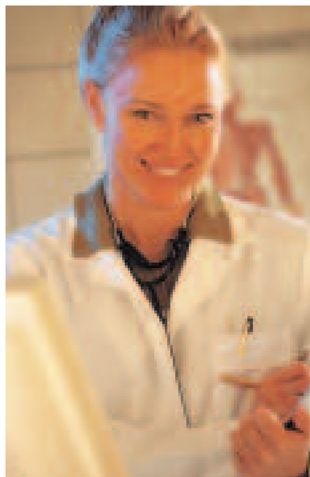
Hospitalists
A Growing Commodity

Working with the multidisciplinary cancer team to improve patient care and increase operational efficiency



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by Lynn M. Jones, M.H.A.

The word "hospitalist" was first coined in a 1996 *New England Journal of Medicine* article.[1] Today, the Society of Hospital Medicine (formerly the National Association of Inpatient Physicians) defines a hospitalist as a clinician whose primary professional focus is the general medical care of hospitalized patients. Hospitalist activities include patient care, teaching, research, and leadership related to hospital care. The typical hospitalist handles 11-15 patients per day, and this number can be augmented by the employment of physician extenders.

Currently, two jobs exist for every hospitalist working in the field. Of the 7,000-8,000 hospitalists that are reported to practice medicine today, 83 percent practice general internal medicine, 5 percent practice a subspecialty of internal medicine, 9 percent practice pediatric care, and 3 percent practice family medicine.[2]

The health care industry is looking to hospitalists because they produce substantial savings at a time when many hospitals are experiencing rising costs and decreasing revenues. Studies show that inpatient specialists can reduce patient length of stay by more than 30 percent, and reduce hospital costs up to 20 percent.[3]

Aside from these tangible cost-savings, hospital-based cancer programs can benefit from using hospitalists in a variety of other ways—not the least of which is increased patient satisfaction. Hospitalists reduce the time patients must spend waiting for appointments, test results, or specialty consultations because they are present when the patient arrives, understand how the "system" works, and actually start the discharge planning process upon the patient's admission.

Generally, the hospitalist is more readily available to patients and family members, improving provider-to-patient communication, and ensuring a smooth continuum of care while the patient is hospitalized. Patients benefit from hospitalists' vigilant, 24-hour attention to changes in patient condition and continuous fine-tuning of the treatment regimen over the course of hospitalization. Often patients treated by hospitalists are discharged from the intensive care unit to lower-cost levels of care more quickly.

The hospital-based cancer practice can also employ hospitalists. Having a hospitalist on staff would allow the other oncologists to focus on the ambulatory needs of their patients instead of trying to arrange time at an inpatient facility or multiple hospitals. In the end, this "saved time" would allow the physician practice to support a much larger patient population.

Before a cancer program decides to go the hospitalist route, however, it must also understand the downside to the cost-savings and improved efficiency. One of the main concerns expressed by cancer care teams that are working with or are considering working with hospitalists has to do with a disruption in continuity of care when the patient is handed from the oncologist to the hospitalist. In a 1999 national survey of hospitalists, 88 percent of the inpatient specialists reported that communication "occasionally" suffered, and 8 percent of hospitals noted that doctor-to-doctor communication and doctor-to-patient communication "regularly" suffered in the hand-off.[4]

To ensure a smooth continuum of care, the oncologist and the hospitalist must pay special attention to doctor-to-doctor and doctor-to-patient communication.

Medicare and private insurers currently do not recognize or reimburse continuity-of-care visits made by primary care providers, so this communication must rely on telephone and fax messages, electronic mail, letters, and other documents. Cancer programs that use medical information technology systems or electronic medical records generally have an easier time ensuring adequate communication between the oncology team and the hospitalist.

Bringing any new program or staff position into an existing medical organization requires team building and planning. By keeping the focus on the patient, hospitalists can work with the other members of the multidisciplinary cancer care team to improve patient care and increase the number of patients that can be seen.

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