



Hospitalists who are they...what do they do...collaboration is key to success

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Hospital medicine is the discipline concerned with the general medical care of hospitalized patients. Doctors whose primary professional focus is hospital medicine are called hospitalists. This term was first used in 1996 by Dr. Robert Wachter in an article in the New England Journal of Medicine. The role of the hospitalists may (or will) include patient care, teaching, research, and leadership in the hospital arena.

Hospital medicine is a specialty organized around a site of care versus an organ, a disease or a patient's age. Hospitalists manage patients throughout the continuum of hospital care including seeing patients in the Emergency Department, admitting them, following as appropriate into critical care, and organizing the patient's post acute care.

Most practicing hospitalists (over 80%) are trained in general internal medicine. Others are trained in an internal medicine subspecialty, family practice, or pediatrics. Additional hospitalists are mid-level providers usually nurse practitioners and physician assistants.

A decade after a few pioneering hospitalists embraced the concept of hospitalists, those early adopters say the practice is a success and is likely to continue to grow. Hospitalists become experts in the conditions they treat and are committed to improving hospital processes that result in efficiencies. This provides the primary care physicians with additional time to spend caring for patients in the office setting.

This specialty is growing, both in numbers and sophistication. In the past ten years, the hospitalist specialty has begun its own professional association and scholarly journal.

In some areas, hospitalists provide more than a competitive edge, they are a necessity because a number of primary care physicians have chosen not to come to the hospital. In addition, a number of studies demonstrate that hospitalists also make a difference to the bottom line.

Physicians who practice at the hospital all day every day, are in a better position to address the complex problems such as improving patient safety and quality outcomes.

Often problems that are evident in the hospital setting are magnified to the hospitalist. When this occurs the hospitalists are in a better position to take action because they have established relationships with nursing and other departments.

No major studies have thus far been conducted that attribute quality improvement to hospitalists. However one hospital, Mercy Medical Center, has shared two of its own successes. In a year's time, the Mercy hospitalists improved the percentage of patients with heart failure who left the hospital with ACE inhibitors from 74 to 88 percent. During the same year, documentation of left ventricular function in congestive heart failure patients improved from 81 to 88 %. Both of these are part of a set of national clinical quality indicators.

The structure of the hospital medical staff won't change as the number of hospitalists increase, but participating physicians will. Doctors practicing in the hospital such as intensivists, hospitalists and emergency department physicians, will become more prominent on the hospital's committees. These physicians will be more invested in the hospital, so the nature of the committee work should change and become more effective over time.



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