The Role of Hospitalists in Healthcare

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Background

• In the mid-1970s, the average physician had about 10 patients in the hospital, each staying for an average of eight to ten days. These physicians spent up to 30 to 40 percent of their day visiting inpatients.¹

• In part to address this, a new specialty known as the Hospitalist Model which was implemented in several hospitals, including Cooper University Hospital (CUH) in Camden, New Jersey, beginning in 1996.

• By understanding the hospitalist model, we can assess if that model improves the quality of care and professional communications.

The Problem

• Despite research on hospitalists and their performance, disagreement still exists regarding whether and how hospital-based physicians improve the quality of inpatient care delivery.

• One body of research suggests that the hospitalist enters with no firsthand knowledge of a patient’s medical history. As a result he or she may be inclined toward more aggressive, technology-based care, which could translate to the use of more diagnostic tests and higher costs to establish the baseline health status of the patient.

• Other research suggests that the hospitalist model may reduce lengths-of-stay, improve quality of care for specific conditions, and lower hospital costs.

Objective

To examine if the use of hospitalists has improved the quality of inpatient care in hospitals where the model has been implemented, and to give recommendations regarding improving hospitalists and PCP’s communication.

Methods

• Ten staff members from Cooper University Hospital (CUH) and Camden Coalition Healthcare Providers (CCHP) (3 Social Workers, 3 Nurses, 2 Primary Care Physicians (PCP’s) and 1 Hospitalist) were interviewed to determine how the hospitalist role improves the quality of inpatient care in hospitals.

• Literature Research
  • Role of hospitalists and Evolution of the Hospitalist Model
  • Interview
    • Interview ~20 minutes to an hour
    • Responses where focused on 11 questions
    • One open-ended question
  • Questionnaire
    • What are the roles of the hospitalist in the healthcare system?
    • How have these roles changed over time?
    • How are these roles expected to change in the future?
    • What has been or will be driving these changes?
    • How do hospitalists address the needs of their patients and outcomes?
    • What are the advantages and disadvantages of having the hospitalist model over the traditional models of healthcare delivery?
    • How much communication is their between a hospitalist and PCP’s?
    • What do you see as an advantages and disadvantages of the current communication system between hospitalists and PCP’s?
    • Which areas of responsibility do hospitalists appear to be best served at your hospital as well as areas in which they are less effective and why?
    • Do you think having a hospitalist in your hospital has proven to be cost-effective? If so, how?
  • NVivo9 Software
    • Two themes- Quality and Financial
      Coded for common Terms within these two themes
    • Data Analysis
      • Manually transcribed and NVivo9 Software

Results

• Interviewee’s acknowledged that the roles of the hospitalist may have changed over time. Four of ten said “yes” while two responded “no” and the remaining four said they were not sure.

• All the interviewee’s see a financial reason such as employment and benefits (among others) as a driver for the roles of hospitalists to change in the future.

• Nine interviewees see hospitalists addressing the needs of their patients effectively while one staff member did not. In terms of outcomes nine see the hospitalists being effective while the remaining staff member did not respond.

• Three of ten interviewees said that communication between a hospitalist and PCP is “not enough” while one out said there is a lot. Another staff member said “none” while the remaining staff members said “it depends.”

• The communication advantage of using the hospitalist model is that continuity of care for the patient will be better especially if both the PCP and hospitalist are employed under the same hospital system which has an electronic health records (EHR).

• The communication disadvantage of using the hospitalist model is that the patient will not receive continuity of care if the PCP does not have an electronic health record (EHR) thus making the continuity of care for the patient more challenging.

• All ten interviewees agreed that having a hospitalist in a hospital has been cost-effective. A reason is that the denial rate from providers has gone down and continues to stay down.

Recommendations/ Conclusion

I conclude that the hospitalist model is beneficial and effective in a hospital setting in terms of inpatient care and I recommend that:

• The potential contributions of hospitalists to patient care merit further study and evaluation. This study and evaluation can be funded by the government (AHRQ) or a private foundation (eg. Kaiser Foundation).

• The Medicare program provide significant leadership in the area of hospitalist research by sponsoring one or more demonstration programs designed to assess the contributions of hospitalists to the many dimensions of inpatient care.

• Funding for AHRQ be increased for research related to the role of the hospitalist in inpatient safety, quality and cost-effectiveness

• From the communication aspect that AHRQ or private foundation funders take the initiative and conduct more studies on how to improve communication between hospitalists and PCP’s and to determine what clinical elements are important to receive within two days of discharge or immediately following admission.

References


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