

MEDICINE'S FASTEST-GROWING NEW SPECIALTY: “HOSPITALISTS”

By Laura Landro, The Day Publishing Co.
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Admitted with a lung infection to the University of Iowa's hospital recently, Katie Kauffman never saw her regular physician, but was instead cared for by a new breed of doctor she hadn't heard of before: a hospitalist.

Most patients won't learn about hospitalists until they end up in the care of one. But these specialists — whose sole responsibility is the care of hospitalized patients, from admission through discharge — constitute the fastest-growing field in medicine. Hospitalists coordinate care by all staffers from nurses to specialists, order up tests, make treatment decisions in consultation with primary care doctors, and are trained to recognize and respond quickly to changes in a patient's condition.

Unlike attending physicians who train residents and often have their own medical practices, hospitalists spend all their time on care or administrative duties, and don't see outside patients or follow inpatients once they leave the hospital. As a growing number of hospitals hire these staff physicians, hospitalists are fast supplanting the role of primary-care doctors in hospital care. There are now 10,000 of them around the country, and, according to the Society of Hospital Medicine, their ranks are expected to triple by the end of the decade to 30,000, including pediatricians who specialize in the care of hospitalized children.

The field's growth reflects efforts by hospitals to cut costs, reduce the alarming number of medical errors, and improve the general quality of care. Studies show patients cared for by hospitalists have a better chance of going home alive, with fewer complications that require readmission. At a number of large academic hospitals, hospitalists have reduced lengths of stay by more than 30 percent, and cut costs by 20 percent. Managed-care companies, including Aetna Inc. and Cigna Corp. have also endorsed the use of hospitalists.

At the University of Iowa's hospital, the hospitalist program saved more than \$370,000 during its first year, ended June 2001, and had 450 fewer days of care compared with non-hospitalists, according to Peter Kaboli, assistant professor of general internal medicine. Another study at the University of Chicago's hospital found that hospitalists reduced overall costs and cut down on short-term mortality rates; in the program's second year the program reduced risk-adjusted 30-day mortality rates by 37 percent.

But for all the inroads hospitalists have made, they are still a source of controversy in the medical profession. Although a growing number of primary-care doctors are referring patients to hospitalists, many say these specialists can't provide the same quality of care as a primary doctor who is familiar with the patient's history and special issues. Some primary-care physicians are also concerned about the continuity of care between the hospital and the doctor's office. Still, some doctors who initially fought efforts by managed-care companies to mandate the use of hospitalists have become more accepting of them — at least when the decision of whether to refer patients to a hospitalist is voluntary.

Larry Wellikson, executive director of the Society for Hospital Medicine, says primary-care doctors are realizing they gain time and money by turning patients over to hospitalists. While

primary doctors may lose an average \$25,000 annually by not making hospital rounds, Dr. Wilkerson says, studies show they may be able to earn nearly \$50,000 more by using the time for outpatient visits. And patients are better off with hospitalists who can check on them several times a day, he says.

But hospitalist care still raises some emotional issues for both doctors and patients. “The primary-care doctor may feel a sense of loss and even abandonment giving up his patient to another doctor, and sick patients have the right to be worried about being cared for by a stranger,” says Robert Wachter, the physician who coined the term “hospitalist” and launched one of the first major hospitalist programs in the late 1990s at the University of California, San Francisco. He says patients should be comforted that they are “being cared for by a doctor who is an expert in hospital care.”

Some medical experts maintain that research is still too limited to make the case that hospitalist care will broadly reduce mortality rates or cut costs. (The University of Chicago will shortly report results of a large-scale study at six institutions covering 32,000 patients.) And because many programs are new, not all hospitalists are highly experienced.

There is no separate board certification for hospitalists. Most are trained in internal medicine and practice outside the hospital for a few years before taking jobs as full-time staff doctors. Through their hospital practice, they gain a better understanding of acute illnesses and learn to prevent and treat complications such as pneumonia, infections, post-operative heart attacks, and deep-vein thrombosis.

Hospitalists are hired either directly by the hospital or provided by outside contractors such as Cogent Healthcare Inc. and IPC-The Hospitalist Company. Primary-care doctors refer their patients to hospitalists, whose fees then go directly to the hospital or to the contractor paying their salaries. Increasingly, hospitals rely on hospitalists to provide care for patients who don't have their own regular doctors, including the uninsured and indigent patients. Hospitalists are also picking up work from residents whose long hours are being reduced under new training rules. Often they help set up home health care and rehabilitation for patients.

David Meltzer, an associate professor leading the University of Chicago hospitalist-research program, suggests that patients ask hospitals how long their hospitalist program has been in force, and how experienced the doctors are. It is also important to know who covers patients if the hospitalist is not there, and how information is passed between the hospitalist and other doctors including the patient's primary-care physician, Dr. Meltzer adds.