



# The Role of The Hospitalist

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By MARIE ROHDE

**R**obert M. Wachter, MD, jokes that if he had trademarked the term “hospitalist” 18 years ago when he coined it, “I’d be on my yacht today.” Hospital medicine had always been rooted in the tradition of individual physicians visiting the hospital to treat their own patients. In 1995, Wachter, chief of the division of hospital medicine at the University of California, San Francisco (UCSF) Medical Center, was asked to come up with a more efficient model of inpatient care.

As he did his research, Wachter came across a couple of examples of physicians who worked full-time in hospitals to provide care for patients during their hospital stay.

“I soon found I had spotted a trend,” Wachter said, and he came up with a term to describe it: hospitalist. He and co-author Lee Goldman, MD, who at that time chaired UCSF’s department of medicine, published in the *New England Journal of Medicine* their observations about the growing role of hospitalists.<sup>1</sup>

## HOSPITAL MEDICINE

The hospitalist is the primary overseer of care for the hospitalized patient from the time of admission to release. The hospitalist team works around the clock, focusing on the patient’s condition or acute illness and determining the best treatment. A major part of the hospitalist’s job is to communicate with the patient’s primary care physician and coordinate post-hospitalization care.

The number of hospitalists in the U.S. is difficult to pin down, because there is no “hospitalist” certification for physicians who wish to specialize in hospital medicine.

“Right now, to be a hospitalist is a self-proclaimed thing,” said Burke T. Kealey, MD, a hospitalist with HealthPartners Medical Group based in Bloomington, Minn. “You could be board certified in internal medicine, family medicine or pediatrics,” said Kealey, who works at Regions Hospital in St. Paul. “There are even some specialists.”

After medical school, most physicians who want to specialize in hospital medicine train as residents in general internal medicine, general pediatrics or family medicine, according to the Society of Hospital Medicine professional membership group.<sup>2</sup> Some also gain experience by taking a post-residency program in hospital medicine.

Kealey, who is president-elect of the Society of Hospital Medicine, noted that the American

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Board of Internal Medicine and the American Board of Family Medicine each offers a designation that recognizes a board-certified physician's "focused practice in hospital medicine," but these are not separate or subspecialty certificates under the boards' definitions.

Though the hospitalist works full-time in the hospital, taking care of patients isn't his or her only role. "The other part of the job is taking care of the system," Kealey said. "We all know that our hospital system has much that needs to be done. The hospitalist is in a unique position to look around and see what needs to be improved, dive in and fix the system."

It is generally accepted that hospital medicine represents the fastest growing medical specialty in history. A generation ago, a specialist in hospital medicine was unheard of. The Society of Hospital Medicine reports there currently are 44,000 hospitalists working in the U.S. and that they are present in 72 percent of America's hospitals.

Of the 640 Catholic hospitals in the U.S., more than half say they have hospitalists. About half of the hospitalists employed by Catholic hospitals are direct employees, while others are employed by individual contract or group contract, according to the 2012 American Hospital Association annual survey, the most recent data available.

## THE ROLE OF THE HOSPITALIST CONTINUES TO DEVELOP

Still in its adolescence, the hospitalist movement is grappling with training and certification issues, expanding duties, physician work shifts and how to serve rural areas.

Elizabeth Schulwolf, MD, a hospitalist for eight years, is an assistant professor and medical director for hospital medicine at Loyola University Medical Center in Maywood, Ill. She believes hospitalists need additional training with an emphasis on neurology, hospice and palliative care and consultative medicine, as well as quality initiatives.

"We're seeing a growing complexity of patients," Schulwolf said. "We're all seeing patients with multiple complex problems. Many surgeries are being performed late in life."

Few academic programs offer a hospitalist track, and, generally, internal medicine residents are ready to practice hospital medicine after residency, she said, adding that a small number of hospitalists in her program do a rotation on surgical co-management. In co-management, the surgeon manages the surgery-related treatments, and the hospitalist manages the patient's other medical needs.

"It is a unique knowledge base, and it takes time to learn it outside of resi-

dency," she said.

The hospitalist often serves as the quarterback, Schulwolf said. That means coordinating with the patient's primary care physician during the patient's hospital stay as well as coordinating post-hospitalization care at home or in a recovery facility, she said.

Marianne Hamra, MD, a hospitalist who was recruited in 2011 to create a program for St. Francis Hospital in Roslyn, N.Y., said it's easier for a physician who is in a hospital all the time to assess what works there and what doesn't.

"We are very much aware of readmission rates, numbers of days and other measures that the primary care physician doesn't have time to consider," Hamra

**"We have a wide base of physician referrals who want the patient admitted under our care. The nurses are happy that we are around all the time, because we can answer their questions."**

—MARIANNE HAMRA, MD

said. "We also have more at stake. When you are employed by the hospital, you have more reason to make sure that all of the guidelines are met."

The reputation of the hospital is also the reputation of the hospitalist. "We have found that our [patient] satisfaction scores are on par, sometimes better, than other physicians," she added.

Hamra was given latitude to develop the hospitalist program at St. Francis, the last Long Island hospital to have such a program. The impetus was the changing health care landscape. "There are so many new criteria and guidelines set for us by CMS [Centers for Medicare and Medicaid Services] that hospitals need to comply with — readmission rates, core measures," she said.

Initially the St. Francis medical staff was hesitant, mostly because they were not familiar with hospitalists or hospitalist programs. "After our first year, we were widely accepted," Hamra said. "We have a wide base of physician referrals who want the patient admitted under our care. The nurses are happy that we are around all the time, because we can answer their questions. The length of stay, the readmission rates, mortality and complications are all lower when you



**COSTS AND CARE**

In their article, Wachter and Goldman, who is now dean at the Columbia University College of Physicians and Surgeons in New York, concluded that hospitals' need to control costs while providing quality care brought about the new model for inpatient care.

Cost control and quality care are still driving forces, intensified today by publicly reported performance measurements as well as new government regulations and insurer demands. So, though Wachter and other hospitalists acknowledge hospital medicine programs require an investment, they see bottom-line benefit over time.

"It's a very large cost for most hospitals," said Wachter. "Most hospitals support their program to the tune of \$100,000 per FTE [over billable services]. The return on investment seems to be shorter lengths of stay, lower costs, higher quality and better coordination because these doctors are working to improve systems of care."

The hospitalist's role is continuing to evolve. Because the hospital is his or her home base, the hospitalist is uniquely qualified to look for ways to improve how hospitals function, leading some of these physicians to take on administrative and managerial roles, Wachter said.

Hospitals also have come under pressure from

**With hospitalists on staff, most hospitals find that codes dramatically decrease because there is less opportunity for conditions to go unchecked.**

compare it to [those of] internists and family practitioners."

St. Francis has seven full-time hospitalists, 12 others who work per diem have a regular eight-hour shift with some weekend duty. Two others are nocturnists, hospitalists who work night shifts, usually the conventional 12-hour shift, seven days on and seven off. On average, each hospitalist sees about 15 patients a day.

Hamra said she was able to avoid what she saw as a weakness common to hospital medicine programs that comes with providing around-the-clock care for patients — the 12-hour day, seven days on/seven days off work schedule.

"I decided that quality of life was something I wanted for my group," she said. "The seven-on, seven-off ultimately is not a sustainable schedule for people."

Schulwolf acknowledged the seven-on, seven-off schedule can lead to burnout, but she said she hasn't seen it at Loyola.

"Yes, it's very intense," she said. "But the flexibility of the schedule can allow

a physician to do other things. Some use the time off for teaching or getting involved with projects at the hospital level."

Burke T. Kealey, MD, a hospitalist with HealthPartners Medical Group based in Bloomington, Minn., said the physicians in his group also work a seven days on, seven off schedule. "There are a couple of advantages," he said. "The huge one is for patient continuity. The average hospital stay is around three days, so most patients have only one physician during their hospitalization. For a lot of our young physicians — and we are still a young specialty — the schedule fits their idea of how life can be lived. They work hard and play hard."

At Mercy Medical Center in Springfield, Mass, Simon Ahtaridis, MD, is the medical director for the hospitalist program, Mercy Internal Medicine Service. He said his hospital has opted for an eight-hour shift.

"We needed to evaluate the conventional models," Ahtaridis said. "No one benefits from physician burnout and

fatigue. We had to look at what is sustainable. It works for us, but it might not be the best for every hospital."

Mercy Medical Center had hospitalists before the name "hospitalists" existed; three of those on staff have worked in the field for 18 years or more. Ahtaridis said that with hospitalists on staff, most hospitals find that codes dramatically decrease because there is less opportunity for conditions to go unchecked. The conventional hospital model was for a physician to see his or her patient once a day, before or after clinic hours, meaning there was limited time for ordering tests. It's not unusual for a hospitalist here to see the same patient four, five or six times in a day, Ahtaridis said.

Hospitalists also are filling new administrative roles in hospitals. More and more frequently, hospital administrators are recognizing the need for physicians to lead efforts such as information technology project implementation or building accountable care organizations, a cost-containment effort that creates networks to coordinate care. Hospitalists often enjoy doing that sort of work and, because of their experience in the hospitals, they are increasingly tapped to fill those roles, Ahtaridis said.



the Accreditation Council for Graduate Medical Education — the “private, nonprofit council that evaluates and accredits residency programs in the United States”<sup>3</sup> — to shorten the number of hours that residents are expected to work.

“If it’s not going to be our trainees anymore, the answer almost always is the hospitalist,” Wachter said.

If a CEO decides the hospital medicine program is a bad investment, “we would be gone in five minutes,” Wachter said. Instead, “I don’t think we’ve peaked yet,” he said. “Pick up the *New England Journal of Medicine* and look at the ads. Often

**The hospitalist’s role is continuing to evolve. Because the hospital is his or her home base, the hospitalist is uniquely qualified to look for ways to improve how hospitals function, leading some of these physicians to take on administrative and managerial roles.**

a third to a half of the ads are for hospitalists.”

Tommy Bohannon, a vice president for Merritt Hawkins, a physician placement firm headquartered in Irving, Texas, agreed. Hospitalists rank as the third most requested specialty, continuing a strong showing seen over the past four or five years, he said. Pay averages \$225,000 to \$250,000 a year, he added.

“You have two categories, those who work directly for hospitals and those who work for a corporate group as a salaried employee physician under contract to the hospital,” Bohannon said.

Some contract groups are large companies that serve hospitals in several states, said Kealey, but direct employment with the hospital is more common.

“Most of the large hospitals in the country, those with over 400 beds, are staffed with hospitalists,” Kealey said. “I think the growth we will see will be with urban hospitals.”

“There are some problems in rural areas,” he noted. “How do you have enough people to staff a 24/7 program? There are difficulties with that. The difficulties are the same as you have in recruiting any kind of specialty to a rural area.”

**OUTLOOK**

As health care changes, some wonder if the hospital medicine model will last.

“We don’t see a lot of people quitting to go into other specialties,” Kealey said. “Generally people find it to be rewarding. Many feel that they are part of a movement. We hear a lot of talk about health care reform and changing the system. This is doing it. Hospitalists are living it every day.”

Wachter worries that the hospitalist movement might become complacent and not recognize changing goals in health care.

“There’s a risk in that the field was predicated on the assumption that having a doctor in the hospital had value,” he said. “[But] are we trying to weave together better care, or are we trying to keep people out of hospitals?”

“The system has to ask hard questions about how we coordinate care, from the home to primary care, to the hospital, to skilled nursing, to the hospice,” Wachter said. “As hospitalists, we need to be a part of that, even though we are only working in one part of it. It should be really, really seamless.”

**MARIE ROHDE** is a freelance writer in Milwaukee.

**NOTES**

1. Robert M. Wachter and Lee Goldman, “The Emerging Role of ‘Hospitalists’ in the American Health Care System,” *New England Journal of Medicine* 335, no. 7 (Aug. 15, 1996): 514-17.
2. Society of Hospital Medicine, [www.hospitalmedicine.org/AM/Template.cfm?Section=Hospitalist\\_Definition&Template=/CM/HTMLDisplay.cfm&ContentID=24835](http://www.hospitalmedicine.org/AM/Template.cfm?Section=Hospitalist_Definition&Template=/CM/HTMLDisplay.cfm&ContentID=24835).
3. Accreditation Council for Graduate Medical Education, [www.acgme.org/acgmeweb/tabid/120/About/ACGMEataGlance.aspx](http://www.acgme.org/acgmeweb/tabid/120/About/ACGMEataGlance.aspx).

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