

THE QUARTERBACK

Hospitalists have greater role in care

By JEFF KEELING Press Business Writer jkeeling@johnsoncitypress.com

The past decade has seen increased financial pressures on hospitals, shorter lengths of stay and greater demands on physicians when they are working in hospitals. Enter the “hospitalist.”

A growing breed of practitioner, hospitalists act as “quarterbacks,” coordinating inpatient care, decreasing the burden on other physicians and helping hospitals improve their bottom line, said Glenn Appelbaum, Tennessee director for IPC, a California-based hospitalist company. IPC recently purchased two hospitalist practices that serve Wellmont Health Systems, completing its Tri-Cities presence after its 2006 purchase of Inpatient Medicine Services, which serves Mountain States Health Alliance hospitals.

Hospitalists (which can include physician assistants and nurse practitioners) have juggled the interests of both hospital administrators and local doctors quite successfully, judging by growth over the past decade. Dr. Brian Donovan and one other doctor started a hospitalist group in Johnson City in 1997 — the same year two doctors founded the Society of Hospital Medicine, the main professional organization representing hospitalists.

Donovan’s practice had grown to 22 when IPC bought it last year, and the SHM notes the number of hospitalists nationwide has grown from 1,000 in 1997 to an estimated 20,200 today.

The chief operating officer for MSHA’s Washington County operations said she sees hospitalist care drawing a particular type of doctor.

“I think the hospitalist is a physician who particularly likes spending time with people, and loves diagnosis,” Candace Jennings said. “They love the puzzle, and figuring out what the answer to the riddle is.”

IPC’s Appelbaum said increases in medical technology, managed care and other demands on physicians have driven the need for practitioners who specialize in hospital care.

“Probably from about the mid- to late ’90s, the evolution of health care and especially inpatient hospital care has changed pretty dramatically,” Appelbaum said. “There’s such a host of demands placed on a physician that it has really become beneficial in this day and age to focus on one side or the other (hospital or outpatient practice).”

Doctors in local practices are not the only ones gaining from the trend. MSHA’s Jennings said hospitalists save money for hospitals, improve patient care and create a better situation for family members.

“The main benefit is managing the patient’s length of stay, because the longer the patient is in the hospital the more costly that is to the patient as well as the hospital,” Jennings said.

The Society of Hospital Medicine has figures to back Jennings up on its Web site, which cites a 2004 study published in *The American Journal of Managed Care* that compared patients who were cared for by a hospitalist with those who were not. The results showed a shorter average length of stay (5.5 days versus 6.5) and a 10 percent cost reduction that amounted to \$917.

Jennings said hospitalists work at Johnson City Medical Center and other MSHA hospitals through two main avenues. The hospital uses several who take any emergency department patients who come in without a primary care doctor. Alternately, local private practices arrange for hospitalists to care for their patients while they are hospitalized.

For example, a primary care physician might order a hospitalist for a patient who is undergoing heart surgery. After surgery, rather than a cardiologist and perhaps other specialists all rotating in and out of the room, a hospitalist would provide all follow-up care and communicate with all the other providers involved.

“That improves communication a great deal between the hospitalist and the patient, the family, and on back to the primary care provider,” Jennings said. “It helps make the continuity of care seamless, and the hospitalist can

be involved all the way to when a patient begins home care.”

She said the practice cuts down on unnecessary procedures, which benefits patients and the hospital. “A hospitalist can coordinate things much better than five different consulting physicians taking care of one patient. Despite all their best efforts, they don’t know what all of each other are doing.”

And many times, Jennings said, those doctors — both primary and specialists — are more than happy to leave the inpatient work to their hospitalist colleagues.

“A lot of it is about managing their work-life balance,” Jennings said, noting that a doctor in his late 40s had recently told her that taking call at 2 a.m. really impacted his family life.

“It also helps them in giving full attention to their patients. We also often work with practices to help recruit physicians, and it’s much easier to recruit new specialists if you have the ability to offer them someone who will see their patients in the hospital.”

Jennings said the benefit to patients is a great side effect of a trend driven by economics.

Getting to know someone who is there and can give you the big picture is very good for the patient’s family and the patient,” she said.

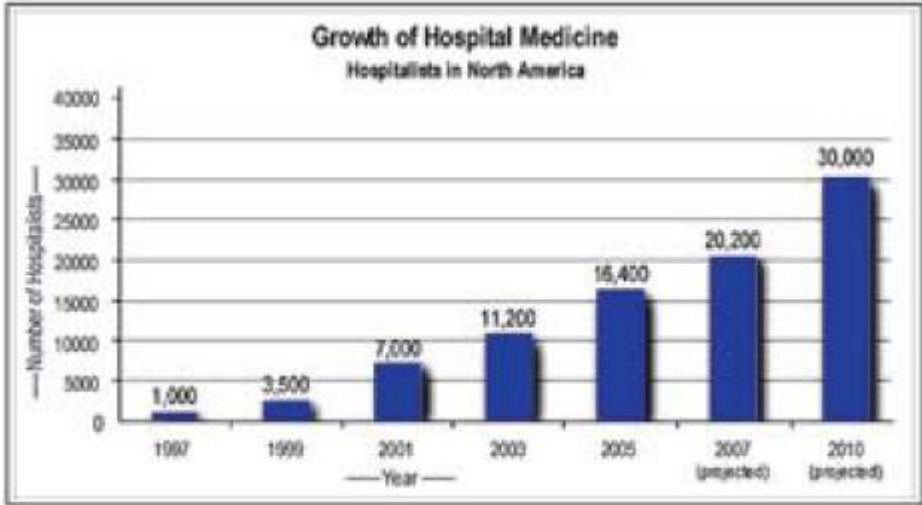
For his part, Appelbaum said IPC tries to keep serving its customers — the hospitals. The company continually works with its hospitalists to improve coding, minimize use of procedures that may not be reimbursed, and generally keep them current on the issues important to hospital administrators.

“We are constantly ... educating our physicians about hospital dynamics, because the only way we’re going to work together in this is to partner up with the hospitals,” Appelbaum said.



Tony Duncan/Johnson City Press

Jackie Church, a family nurse practitioner and a hospitalist, checks patient Kathy Muratore at Johnson City Medical Center.



Courtesy of Society of Hospital Medicine/www.hospitalmedicine.org