

Hospitalist in Health Care: Defining Value

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A Definition of “Hospitalist”

Hospitalists are physicians whose primary professional focus is the general medical care of hospitalized patients. They may engage in clinical care, teaching, research or leadership in the field of general Hospital Medicine.

AHA 2003 Survey

- 30% of 4,895 Community Hospitals have Hospitalists on Staff
- 7.8 Physician Hospitalists per Hospital
- 39% of the 813,248 Community Hospital Beds are at Hospitals with HM Groups
- 51% of Teaching Hospitals have Hospitalists (Average of 10.6 Hospitalists)

AHA 2003 Survey

- Larger the Hospital the More Likely to have Hospitalists on Staff
- 71% of Hospitals >500 Beds have Hospitalists
- 50% of Hospitals >100 beds have Hospitalists
- Hospitals of >300 Beds
 - = 16% of Hospitals
 - =37% of HM Groups
 - = 53% of Hospitalists

SHM Survey of Hospitalists

- Median age 37
 - 41% 35 years old or younger
 - < 10% over 50
- US Medical Graduates >90%
- Years as a Hospitalist 4
- Generalists 95%
 - In 1997 only 51%

Hospitalists' Specialties

- General IM only 82%
- Subspecialty IM 4%
- TOTAL Internal Medicine 86%
- Pediatric 9%
- Med Peds 2%
- Family Practice 3%

Employed by:

- MCO - 16%
- Hospital - 25%
- Medical Group - 33%
- Free Standing - 21%
- University - 6%

What do hospitalist do when not in the hospital?

- Out-patient practice - 25%
- % in a teaching setting - 54%
- administrative work
- teaching
- research

Forces Driving the Hospitalist Movement

- Cost pressures only accelerating
- Patients even sicker, hospital even more complex (including billing rules)
- Demand for MD availability only accelerating
- Medical errors on the public radar screen
- Data (Everyone will be measured)
- Demand by PCPs, Subspecialists & Surgeons

Quality/Patient Safety on Radar Screens

- IOM report
- Leapfrog
- National Quality Forum
- JCAHO Quality Measures
- Pay for Performance
- CMS' Coordination of Care Projects

What Hospitalist Can Do

- Uncompensated Care
- Unassigned patients
- ER Triage
- ECF management
- Coordinate Care with UR Nurses
- Compliance with Guidelines or Pathways
- Teaching Residents or Students

More of What Hospitalists Can Do

- Establish/maintain outpatient follow up clinic
- Service on committees (e.g. P&, UR, IS)
- Assisting hospital administration (e.g. patient safety, IS issues, CPOE)
- Coverage of other services (cardiology, invasive radiology)

The development of a hospitalist program

- Medical Group
 - clinic physicians can stay in the clinic and be more efficient
 - no interruptions from the hospital
 - hospitalist ready to start work up immediately and then follow up

The development of a hospitalist program (cont'd)

- Private Hospital
 - leadership in:
 - systems improvement
 - case management
 - utilization review
 - clinical operations as pertains to hospital setting

The development of a hospitalist program (cont'd)

- Academic/University based Hospital (UCI as an example)
 - A triad of clinical work, medical education, administrative issues
 - The role of research
 - Curriculum development
 - Consultative Medicine
 - QRM issues

Why Leadership is Important

- To Solve Many of these Issues Hospitalists are Seen as a Possible Solution
- Hospital Medicine is Growing Rapidly
 - High Service Load Overwhelms Supply
 - Young Hospitalists Thrust in Leadership
- Large Gap Between the Expectations and the Reality
- While many MDs are “leaving the building”, the problems won’t just go away

Expectations of Hospital Medicine

- Save Money
 - Reduce LOS, Reduce Use of Resources
- Provide Measurable Quality Improvement
 - Standards & Compliance
- Do Things No One Else Will
 - Uncompensated Care
 - Committee Service

Expectations of Hospital Medicine

- Improve Efficiency of Hospital
 - Throughput & Early Discharge
 - Uncrowd the ED
 - Open ICU beds
- Create a Seamless Continuity
 - From Inpatient to Outpatient
 - From ER to Floor
 - From ICU to Floor

Expectations of Hospital Medicine

- Make Other Physicians' Lives Better
 - Retain & Recruit Medical Staff Physicians
- Educate Med Students, Residents, RNs, etc
- Create a Real Team
 - Better Use of Talent
 - Retention of Nurses and others

Process Measure: Examples

- % of patients with MI discharged on aspirin, beta blockers, ACE inhibitors
- % asthma/COPD pts counseled on smoking cessation and MDI technique
- Time to first antibiotic dose for patients admitted with pneumonia
- Antibiotic or thromboembolism prophylaxis
- % of physicians who washed hands before/after patient encounter

Systems Approach: Epidemiology

- Doctors traditionally trained to think of just the patient in front of them
 - How to treat this patient's pneumonia?
- Hospitalists need to think of entire system
 - How can we best manage the 200 pneumonias that will be admitted this year?
 - Should every patient receive their IV antibiotics within the first hour?
 - How should nursing, pharmacy, the ER be staffed and organized to accomplish this?

Hospitalists Change Practice of Medicine

- **Hospitalist Use Less Resources***
The Hospitalist Movement: 5 Years Later, JAMA 287:487-494, Jan 23/30, 2002
- PCPs, Most Specialists, Hospital Administrators, Nursing Drive Hospitalist Growth
- Hospitalist Improve the Quality of Care*
 - Annals of Internal Medicine, Dec 3, 2002

Value Added by Hospitalists

- Caring for Unassigned/Uncompensated
- Extraordinary Availability: 24/7
- Improving Throughput
- Improving Other Physicians Practices
 - PCPs and Specialists
- Standards and Efficiencies
 - UR/QA
 - Efficient use of resources; improved quality
- Education
 - Residents
 - Nursing and ancillary staff

Who Sees Value in Hospitalists?

- Hospital Administration
- Nursing
- PCPs
- Specialists
- ER

The Big Picture

- A non-procedural inpatient field specializing in coordination & value improvement will rarely pay for itself on pro-fee billing
 - Especially since success is completely dependent on recruiting/retaining best people
 - Get them to consider the costs of NOT supporting the program
- ROI is highly favorable for institution
- Teaching, quality, other advantages beyond \$\$
- Data are key, but don't be afraid to make it personal!

Hospitalists as System Leaders

- Natural leaders of
 - Guideline development/QI/UM
 - Pharmacy & Therapeutics
 - Medical Director Anticoagulation Clinics
 - Information Technology
- New field, fueled in part by savings opportunities
 - More linked to "system" than previous providers
 - More concerned about costs/quality
 - Better informed consumers than PCPs in hospital care

Poised for the Future

- Fastest Growing Specialty in the U.S
- At the Core of the Hospital
 - Care for common hospital illnesses
 - Including “medical”, cardiology, and surgical
 - Steward of hospital systems (quality, errors, communications)
- Poised to be the Hospital’s Partner
 - Quality measurement & improvement, patient safety
 - Risk Management’s partner
 - Systems solutions
 - Efficient use of resources
 - Reduce variation

Site-Defined Specialties

- Hospital Medicine (Hospitalists)
- Intensive Care Medicine (Intensivists)
- Emergency Medicine (ER Physicians)
- ?SNF-ist
- ?Ambulist/Officist (?Primary care physician in the Hospitalist era?)

Systems Approach: True Teamwork

- Hospitalists, Intensivists, ER physicians, Pharmacy, Nursing, Case Managers & Administration think through the care delivery tasks
- “Open Box” new thinking leads to greater efficiencies and effectiveness
 - Roles traditionally performed solely by physicians now can be the pharmacists’ responsibility
 - Patient Education, especially at Discharge
 - Partner in Maintaining Continuity of Care: Inpatient to Outpatient
 - Choice of therapeutics, dosing, monitoring
 - Examples: PTE, pneumonia