

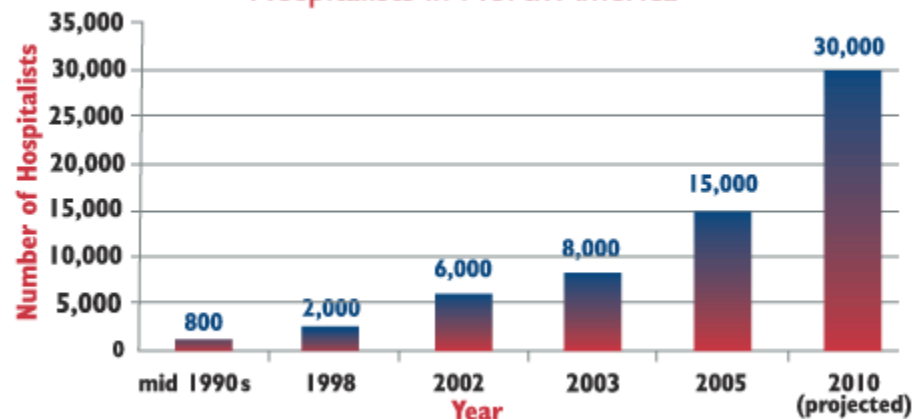
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## Hospitalists: How are They Faring and What's Ahead for this Popular Subspecialty?

Estimates indicate that approximately 12,000 hospitalists, physicians who primarily practice inpatient hospital medicine, are now working in the United States—double the number practicing five years ago. Within a decade the number of hospitalists could reach 30,000 according to the Society of Hospital Medicine, which also notes that hospitalists are the fastest growing medical specialty in the nation.

### Growth of Hospital Medicine Hospitalists in North America



Source: Society of Hospital Medicine, 2005

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to view the Society of Hospital Medicine website

Studies have shown that hospitalists can cut length of stay and average cost per case. One hospital estimates that average net financial performance for cases attended to by a hospitalist is \$700 better than the average net for comparable cases attended to by non-hospitalist physicians.

Successful hospitalist programs can increase referrals from affiliated primary care physicians by more than 10 percent. For a hospital with 10 employed primary care physicians, establishing a hospitalist program

could also result in \$250,000 to \$500,000 in incremental revenue as a result of higher office-based productivity.



## General Hospitalist Programs

Proponents of the hospitalist model say that the biggest benefit this specialty offers is enhanced quality of care. They boast that patients are attended to with evidenced-based treatment methods from established protocols and state-of-the-art practices. They refer to studies that show that hospitalists decrease length of stay and overall costs by 13 to 15 percent and reduce readmission and mortality.

It is not unusual for a hospitalist to attend to an inpatient three to four times per day, which fosters greater familiarity with hospital staff and operations. Hospitalists also assert that they develop enhanced skills for treating inpatients and provide greater continuity and a more predictable physician presence to work with nurses and other hospital staff. They can also reduce length of stay by expediting the referral process for post-hospital care. Hospitalists also serve as a captive pool of talent to help evaluate and implement quality improvement initiatives. Proponents maintain that the recurrent presence of hospitalists on inpatient floors naturally leads to enhanced patient safety and improved patient and family satisfaction.

Critics of the hospitalist movement often claim that the lack of a pre-existing relationship and familiarity with the patient can result in diminished quality of care and ultimately lower patient and family satisfaction. Nonetheless, it is estimated that 50 percent of U.S. hospitals now employ or use hospitalists in some capacity, and hospitals are finding that they need hospitalist programs as a recruitment and retention tool for primary care physicians.

Time demands, increasing acuity and complexity of inpatient care, and cost pressures on providers and payors have convinced many hospital leaders and clinicians that hospitalists can serve a valuable role. Referring physicians often believe that hospitalists increase their productivity, improve patient satisfaction, and decrease their inpatient burden. Less time spent traveling to and from the hospital and rounding on inpatients allows referring physicians to concentrate more on outpatient practice, provide care for more patients, and ultimately generate increased revenue. As a result, it is estimated that nearly 40 percent of adult primary care physicians no longer attend to inpatients.

## Specialty Hospitalist Programs

The latest trend in the hospitalist movement is expanding to specialized medicine including obstetric “laborists.” At this point, very few hospitals have laborist programs, but those that do expect to improve quality of care and reduce liability exposure. Other

specialist hospitalists exist in the fields of dermatology, pediatrics, orthopedics, pulmonary medicine, and psychiatry. One optional model, referred to as the group-sponsored hospitalist model, is designation of a physician from a group to attend to all inpatient coverage on behalf of the group.

By employing or contracting with specialist hospitalists, hospitals can alleviate the burden of finding physicians who are willing to handle on-call coverage for emergency rooms. They can also mitigate the shortage of physicians that exist in selected specialties because of rising malpractice insurance rates. Specialist hospitalists are also a vital resource to care for the increasing number of uninsured patients.

## Keys to Successful Hospitalist Programs

- Contract with rather than employ hospitalists for coverage and set a contractual limit on the amount of subsidy, if any, that will be provided to the hospitalist group
- Recruit full-time hospitalists that are committed to the profession as a career
- Mandate that the hospitalist and referring physicians communicate at patient admission and discharge, preferably by electronic means
- Measure and monitor patient and physician satisfaction
- Establish metrics for quality of care and incentive clauses for high levels of performance
- Measure and monitor financial performance
- Establish a formal liaison program to maintain channels of communication and interaction between the host hospital and referring physicians

Developing a hospitalist program can serve as a recruitment tool to attract physicians who do not want an inpatient practice or wish to minimize responsibility for call coverage, improve a hospital's quality of care, increase the hospital's volume and revenue, and potentially decrease utilization of health care services and resources—all noteworthy achievements for health care organizations to aspire to. For more information on hospitalist programs contact [Robert Hill](#), or call 215-636-3500.



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