Hospital Medicine at the Edges: A Specialty in Evolution
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Goals:

• Understand the expanding scope of the hospitalist, particularly as it relates to specialist shortages and transitions of care.
• Understand how alternative payment methodologies are driving the expansion of hospitalist’s responsibilities.
• Understand the role of The Society of Hospital Medicine (SHM) and some recent initiatives directed at assisting hospitalists with these issues.
• Articulate why hospitalists are uniquely positioned to lead the change needed to be successful in this environment.
Changing Landscape

• Mission of the Hospital
  Broadening
  • Not defined solely by acute care
  • >50% of revenue from outpatient services
  • Massive consolidation
• Focus on Population
  Health
  • Hospital’s imperative – control the healthcare $$$
  • Hospital to become the payer?

Being Driven by Alternative Payment Models

• Call it what you like....
  • ACO
  • BPCI – used to be voluntary...
  • PCMH
  • Medicare Advantage (booming)
  • Population Health

Reimbursement:

• Hospitals struggling with:
  • Distribution of “Shared Savings”
  • Competition with Physician Groups for control of the healthcare $
• Who will set the terms/incentives?
  • Hospital, insurers, other MDs
  • Depends on who takes the risk
Hospitalist Issues

- Alignment with Hospital in a changing reimbursement environment
- Specialists:
  - Not enough of them
  - Attempting to create relevance
  - Turf battles, competition
- Hospitalists have become the “go-to” people for almost any new initiative
- “Creep of Scope”
  - Extending the reach of specialists
  - Training gaps

What Type of Specialty?

- Well, that depends…

“LEAD, FOLLOW, OR GET OUT OF THE WAY.”

THOMAS JEFFERSON

What will become of Hospitalists?

Lead:
- Owners of processes and procedures critical to hospital survival?

Follow:
- Worker bees that carry out the mission?
- Tools used by others (administration, specialists) to accomplish objectives?

OR...
What Type of Specialty?

Lead:
- Patient Managers?
  - Experts in managing the acutely ill patient
  - Stewards of resource use

Follow:
- Service/ Commodity?
  - Indistinct and interchangeable
  - Ordered like an ancillary service

OR...

What Type of Specialty?
- “Systems Engineers” – evaluating and improving the care delivery system in innovative ways
  - Central to evolution of New Health System
  - Development & Leadership of Teams
  - Population Health/ Alternative Payment
  - Partnership with Patients, Administration
  - Integral to NEW Medical Staff

Scope Creep
Scope Creep
- Surgical Co-management
- Subspecialty Care
- Neurologists have “left the building”
- Critical Care Responsibilities
- Proceduralists
- Leading and Managing Change
- Defacto Chief Quality Officer (CQO)
- Role in Hospital IT Enterprises
- Post-acute care

The Edges: An Expanding List
- Post-Acute Care
- Perioperative Care
- Palliative Care
- Critical Care
- Medical Home-PCMH
- Emergency Care
- Neurology
- Proceduralists

Post-Acute Care
- Largest opportunity for hospitals to improve overall “costs-per-episode”
  - In Risk-based reimbursement this equals REVENUE
- Fastest growing sector of new business for HM companies
Post-Acute Care

- Frightening for Hospitals – risk without control
- Hospitalist’s ability to impact care:
  - Transfers
  - Information
  - Patient safety
  - Determining the correct post-discharge disposition (largest driver of costs)

Eerie Similarities….  

HM (circa 1998-2000)
- High variability in care
- Disparate provider groups with erratic availability
- High costs of care
- No recognized “evidence based protocols”
- Lack of standardization
- Minimal IT infrastructure
- Success defined by quality/efficiency

Post Acute Care (today)
- High variability in care
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Hospitalists’ PAC Presence?

- More effective transitions
  - Selection of “Lowest-cost, most appropriate setting”
  - Information transfer
- Provider Availability
  - Rounding in PAC facilities (LTAC, IRF, SNF)
  - Medical Directorships (QA/QI responsibilities)
  - Post-Discharge follow up visits
Perioperative Care

- **Who is the Customer?**
  - Surgeons
    - General
    - Ortho
    - GU
    - Neuro surgery
  - Surgical patient

- **Benefits of involving Hospitalists:**
  - Efficiency
  - Safety (complications, transfers, etc.)
  - Quality
  - Patient Satisfaction

Hospitalist’s Role in Perioperative Care

- **Pre-Op:**
  - Optimization for surgery
  - Timing of surgery?
  - Medical Clearance/ readiness

Hospitalist’s Role in Perioperative Care

- **Peri-Op:**
  - Managing co-morbidities
  - Preventing complications
    - Infections, DVTs, PE
  - Reducing costs (prophylactic abx, etc.)
  - Pain Management
Hospitalist’s Role in Perioperative Care

- Post-Op:
  - Manage comorbidities
  - Prevent complications
  - Reduce LOS
  - Restore full function – aggressive therapy
  - Safe, effective discharge
    - Timing
    - Medical needs
    - Rehab
  - Prevent Readmissions

Impending Turf Battle

- Recently ASA (Anesthesia) has promoted the Perioperative Surgical Home
- 87% of hospitalists currently engage in surgical co-management
  - Pre-op clinics now more than a decade old
- SHM formed a Perioperative Care Work Group
  - Focused on where hospitalists add most value
- Upcoming meeting with leadership from:
  - Anesthesia (ASA)
  - Surgery (ACS)
  - Orthopedics (AAOS)

Palliative Care

- More than just end of life care
  - Hospice
  - Pain/symptom management
  - Aimed at improvement in quality of life
  - Used in the presence or absence of curative strategies
Palliative Care

- Shortage – AAHPM has about 4000 physician members
  - Approx. 5000 hospitals, <1:1 ratio
- Increasingly Important in any Population Health Strategy
  - Costs of care near end of life directed at futile care or ineffective symptom management
  - Readmissions prevention

Palliative Care

- Training
  - Setting Goals of Care
  - Having the Tough Conversations
  - Specialization around symptom and pain management
- Scope of Practice
  - Can Hospitalists provide some of this care?
  - Is a full fellowship necessary to be able to provide the initial care?
  - "Extending" the reach of specialist allowing them to focus on more difficult/complicated/refractory patients

Critical Care

- Shortage of critical care trained physicians
  - Not likely to improve as younger MDs going into HM, not critical care
  - Older Intensivists-retiring or focused on outpatient pulm/sleep medicine
  - Shift of acuity
  - Hospitalists are the de facto intensivists in many community hospitals
Another Turf Battle

- SHM working with SCCM to develop solutions to shortage issues
  - Increased training while in practice (1 year “mini-fellowship”) for qualified hospitalists
- Barriers:
  - ACCP
  - Boards
  - Poor recognition of the reality

PCMH - Medical Home

- 5 Aims:
  - Comprehensive Care – wellness, acute, chronic care
  - Patient-centered Care
  - Coordinated Care – specialty, hospital, home health
  - Accessible Services
  - Quality and Safety

PCMH – Realities:

- Additional reimbursement opportunities for “care coordination”
- Poor specialist engagement due to uncertainties around reimbursement
- PCPs:
  - Busy – access is still an issue
  - May be incompletely prepared for the acuity of patients being discharged
- Technology has not yet caught up
- Care remains fragmented with multiple vendors in each market (HH, Hospice, hospital, etc…)
PCMH – Hospitalist Roles:

- Part of the “Neighborhood”
- Role in care transitions
  - Discharge clinics
  - Information transfer
  - Care coordination (initial)
- Rules of Engagement – closer relationships with PCP’s
  - Preservation of referral patterns

Medical Home

- Neighborhood around medical home
  - Rules of engagement
  - Transfer of information
- In new payment models how is shared savings distributed…?
  - Inpatient docs
  - PCPs
  - Hospital
  - Specialists

Bottom Line….

- Meaningful change is underway
- Hospitals are jockeying for position
- We are aligned with the hospital
- Relevance = Survive and Prosper
Who Better Than Hospitalists to Lead the Change?

- Team based care
- Evidence-based medicine
- Care transitions
- Alignment of goals and objectives
- “Systems Engineers”

Thank You
Questions?