t have too much to make up later
- The remainder of this lecture may seem a bit too far ahead in the future…but the time comes up sooner than you think!

Now the Important Question: How Do You Choose A Group?

- If you know for sure that you want to practice hospitalist medicine as a career, you may want to find a residency that places an emphasis on inpatient rather than outpatient care
- Given the obvious trend heading towards having to obtain board certification in hospital medicine to practice as a hospitalist, you may want to choose to do a fellowship in hospital medicine before entering into practice

Choosing a Group: Questions to Ask Them (and Yourself)

- How many patient encounters a day?
  - What is a “patient encounter”? – what is a manageable number? (ex: 12-15...max 18)
  - What is a “RVU”?
- Is the staff and the administration friendly and supportive?
- Is the program established or is it new?
  - If it is new...why is it being formed?
- Number of shifts per month
  - For nights this is important – should be fewer shifts than days (or higher compensation)
  - How far out is the schedule made?
Choosing a Group: Questions to Ask Them (and Yourself)

- Location? Do you want a small town? A large city?
- Is it a multi-specialty group?
- Is there full subspecialty back-up?
- If not, what's missing? This is often in direct proportion to the location and size of the hospital
- Do the hospitalists do procedures?
- Do the hospitalists serve as the code team?
- In the ICU:
  - Is there an intensivist there? For how many hours?
  - Who manages the vents?

Choosing a Group: Questions to Ask Them (and Yourself)

- Is there night call?
- What is the computer system? Is it user-friendly?
- Is there an electronic medical record (EMR)?
  - If not, are old records accessible?
- Salary
  - How flexible are you willing to be for the right job?
  - Is there a sign-on bonus? Other benefits?

Choosing a Group: Questions to Ask Them (and Yourself)

- How many admissions during the day?
  - How are the admissions handled – is there a triage doctor or do the day physicians split up the admissions?
  - How many admissions at night?
  - Should be a reasonable number
  - Are there midlevels?
  - How good is the ancillary staff (especially the nurses)?
  - How accessible are they on nights/weekends?
  - Is there a case manager assigned to you or the group?

Questions Just To Ask Yourself

- What type of lifestyle do you want?
  - Do you want to only work shifts, or are you comfortable with being on call?
  - Do you want an on/off schedule?
    - 4 on/4 off; 5 on/5 off; 6 on/6 off; 7 on/7 off
  - Do you want a variable schedule?
  - What kind of salary are you expecting?
    - In an employed model, you get a set salary
    - In a private model, you have the potential to earn more money (depending on how much you want to work), but you are responsible for much more on your own

Questions Just To Ask Yourself

- Have you taken the contract to an attorney?
  - How much are you willing to negotiate on?
  - How much are they willing to negotiate on?
  - Who will you report to? Is it someone you feel you can establish a good working relationship with?
  - Have you talked to as many of the other physicians in the group as you could?
    - If not, why not?
  - Can you talk with other consultants?
Questions Just To Ask Yourself

- The most important question:
  - Hospitalists are often very detail-oriented people; they prefer higher acuity patients and do not mind the constant change of the flow of the day
  - So...how well do you know yourself?

Pros

- Lifestyle (on/off schedule)
- You move at a faster pace and are constantly moving
- Ability to interact with ancillary staff
- Ability to interact with consultants and have discussions on plan of care...opportunities for continuing to learn
- Shift work...when you're off, you're off
- If you want to work nights the salary is generally higher or there is a differential in the number of shifts you work for the same pay
- You have access to more health information and get test results back quickly
- You may have the ability to work part-time, or ¼-time, or full-time (and can sometimes change that back and forth)

Cons

- Very little continuity of care (unless you trade back and forth with the same person or pick up a patient you saw previously)
- You are not "their doctor" (especially for chronic patients such as those with cancer)
- Often the patients are sicker/higher acuity
- You are reliant on your partners for proper signout and transition of care
- The days can be long
- 7 days in a row is a long stretch and can take a lot out of you, while the "on/off" schedule can seem attractive, it can take a few days to recover from your working days (which can also take a toll on your family, especially if you work nights because it's hard to be with them and switch back and forth from days to nights)
- Everyone is a new patient...you spend the early part of your work week gaining the confidence of the patient and/or family
- Very often the patient's providers (especially in oncologic pts) will not have had the code status discussion and it falls to you to explain the "big picture" (this can be especially difficult when the pt does not consider you to be "their doctor")

Where To Go For More Information

- Society of Hospital Medicine (SHM)
- Today's Hospitalist
- ACP

Thank You!!!

- Any questions?
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Happy Thanksgiving!!!!