Hospitalists, physicians who specialize in treating hospitalized patients, have emerged as important players in the hospital setting over the last 15 years. These professionals often treat the sickest patients, since these are the people who usually end up in the hospital. These doctors love what they do, and in turn, their work helps three groups—patients, hospitals, and other doctors. Not only have they been shown to increase patient satisfaction, they can improve a hospital’s efficiency and help to reduce hospital stays. These benefits will have even greater significance for hospitals’ bottom lines as changes to Medicare reimbursements take effect.

According to a 2009 study in the *New England Journal of Medicine*, approximately one-fifth of Medicare patients discharged from the hospital are readmitted within 30 days. They may not have been sufficiently prepared for discharge, there may have been insufficient follow-up care, or they may have acquired an infection while in the hospital, to name a few reasons. Readmissions cost Medicare $17.4 billion in one year alone and, as a result, Medicare executives and other healthcare reformers have decreed that there should be fewer readmissions for Medicare patients. With a hospitalist program in place, readmissions can be significantly reduced.

**A Crucial Role**

Hospitalists have proved their value time and time again. As Jeff Wiese, MD, FACP, SFHM, president of the Society of Hospital Medicine, the group’s professional medical society, noted, “Their focus provides them with the insight and knowledge to view the big picture and provide solutions through collaboration with a wide range of care providers within an institution.” Their presence benefits hospitals, primary care practitioners, and the patients they serve.

**Benefits for Hospitals**

Like other organizations, hospitals are increasingly looking for ways to cut costs in this economy, and one way to do that is to avert readmissions. That may appear counterintuitive on first glance; one would think that hospitals make money each day a patient is in the hospital. However, Medicare reimbursements are based on diagnosis-related groups (DRGs)—each of which specifies how long a patient conceivably needs to be hospitalized. For example, Medicare may judge a condition as requiring three days of hospital treatment. If a patient stays for five, then the hospital loses two days of reimbursement. If he or she is well enough to be discharged in two, however, the hospital is still reimbursed for three.

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President of the Society of Hospital Medicine

Medicare reimbursements are a large part of hospital revenue, which is why hospitals are concerned about healthcare legislation signed by President Obama in June 2010 (H.R.3962 - Affordable Health Care for America Act). The Act includes some
important changes that will affect Medicare, including changes in hospital reimbursement rates for readmissions for certain conditions. Reimbursements will be cut in two years if those readmissions rise above a predetermined level. Of special concern are high-cost conditions such as heart failure. Readmission for two other conditions, heart attack and pneumonia, will also be penalized. In 2012, hospitals may experience up to 1 percent reductions in Medicare payments, in 2013 up to 2 percent reductions, and in 2014, up to 3 percent. Additional conditions will be added to the list as time goes on. Like other hospitalists, Vipul Mody, M.D., medical director of the hospital program at Warren Hospital, a community hospital in NJ, is uncertain about implications of the legislation. “Our practice needs to see how it will impact us from a reimbursement perspective.” That’s understandable, when he and his colleagues at the hospital manage almost half of the hospital’s patients.

It is also inefficient—and less-than-optimal from a medical care perspective—to readmit patients if their problem could have been addressed successfully during their first stay, which is another reason it pays to have hospitalists on staff. Because hospitalists are based at a hospital or medical facility, they can easily follow a patient across their continuum of care, unlike a general practitioner or family doctor who must perform hospital rounds either before or after office hours. Further, not all patients have primary care physicians; sometimes the hospitalist is the only doctor the patient sees repeatedly.

Having a hospitalist readily available can also result in an easier transition among nursing staffs during shift changes and even help standardize clinical practices among hospital branches. Hospitalists may work perhaps a 10- or 12-hour shift, 7 days a week, followed by 7 days off. That means that, in facilities with a hospitalist program, one is always on the premises—literally down the hall—and can manage a patient’s care at all times. An additional benefit is that well-cared-for patients may recommend that hospital to friends.

Benefits for Physicians
Ask any family doctor how the practice of medicine has changed in recent years and don’t be surprised if you hear a litany of complaints. Who hasn’t heard physicians lament having so little time with each patient in order to best appease healthcare insurers and make a living? Some doctors no longer accept insurance at all because of low reimbursement rates, and fewer internists are entering the field due to the high cost of malpractice insurance and the growing administrative hassles.

Doctors are overburdened. At the same time, they want to provide good, consistent care. “I like being able to worry about the patients, not the business, of medicine,” states Dr. Frank Cook, M.D., who has worked as a hospitalist since 2004. “As a hospitalist, I’m able to treat patients with a broad range of medical conditions. I do my best work in acute care in a hospital. I wish hospitalist work had been around when I began my career 30 years ago, because I enjoy working in the hospital more than I enjoyed my private practice.”

Additionally, hospitalists fill a need by removing some of the burden from the internist. Thanks to these specialists, general practitioners who want to devote themselves full time to their office practice can do so while knowing that their hospitalized patients are in good hands.

Benefits for Patients
Hospitalists are involved in a hospitalized patient’s total experience, from entry to treatment to discharge, which gives them a unique and in-depth understanding of each patient. They often treat those with acute problems, who comprise a large percentage of the hospitalized population. And, because they work with serious disorders all the time, they develop expertise in diagnosing and treating many of these conditions. With their skills and experience, they’re able to efficiently diagnose common acute disorders, anticipate problems, and respond quickly to emergencies or changes in a patient’s condition. The continuity of care provided by a hospitalist inspires
confidence and, as mentioned earlier, patients can take comfort knowing that a resident doctor is on the premises during nursing staff changes.

Dr. Vipul Mody is typical of the many dedicated hospitalists working in the field. Like his colleagues, he was drawn to the field because of the appeal of acute care. “I like managing complex problems. I like seeing patients improve and be able to go home,” he said.

But limiting days of hospital stays (and reducing return visits) is not only to the benefit of the hospital/reimbursement rates—it’s understandable that most patients would prefer to get home to recover as soon as possible. So, if fewer inpatient days result from being treated by hospitalists, that’s another advantage. A number of studies have found that hospitalists do indeed account for shorter hospital stays. For example, a recent study in the American Journal of Managed Care concluded that patients managed by hospitalists had lower costs and reduced lengths of stay compared to patients receiving traditional inpatient services.

Quality Leaders
Finally, as doctors dedicated to a hospital, hospitalists are also able to most seamlessly bridge from the micro—providing patient care—to the macro—effectively aiding critical organizational efforts, including educating staff, improving technology services, and serving on important committees, such as pharmacy and therapeutics committees. For example, one hospitalist advises a hospital executive in addition to developing systems to improve workflow, which is another example of this role’s importance to these organizations. In another medical facility, a hospitalist group took charge of the palliative care program, which made perfect sense since members of his group were present 24/7. (Palliative care involves pain and symptom management, coordinated among specialists.)

Robert Wachter, M.D., who coined the term “hospitalist” with Dr. Lee Goldman

Robert Wachter, M.D., who coined the term “hospitalist” with Dr. Lee Goldman, best summarized the benefits provided by this position. “In addition to their clinical work, hospitalists have become key leaders in quality, patient safety, information technology, palliative care, medical education, and more,” he said.

A Growing Field
In the 1990’s, there were fewer than 1,000 hospitalists. Today, according to the Society of Hospital Medicine, there are over 30,000 of these specialists in nearly 60 percent of the country’s hospitals, and those numbers are growing. Hospitalists work in 5,000 institutions both large and small, including community hospitals.

Hospitalists attend medical school like all physicians and usually serve a residency in general internal medicine (or a subspecialty), general pediatrics, or family practice. They may receive training in other medical specialties as well. After their residency, some acquire additional training specifically focused on hospital medicine, or go on to qualify for the Society of Hospital Medicine’s Fellowship in Hospital Medicine (FHM) or the American Board of Internal Medicine’s Recognition of Focused Practice (RFP) in Hospital Medicine.

“The majority (65%) of hospitalists are male; 35% are female. The position attracts doctors for whom a set schedule is important, doctors who are drawn to shift work, and those who enjoy acute care rather than problems that can be treated in a medical office setting. The SHM reports that the average total compensation, comprised of salary, bonus, and benefits for a hospitalist, is $193,000 a year. Like anesthesiologists, the majority of hospitalists are part of a group practice.

In a July/August 2010 interview in Healthcare Executive, Joseph Miller, senior V.P of the Society of Hospital Medicine, noted that the average age of hospitalists is 37 as opposed to age 50 in most other
specialties. That is a huge benefit, according to some experts. These “young, energetic” specialists, as SHM president Wiese has described them, are used to working on processes and redesigning systems and are more comfortable than their predecessors with technology and cost-cutting decision-making. They’re not entrenched in the “old order” in which doctors like to work alone rather than as part of a team.

Hospitalists themselves rave about the field. For Dr. Robert A. Pumpelly IV, MD, a Georgia hospitalist, it’s a perfect match. “Since my facility rolled out a weekend hospitalist program, I no longer have to work weekends or take calls. With the extra time, I have been able to expand my practice and my career. I am able to see more patients, attend more medical conferences, and diversify my practice. The hospitalist program not only benefited me, but it also helped my hospital improve the quality of care for patients. It was a win-win situation,” he said.

A Day in the Life
As with all doctors, however, hospitalists are stretched thin. A study in the August 2010 issue of the Journal of Hospital Medicine found that they spend more time on other activities than on patient care. Completing electronic records requires a significant amount of time, but interestingly, as stated, processes like record-keeping are precisely the types of functions hospitalists excel at streamlining.

Recall the hospitalist mentioned earlier who advises a hospital executive and develops systems to improve workflow. These tasks take up more than half her time. Doctors entering this field should know that, while it would be ideal to be able to spend close to 100% of their time with patients, the reality is that their responsibilities will be split. Call it a downside of being so skilled—their talents are sorely needed across several areas.

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Dr. Robert A. Pumpelly IV, MD
Jessup, Georgia

The Promise of the Future
The number of hospitalists is increasing at a rapid rate. From 2005 to 2006 alone, according to SHM, their ranks saw a 20% increase. Wachter, the physician who invented the term “hospitalist,” predicted in 2006 that “soon there will be more hospitalists than cardiologists.” As word has gotten around about their value and readmission rates have fallen where hospitalists work, more hospitals are adding hospitalist programs.

New York Times health columnist Jane Gross has observed that “medical experts see hospitalists as potential leaders in the transition to the Obama administration’s health care reforms.” Wachter has called them indispensable. Many would say it’s an apt description.

2 Ibid.
3 Everett, George. Comparison of Hospital Costs and Length of Stay Associated with General Internists and Hospital Physicians at a Community Hospital. American Journal of Managed Care, 10: 626-630
6 http://www.medscape.com/viewarticle/540918