Hospital Medicine - A New Specialty

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Objectives

- **What**
  - Define hospitalist, hospitalism, and hospital medicine

- **Who**
  - Describe the rapid growth of hospitalists in the U.S. and the reasons driving this expansion.
  - What’s happening at AMCs

- **Why**
  - Identify the unique roles for hospitalists in AMCs and changing how hospitals function.
My Beliefs

- AMCs must care about measurable quality, safety, and efficiency.

- Hospital Medicine should be integrated into the Department of Internal Medicine
  - Hospitalists are not just a staffing solution
  - Hospital Medicine is **not** the future of GIM

- Hospital Medicine must tightly collaborate with Ambulatory Medicine
What’s Going On?

• In 2003 - $1.6 Trillion for health care
  ➢ $300 billion in waste?
• 30% went for hospitalized patients
• Hospitalizations ↓’d over past 2 decades from 39 to 32.1 million/year
• **Quicker** - LOS fell 25% from ‘85 to 2001
  ➢ 6.6 to 4.9 days (≤ 4 days now)
• **Sicker**
  ➢ Nearly 1/3 have 2 or more comorbidities
Hospitals Are Changing

- $20 BILLION per year in Hospital Construction for the Next 10 Years
- 20% turnover of Nurses annually
- PCPs giving up inpatient care
- Surgeons/Subspecialists narrowing their scope of practice
- Emergency Departments overcrowded
- Hospitals & ICUs running at capacity
“Hospitalists are physicians who spend more than 25 percent of their time in a hospital setting, where they serve as physicians-of-record after accepting ‘hand-offs’ of hospitalized patients from primary care physicians, returning these patients to the care of the primary physicians at the time of hospital discharge.”

Wachter and Goldman, NEJM ‘96
“Hospitalists are physicians whose primary professional focus is the general medical care of hospitalized patients. Their activities include patient care, teaching, research, and leadership related to hospital care.”

Society of Hospital Medicine
- SHM
- www.hospitalmedicine.org
What do we practice?

Hospital Medicine
It’s HOT

“Hospital practice is going to be a distinct discipline in medicine”

- SHM Core Competencies
- ABIM Task Force
  - Certification
AHA 2003 Survey

- 71% of Hospitals > 500 Beds have Hospitalists
- 30% of 4,895 Community Hospitals
- 51% of Teaching Hospitals
- Hospitals of >300 Beds
  - = 16% of Hospitals
  - =37% of HM Groups
  - = 53% of Hospitalists
Number of U.S. Physicians

*Lurie, Am J Med, 1999
SHM/NAIP Membership

Growth in 8 years
Survey of 23 programs

½ have mixed models

Why?

- ACGME
- Teaching
- Co-management
- Quality
Primary Impetus for Starting a Hospitalist Program

- Improve Efficiency and Length of Stay: 46%
- Comply with Accreditation Council for Graduate Medical Education for Resident Work Hours: 18%
- Support Teaching: 9%
- Other*: 27%

*Other includes unspecified reasons for starting a hospitalist program.
What are they doing?

How Hospitalists’ Time Is Spent

- Inpatient Care: 69.8%
- Outpatient Care: 2.6%
- Teaching: 14.8%
- Research: 5.3%
- Administration: 2.6%
- Quality/Performance Improvement: 4.9%
Patient Care Improvements

- Supervision of Chest Pain Obs Unit
- Night float service
- Palliative care program
- Emergency Dept. Screening
- Home visit program
- Standardization of pain management for oncology patients
- Surgical service co-management
UHC Study Conclusions

- Proactively manage program direction and growth
- Articulate program value
- Enhance hospitalist career development and advancement
“Academic” Hospitalists

- Survey of 27 Chiefs of GIM
  - 25 have hospitalists
  - Size: median = 11.5 (range 1 – 50)
  - Years on faculty: 3.6 (range 1- 12)

- Support
  - 50% from hospital
  - 27% professional services agreement
  - 27% deficit coverage hospital
  - or 15% from university
Academic Hospitalists

- Precept Inpatient Wards
  - 70% on uncovered services

- Other roles
  - Education - 89%
  - Consultation - 85%; Pre-Op - 58%
  - Hospital Committees - 84%
  - Research – 54%
  - Resident Clinic Precepting – 27%
  - Personal Clinic – 8%
81% of Chiefs plan to grow their hospital medicine programs

62% perceive positive funding outlook

3 of 27 considering break from DGIM
Hospital Medicine

- Hospital Care
- Peri-Operative Care
- Palliative Care
- Critical Care
- Quality Improvement
- Certification

  - ABIM approved moving forward with Focused Recognition in Hospital Medicine
Intensivists: Supply/Demand Projections: 1997 - 2030

Committee on Manpower for Pulmonary and Critical Care Societies (COMPACCS)
Who Is Taking Care of Patients in the ICU?

- “High Intensity Units”: > 80% of patients managed by a full-time or consulting intensivist on the day of the survey

- “Intermediate Units”: Some intensivist coverage but < 80%

- “No intensivist units”
Who Is Taking Care of Patients in the ICU?

- Less than 50% have any intensivist
- Less than 20% meet “High Intensity”
- Only 4% met Leapfrog Criteria
End-of-Life Care

- 65% of Americans die in hospitals
  - though down to <40% in Oregon, which emphasizes hospice
- Hospitalists are major providers of end-of-life care in the U.S.
- Could improve palliative care by creating “specialists” in it who are always available
- Could harm palliative care by interfering with trusting patient-PCP relationship
“In addition, hospitalists offer the promise of increasing the number of hospital-based palliative care programs as the presence of a hospitalist program is strongly associated with having or starting such a program.”
Fastest Growing Specialty in the U.S

Essential to Building the Hospital of the Future
- Care for common hospital illnesses, peri-op
- Manager/Implementer of hospital systems (QI, error reduction, IT & communications)

Positioned to be the Hospital’s Partner
- Quality measurement & improvement, patient safety
- Systems solutions
- Efficient use of resources
- Reduce variation
- Part of True Teams
Continuity of Clinical Care