

**ACGIM Summit:**  
**Academic Hospital Medicine**  
*Challenges and Opportunities*

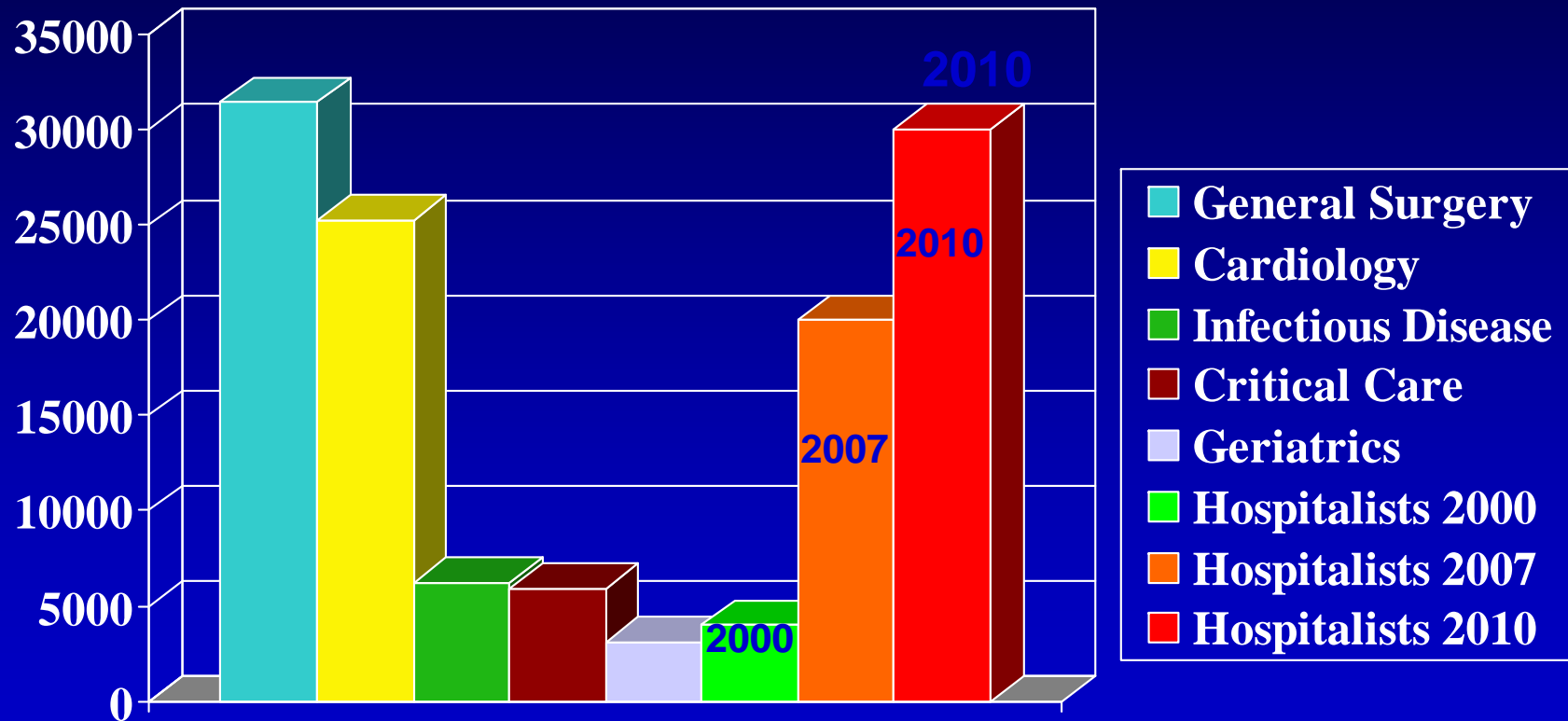
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December 3, 2007  
Sanctuary Resort, AZ

# Overview

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- What are the key issues?
- What has been done so far?
- What is the plan for today?

# Number of U.S. Physicians



# Academic Hospitalists

- Major Teaching Hospitals (AHA Survey)
  - 66%-75% have hospitalist programs
  - Average 17 hospitalists / program
- Chiefs of GIM
  - 95% have hospitalists
  - Median Size:12 (range 1-50+)
  - Years on faculty: 4 (range 1-12)
  - >80% planning for growth

# Key Issues

## Barriers to Success

- Clinical issues trump academic issues
- Scholarly activities not well supported
  - By Depts, Divisions, Hospitals
- Academic GIM slow to embrace hospitalists
- Lack of leadership / guidance to support academic missions
  - Hospitalist directors, division chiefs, chairs

**SGIM, ACGIM, SHM**

# Work to Date

## Academic Hospitalist Working Groups

- ACGIM / SGIM Taskforce
- SHM Taskforce
- Involvement with APM, AAIM, APDIM
- ACGIM / SGIM / Hospitalist Leaders Summit 12/06
- Joint ACGIM, SGIM, SHM Summit 6/07

# Work to Date

## SGIM Taskforce Recommendations

- Hospitalists need to be embraced
- Create Sustainable Jobs
- Provide resources to support academic pursuits
- Leadership to support / negotiate
- Build resources for mentorship
- Promotion should value education / QI work

# Work to Date

## ACGIM / SGIM / SHM Summit 6/07

- Professional society leadership
  - ACGIM
  - SGIM
  - SHM
  - APDIM
  - AIM
  - APM
- Department Chairs, GIM Chiefs, Hospitalist leaders, Researchers, Teachers, Clinicians



# Work to Date

## June 2007; Summit Working Groups

- Clinical Services / Financial Issues Group
- Education / Teaching Group
- Academic Promotion and Research Group

# Work to Date

## Clinical Services / Financial Issues Group

- Problems
  - Lack of data (RVUs, clinical volume, margins, etc.)
  - Negotiating with hospital; hospital vs. academic values
  - What is a sustainable job; high turnover
  - Integrating academic / clinical roles
- Proposed Solutions
  - Collect data: to negotiate, to compare, to understand
  - Develop “ideal” job descriptions or parameters

# Work to Date

## Education / Teaching

- Problems
  - Clinician educators lack skills / mentors
  - Clinicians lack teaching opportunities
  - Lack of opportunities for scholarly activities
- Proposed Solutions
  - Academic Hospitalist Boot Camp

# Work to Date

## Promotion / Research

- Problems
  - Chairs lack understanding of academic hospitalists
  - Lack of academic opportunities / funding sources
  - Lack of training opportunities / too few pursue them
  - Institutional leadership and QI / Safety research not valued in promotion
- Proposed Solutions
  - Educate chairs: via publications
  - Advocacy for hospital medicine research
  - Support for research / researchers; Foundation
  - QI academic portfolio

# Today's Goals

- Disseminate work to date
- Advance work / discussion in key areas
  - How to?
  - What next?
  - How will we know we are there?
- Incorporate / Address cross-cutting issues and new ideas
  - Mentorship / leadership
  - Workforce shortages
  - Divisions of Hospital Medicine

# Today's Goals

## Working Groups

### Clinical / Financial

(Vikas Parekh, U of M, Niraj Sehgal, UCSF)

- ACGIM survey results; job descriptions / metrics
- Non-resident service structures
- Integrating non-resident / resident roles
- Using data to negotiate with hospitals, chairs, deans
- Recruitment and retention

# Today's Goals

## Working Groups

### Education and Academic Hospitalists

(Jeff Glasheen, U of Colorado)

- Enhancing education / academic skills for non-researchers
- Building teaching opportunities
- Financial support for education
- Education scholarship
- Support for Clinician Educator Boot Camp?

# Today's Goals

## Working Groups

### Promotion / Scholarly work

(Chad Whelan, U of Chicago, Andrew Auerbach, UCSF)

- Quality / Safety work as a promotable activity
- Guidelines / expectations for promotion
- How do we enhance hospitalist scholarly work?



# Academic Hospital Medicine

## The Bottom Line

- Clinical Needs
  - Sustainable jobs
  - Intelligently designed inpatient services
- Academic Needs
  - Put the academic back in academic hospitalist
  - Prepare faculty, provide opportunities
- Cross-cutting Needs
  - Leadership / mentoring
  - Workforce issues; we need generalists