**Hospitalist: Role in today’s society**

- **Definition:** A physician who specializes in the practice of hospital medicine.
- **Hospital medicine:** A medical specialty dedicated to the delivery of comprehensive medical care to hospitalized patients.
- Kind of a forced spin off from traditional inpatient care
- Could be considered an impact of Managed care


**History**

- Per SHM data, by **2002 (Fall):** 61% of physicians surveyed referred patients to hospitalists, and 85% of those physicians rated hospitalist care as good to excellent (2002, Medical Economics).
- **2010:** SHM projects that the number of hospitalists practicing in North America will surpass 30,000.
- Growing force

**Advantages over traditional inpatient care**

- their availability all day (and sometimes around the clock) allows hospitalists to respond quickly to acute symptoms or new test results, reducing delays and potentially improving outcomes.
- physicians who are based within a hospital may learn to navigate its complex environment more efficiently.
- hospitalists may develop greater clinical expertise as a result of added experience.
- the financial support provided by many hospitals to meet the operating expenses of hospitalist programs is often associated with explicit or implicit incentives to reduce the length of hospital stay and costs.
- the presence of hospitalists allows primary care physicians to increase their availability and productivity in the office setting because they no longer need to travel to the hospital to see one or two patients. Being allowed to focus on one clinical setting may also improve the quality of work life for physicians who refer patients to hospitalists.

**Comparison of outcomes with hospitalist vs other community inpatient models**

- the hospitalist model is associated with relatively modest improvements in efficiency as compared with traditional approaches to caring for hospitalized patients
- Outcomes of Care by Hospitalists, General Internists, and Family Physicians.
- Peter K. Lindenauer, M.D., Michael B. Rothberg, M.D., M.P.H., Penelope S. Pekow, Ph.D., Christopher Kenwood, B.S., Evan M. Benjamin, M.D., and Andrew D. Auerbach, M.D., M.P.H.
- Cont...
Heart Failure admission outcomes – one example

while demonstrating lower length of stay, hospitalists were somewhat more likely than nonhospitalist generalists to assess or document the results of left ventricular testing while caring for patients hospitalized with heart failure.

Quality of Care for Patients Hospitalized With Heart Failure

Assessing the Impact of Hospitalists

Peter K. Lindenauer, MD, MSc; Rona Chehabeddine, MPH; Penelope Pekow, PhD; Janice Fitzgerald, MS, RN; Evan M. Benjamin, MD


Figure Legend:
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Implementation of a hospitalist-run observation unit was associated with a significantly decreased LOS for all patients regardless of location, suggesting that the unit has led to more efficient care.

Journal of Hospital Medicine 2010; © 2010 Society of Hospital Medicine


Relationship with trainees/med students

Trainees reported more effective teaching and more satisfying inpatient rotations when supervised by hospitalists. This analysis suggests that hospitalists may possess or accrue a specific inpatient knowledge base and teaching skill that distinguishes them from nonhospitalists.

*Effects of Hospitalist Attending Physicians on Trainee Satisfaction With Teaching and With Internal Medicine Rotations

Karen E. Hauer, MD; Robert M. Wachter, MD; Charles E. McCulloch, PhD; Garmen A. Woo, BS; Andrew D. Auerbach, MD, MPH


Figure Legend:
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How we fare with Primary Care Physicians

- Traditionally PCPs wanted to take care of their own patients
- They valued the opportunity to form longitudinal relationships with their patients and to be the doctor who knew them best
- Not being at the bedside when their patients are acutely ill adversely affects their relationship
- Collegial connections and loyalty to the hospital get affected too
- Loss of continuity of care
- Adversely affecting new graduates’ interest towards out-patient practice
- Nonetheless/ Managed care, Cont..
How Physicians Perceive Hospitalist Services After Implementation: Anticipation vs Reality

Andrew D. Auerbach, MD, MPH; Mark D. Aronson, MD; Roger B. Davis, ScD; Russell S. Phillips, MD

*Done at a large tertiary care facility

- Rather than reducing physicians' satisfaction with overall practice, negatively impacting physicians' relationships with patients, or reducing physician perception of patient satisfaction, the results suggested that implementation of a voluntary hospitalist system was associated with improved perception of the quality of inpatient care, improved attitudes toward the hospitalist model, and gradually increased use of hospitalist services over time.

- Possibly due, in part, to the flexibility of the voluntary system and the perceived benefits of the model in terms of clinical efficiency in the outpatient setting.

Not everything is good

- Patient sees the hospitalist oftentimes for the first time (unless a frequent flyer), especially when he/she is acutely ill
- A poorly designed hospitalist program, or in some cases for no obvious reasons can lead to Fragmentation of care
- Defined as the percentage of care given by hospitalists other than the hospitalist who saw the patient the majority of the stay.

Scope for improvement

- Continuity of care
- Agency for Healthcare Research and Quality
- The Project RED (Re-Engineered Discharge) intervention is a patient-centered, standardized approach to discharge planning
- Project BOOST is another example, initiative by SHM

Summary/chit chat

The impact of fragmentation of hospitalist care on length of stay
Kenneth Epstein MD, MBA1,2,‡,*, Esther Juarez DrPH1, Anne Epstein PhD3, Kathy Loya BS1, Adam Singer MD1
Article first published online: 20 AUG 2010

RESULTS:
A 10% increase in fragmentation was associated with an increase of 0.39 days (P < 0.0001) in the LOS for pneumonia, and an increase of 0.30 days (P < 0.0001) in LOS for heart failure.

CONCLUSIONS:
As FOC increased for pneumonia and heart failure, the LOS increased significantly. Methods to reduce fragmentation should be explored, while more research is needed to identify the source of the relationship between FOC and LOS. Journal of Hospital Medicine 2010;5:335–338. © 2010 Society of Hospital Medicine
Patients first
Primary Care Physicians
Specialists/Consultants
Residents and Medical Students
Nursing staff
Management

To whom we matter and who we interact with

Patients

- Look for a physician who is readily available to address concerns—timely care, answer questions
  - Includes keeping close associates/family members informed, as often times they represent the patients
- What goes against the concept of hospitalist care here is a stranger/first time contact—timely care can be better managed when they are reassured when we tell them that their PCP would be kept in the loop
- What does not help is the block schedule and being covered by a locum physician, so called Fragmentation of Care, when the program is short staffed. Confusion on the patient front, with many doctors seeing them/their family, especially worse with complicated patients (MOD dysfunction), as several specialists are involved too. But when handled delicately, it does build up trust
- With multi-disciplinary rounding, proper documentation, evidence based co-management with other specialties, tight communication with every discipline involved with the patient, a hospitalist can provide much better care

PCPs

- Accounted for a major lifestyle change
- More time and in turn increased efficiency for outpatient care
- With more awareness of evidenced based medicine, making it more cutthroat to practice, it would be much easier to sharpen clinical skills/knowledge in either in-patient or outpatient medicine, as they are both very different in acuity and outcomes
- Better hours, and less burnout
- Does not need to be running in and out of the hospital, and so less stressed
- What goes against us is the same problem mentioned before—a feeling that a physician who does not know their patients caring for them—frequency touching base with them, especially if the patient and us are not on the same page
- Also loss to follow up due to unexpected communication gaps—happens especially with EMRs, makes them lose confidence. Post-hospital follow up clinic mitigates this to an extent.

Residents/Med Students

- Bedside education
- Diversity of hospitalists could bring in new methods and styles of patient approach and approach to matters at hand—be it patient care, medical society representations, fellowships, knowledge about other places that they might be interested in
- Supplement academic staff in education
- Help out when patient caps exceeded, less stress

Specialists/Consultants

- Once again better lifestyle, as hospitalists help them out
- Offering co-management for procedure oriented specialties, especially in a short-staffed facility, can improve outcomes and efficiency if they can concentrate on what they like the most
  - One example in our facility if the creation of a pre-op clinic, where medical issues are timely addressed before surgery, and continuation of care is provided after the procedure
  - Less cross-coverage—means a lot to everybody
- At our facility, referrals to other facilities are made easy, with hospitalists handling the referrals on both the ends
- Some facilities have hospitalists help them out with all the admissions and discharges—so all other medical problems, and a much needed follow up are aptly addressed

Nursing staff/Other disciplines

- No question how important they are
- Need a physician who is readily available, rather than waiting until a Rapid Response needs to be initiated, out of a PCP, who is already tending to out-patients, specialists, who are already involved with procedures, and hospitalists, the latter is the most readily available physician
- Improved stress levels, and job satisfaction
- Improved recognition of other disciplines—affecting patient care
- Multi-disciplinary rounding—helps with speeding up care measures, solving misunderstandings that would delay discharges, and also makes the patient question our reliability
  - This a great leadership opportunity.
  - Also represent physicians as such (where multiple specialists are involved) in the multi-disciplinary rounding
**Management**

- Core measures—Length of Stay (LoS), following guideline recommendations to improve hospital ratings, improving patient satisfaction, mortality, etc.
- Narrowing operating margins—tied to core measures
- Can expect hospitalists to pioneer newer models of approach to help efficiency, and satisfy core measures
- Transition to EMR easier among hospitalists, who are dedicated to in-patient care
- Can count on hospitalist for leading multi-disciplinary teams designed to improve core measures

**Conclusion**

- Are hospitalists essential?
  - Not necessarily
  - Crucial to improving patient outcomes, job satisfaction for all the people mentioned before, and improving efficiencies of people and the system, with less money and tighter margins
  - Modern hospitalists also provide diversification, that would help the hospital, residents and society as such
- PCPs, hospital managements and specialties have recognized the pivotal role a hospitalist plays in the medical society so well that only 10-15% of facilities exist without a hospitalist program now