

## ***The Role of Hospitalists in the Medical Care System***

If by chance you need to go to a hospital's Emergency Department, and it is determined that it is best to admit you to the hospital, you probably will encounter a Hospitalist. According to the Society of Hospital Medicine (SHM), "Hospitalists are doctors whose primary professional focus is the general medical care of hospitalized patients. Their activities may include patient care, teaching, research, and leadership related to hospital care. Hospital 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). However, unlike medical specialists in the emergency department or critical care units, hospitalists help manage patients through the continuum of hospital care, often seeing patients in the ER, following them into the critical care unit and organizing post-acute care." <http://www.hospitalmedicine.org/AM/Template.cfm?Section=FAQs&Template=/FAQ/FAQListAll.cfm> In other words, they are doctors of internal medicine specializing in treating sick people in hospitals.

"In a recent survey by SHM, it appears that the average hospital medical group has 7-8 hospitalists. However, it is estimated that there are between 10,000 -12,000 practicing hospitalists today, with the number expected to grow to 30,000 in the next decade." The concept of hospital and community physician cooperation is not new. Hospitals in Europe and Canada have long incorporated the concept. Role-specialization between hospital and community physicians is a well-established model.

PeaceHealth St. Joseph Medical Center began to incorporate Hospitalists in the hospital around 2002. Its Hospitalist brochure answers the question "Why am I seeing a hospitalist?" "The two typical reasons your treatment is being provided by a hospitalist are:

- You do not have a primary care physician and have been admitted to the hospital through the St. Joseph Hospital Emergency Department, or
- Your primary care doctor has asked the hospitalists to oversee inpatient care. Your physician still is in close contact with the hospitalist regarding your care and condition. Your primary care doctor will follow up with you after discharge and has access to your hospital records."

Reported in a New York Times article (<http://www.nytimes.com/2010/05/27/us/27hosp.html>) "this breed of physician-administrator has increasingly taken over the care of the hospitalized patient from overburdened family doctors with less and less time to make hospital rounds or ... when there is no [family doctor](#) at all." "They are largely credited with reducing the length of hospital stays by anywhere from 17 to 30 percent, and reducing costs by 13 to 20 percent, according to studies in The Journal of the American Medical Association. As their numbers have grown, from 800 in the 1990s to 30,000 today, medical experts have come to see hospitalists as potential leaders in the transition to the Obama administration's health care reforms, to be phased in by 2014. " Hospitals are penalized for readmissions, medical errors and inefficient operating systems. Hospitalists have the potential for changing these statistics. Studies show hospitalists reduce the length of hospital stays by up to 30 percent. They also help cut costs. Included in the NYT article was the fact that "physicians also earn 40 percent less for time spent with a hospitalized patient than one in the office, according to a report in the journal *Health Affairs*). Ask yourself when does the primary care doctor usually visit his/her patient in the hospital? It usually is early in the morning when no family member or friend is visiting. "The average U.S. primary care physician spends only 12 percent of his or her time with hospitalized patients. That means that the typical primary care physician is unlikely to see any one condition requiring hospitalization more than three times per year" (SHM). "Hospitalists provide better continuity of care for the patient by improving the communication in "shift handoffs" between day and evening nursing and coordinating what is sometimes as many as 50-100 people who are involved in the care of a given patient" (SHM).

The Agency for Healthcare Quality and Research (<http://www.ahrq.gov/>) published a study that California hospitals using hospitalists showed modest improvements in performance on publicly reported care process measures for heart attack, congestive heart failure (CHF), and pneumonia"(January 2011). This "positive association between hospitalists and care quality processes was most typically found for processes that

generally took place later in hospitalization or at discharge.” In a July 2011 research report, it was found “primary care physicians (PCPs) are much less likely to care for patients in the hospital—a role largely taken over by hospitalists. Also, with the emphasis on shorter hospital stays, more extensive postdischarge follow-up is often warranted for patients, which then becomes the responsibility of the patient's PCP. Despite the increased need for more extensive postdischarge follow-up, communication between hospitalists and PCPs has been characterized as poor and ineffective. A new study suggests that this is the case, especially when the PCP is unaware their patient was in the hospital” (July 2011: Communication problems between hospitalists and primary care providers lead to postdischarge problems for seniors). But hospitalists are not a panacea. Bad discharges generally result from hurried instructions to patients and families and little thought to where they are headed. Some patients may not want to be administered by an unfamiliar physician. Nevertheless, Hospitalists are part of the medical care system and will continue to be. Approximately 35 hospitalist programs, if not more, exist in Washington State. As of January 2012, there are 14 hospitalists on staff at PeaceHealth St. Joseph Medical Center.

A couple of sites to visit for further information:

<http://www.kpbs.org/news/2010/jun/24/hospitalists-take-charge-patient-care/> Sharp Memorial Hospital.  
[http://www.nytimes.com/2010/06/19/health/19patient.html?\\_r=1&adxnnl=1&ref=health&adxnnlx=1278360112-aA1cGCIf4TajD2DrhuYiYg](http://www.nytimes.com/2010/06/19/health/19patient.html?_r=1&adxnnl=1&ref=health&adxnnlx=1278360112-aA1cGCIf4TajD2DrhuYiYg) (discharge aftercare tips for patients checking out of hospital)

***The most important thing you can take to the hospital is a list of your medications!***