

1. Does your institution have an academic hospitalist group? If no please continue to the end and finish survey.		
	Response Total	%
Yes	20	90.9%
No	2	9.1%
Total Respondents	22	
(skipped this question)	0	

2. Is your institution's hospitalist division within your GIM division?		
	Response Total	%
Yes	18	90.0%
No	2	10.0%
Total Respondents	20	
(skipped this question)	2	

3. If no please explain where the hospitalist group is housed within your organization.		
Total Respondents	2	
(skipped this question)	20	
Responses:		
1. There is a separate division for hospitalists within the Dept. of Medicine		
2. Hospitalists are an autonomous group. Technically within DGIM, but I have no authority over the faculty. They have separate budget and all processes are separate		

4. How do you define an academic hospitalist? Select all that apply.		
	Response Total	
Salary source	9	45.0%
Ratio of inpatient to outpatient clinical time	7	35.0%
Number of ward months	6	30.0%
Percent of effort on inpatient service	12	60.0%
Other (please specify)	10	50.0%
Total Respondents	20	
(skipped this question)	2	

5. Please add any other qualifying characteristics of your definition of an academic hospitalist.

Total Respondents 3
 (skipped this question) 19

1. Potential or established teaching evaluation that is highly rated, interest in teaching, team-oriented MD.
2. Hired specifically to be a member of the academic hospitalist group. Participation in hospital committees related to improving the quality of hospital-based care.
3. We have 11 hospitalists, which we define by the model. They do only inpatient, and do 30 weeks on service a year (24/7 availability during those weeks and daily rounds). 6 additional weeks of research/PI project time. The rest is off. We have 3 other faculty who do 10 weeks a year on service but we do not call them hospitalists.

6. How many teaching services does your GIM division cover at any one time?

Total Respondents 21
 (skipped this question) 1

Summary	# of responses	%
1-3	4	19.0%
4-6	7	33.3%
7-10	2	9.5%
10+	8	38.1%

7. How many non-teaching services does your GIM division cover at any one time?

Total Respondents 21
 (skipped this question) 1

Summary	# of responses	%
0	9	42.9%
1	2	9.5%
2	5	23.8%
3	2	9.5%
4	2	9.5%
5	0	0.0%
6	1	4.8%

8. What portion of the inpatient teaching ward service is covered by the academic hospitalists? Please indicate with a percentage.

Total Respondents 20
 (skipped this question) 2

Summary of responses:	# of responses	%
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0-20%	2	10.0%
21-30%	5	25.0%
31-50%	6	30.0%
51-70%	2	10.0%
71-90%	3	15.0%
91-100%	2	10.0%

9. What portion of the non-teaching inpatient service is covered by academic hospitalists? Please indicate with a percentage.

Total Respondents 19
(skipped this question) 3

Summary of responses:	# of responses	%
0%	6	31.6%
50-90%	3	15.8%
100%	11	57.9%

10. What other academic or non-academic roles do your hospitalists play? Select all that apply.

	Response Total	%
Quality improvement of the hospital	17	85.0%
resident clerkships residency leadership positions	17	85.0%
Other hospital committees	17	85.0%
Pre-operative assessments inpatient	12	60.0%
Pre-operative assessments outpatient	5	25.0%
Pre-operative assessments inpatient and outpatient	12	60.0%
Precepting in resident clinic	7	35.0%
Personal clinic	2	10.0%
Inpatient consultation	17	85.0%
Hospital discharge clinic	2	10.0%
Research	11	55.0%
Other (please specify)	4	20.0%
Total Respondents	20	
(skipped this question)	2	

Other responses

Transitional care, other hospitals
 Perioperative management of surgical pts
 Urgent care

Partly to clarify #7, there are 3 non-teaching services covered by hospitalists, but none are in our division since the hospitalists have their own division. They cover half of one of our 4 services.

11. What non-MD support is offered to your hospitalists? Select all that apply.		
	Response Total	%
Mid-levels	8	47.1%
Discharge planner	8	47.1%
Service-based social worker	13	76.5%
Case manager	13	76.5%
Administrative assistant	9	52.9%
Research assistant	2	11.8%
Other (please specify)	1	(Data coordinator)
Total Respondents	17	
(skipped this question)	5	

12. How many academic hospitalists are in your section?		
Total Respondents	20	
(skipped this question)	2	
Summary of responses	#of responses	%
0-10	9	45.0%
11-20	9	45.0%
21-30	2	10.0%
31-40	0	0.0%
41+	1	5.0%

13. How many faculty are in your section?		
Total Respondents	20	
(skipped this question)	2	
Summary of responses	#of responses	%
1-30	7	35.0%
31-60	8	40.0%
61-90	1	5.0%
90-120	2	10.0%
120+	2	10.0%

14. What is the estimated mean number of years of service for faculty in your hospitalist group?		
Total Respondents	20	
(skipped this question)	2	

Summary of responses	#of responses	%
1-3	12	60.0%
4-6	7	35.0%
7-9	0	0.0%
10+	2	10.0%

15. What is the estimated mean number of years of service for faculty in your entire faculty group?

Total Respondents 21
(skipped this question) 1

Summary of responses	#of responses	%
1-3	1	4.8%
4-6	1	4.8%
7-9	10	47.6%
10-13	7	33.3%
14+	3	14.3%

16. How many years have you been chief?

Total Respondents 21
(skipped this question) 1

Summary of responses	#of responses	%
1-3	3	14.3%
4-6	4	19.0%
7-9	6	28.6%
10-13	5	23.8%
14-17	2	9.5%
17+	2	9.5%

17. What is the average hospitalist's starting salary at your institution?

Total Respondents 20
(skipped this question) 2

Summary of responses	#of responses	%
\$110K-120K	5	25.0%
\$121K-130K	5	25.0%
\$131K-140K	2	10.0%
\$141K-150K	7	35.0%
\$151K+	1	5.0%

18. How are your academic hospitalists compensated?

	Response Total	%
Straight salary	6	30.0%
Salary plus incentive	14	70.0%
Total Respondents	20	
(skipped this question)	2	

19. Direct salary support from hospital		
	Response Total	%
No	11	55.0%
Yes - enter percent (%)	9	45.0%
Total Respondents	20	
(skipped this question)	2	

20. Professional services agreement with the hospital		
	Response Total	%
No	15	75.0%
Yes - enter percent (%)	5	25.0%
Total Respondents	20	
(skipped this question)	2	

21. Deficit coverage from the hospital		
	Response Total	%
No	14	70.0%
Yes - What percent (%)	6	30.0%
Total Respondents	20	
(skipped this question)	2	

22. Deficit coverage from the university		
	Response Total	%
No	17	85.0%
Yes - What percent (%)?	3	15.0%
Total Respondents	20	
(skipped this question)	2	

23. Endowment		
	Response Total	%
No	19	100%
Yes - enter percent (%)	0	0%
Total Respondents	19	
(skipped this question)	3	

24. How does the funding horizon look for your academic hospitalist program?		
	Response Total	%
Positive	14	70.0%
Neutral	6	30.0%
Negative	0	0.0%
Total Respondents	20	
(skipped this question)	2	

25. What is the growth plan for your academic hospitalist group?		
	Response Total	%
Expand	15	75.0%
Remain stable	5	25.0%
Shrink in size	0	0.0%
End the program	0	0.0%
Other (please specify)	0	0.0%
Total Respondents	20	
(skipped this question)	2	

26. Is your institution actively considering breaking off the GIM hospitalist group into its own division/department?		
	Response Total	%
Yes	2	10.0%
No	18	90.0%
Total Respondents	20	
(skipped this question)	2	

27. Please feel free to make additional comments.

Total Respondents	6
(skipped this question)	17

1. rapid growth in hospitalist pgm at 2 hospitals (university and community based; teaching at both); great mds; young, energetic, smart, hard working, great teachers. supported by hospitals and the practice plan; many responsibilities come their way; going to 24/7 with night coverage by the hospitalist pgm shortly. challenging to organize and account for the rapid change in focus in other gim faculty who now wish to do less and less (or no) inpatient time. hospitalism is the wave of the future, but it is coming a bit fast. academic component is not developing as quickly as the clinical piece.

2. #26-already done #19,20-67% is patient care revenue to the Dept./Division who bill for it, so these categories did not really apply

3. We will never, ever separate the hospitalist section from the Division of General Internal Medicine and Geriatrics.

4. UCSF's hospitalist group was one of the first. The leader is very independent. Our worlds overlap less and less with time. Only three hospitalist faculty have continued to see continuity patients. they have used outpatient time only as a backstop for funding. Very few have any concept of chronic disease management or the spectrum that is observed among patients.

5. We are now negotiating an expansion with the hospital to cover the costs.

6. The decision to break off hospitalists from GIM would reflect a failure of leadership. One of the greatest challenges for GIM today is the polarization of hospital-based and office-based physicians, and dealing with the consequences for the health of our patients, for medical education, and for our professional discipline. The is the fun part! Why give it away?