HOSPITALIST PROGRAMS:

START SMALL
&
BE CREATIVE
HOSPITALIST PROGRAMS: START SMALL & BE CREATIVE

1. GROWTH OF HOSPITALIST MEDICINE
2. BIG PICTURE HOSPITAL IMPACT/BENEFIT
3. KEY QUESTIONS
4. STAFFING MODELS
5. MANAGING THE MODEL
6. GENERAL OBSERVATIONS
SALIENT DISCLOSURE

- RHPI PROJECTS: 12
- HOSPITALIST LOCUMS PLACEMENT: 4 YEARS
- HOSPITALIST MANAGEMENT:
  - TRINITY MEDICAL CENTER, BIRMINGHAM  AL
    - ADC 75
  - UAB MEDICAL WEST, BESSEMER  AL
    - ADC 45
- SALIENT HOSPITALIST MEDICAL DIRECTOR
  - M. D. A. Robert Sheppard
  - DCH REGIONAL MEDICAL CENTER
  - HOSPITALIST FELLOWSHIP PROGRAM
HOSPITALIST PROGRAMS: START SMALL & BE CREATIVE

1. GROWTH OF HOSPITALIST MEDICINE

- “a new breed of physicians......who will be responsible for managing the care of hospitalized patients in the same way that primary care physicians are managing the care of outpatients.....As hospital stays become shorter and inpatient care becomes more intensive, a greater premium will be placed on the skill, experience, and availability of physicians caring for inpatients.”
Percent of Hospitals Reporting that Hospitalists Provide Care in their Hospital, 2003-2010

HOSPITALIST PROGRAMS: START SMALL & BE CREATIVE
2. BIG PICTURE HOSPITAL IMPACT/BENEFIT

- HOSPITAL EFFICIENCY
- PATIENT/MD SATISFACTION
- QUALITY OUTCOMES
HOSPITAL EFFICIENCY

CONTINUITY OF CARE

- LENGTH OF STAY
- STANDARDIZATION OF PROCESS/PRACTICE
- MD TIME MANAGEMENT
- PATIENT/FAMILY FOCUS
PATIENT/MD SATISFACTION

TRANSITION OF CARE

ED ADMISSIONS
DIRECT ADMISSIONS
PATIENT CO-MANAGEMENT
NURSE COMMUNICATION
ANCILARY SERVICES COMMUNICATION
CASE MANAGEMENT
DISCHARGE PLANNING
HOME HEALTH
NURSING HOME TRANSITION
HOSPICE CARE
FAMILY CONFERENCE
QUALITY OUTCOMES

IMPROVEMENT OF CARE (PROCESS)

SPECIFIC CORE MEASURE FOCUS

REDUCE INPATIENT COSTS

REDUCE READMISSION RATES

DISCHARGE FOLLOW UP APPOINTMENTS MADE AND KEPT

TECHNOLOGY IMPLEMENTATIONS

OVERALL HOSPITAL PROCESS IMPROVEMENT INTEREST
3. **KEY QUESTIONS:**

   A. **PCP BASE**

   B. **ED/INPATIENT VOLUME**
3. KEY QUESTIONS:

A. PCP BASE

• CAPACITY

• MD PUSH BACK

• COMMUNITY PUSHBACK
3. **KEY QUESTIONS:**

   B. **ED/INPATIENT VOLUME**

      • ADMISSIONS THAT SHOULD STAY AT HOME

      • ADMISSIONS THAT SHOULD DISCHARGE TIMELY

      • ADMISSIONS RESULTING IN POSITIVE FEEDBACK
THE DEVELOPMENT OF A HOSPITALIST PROGRAM

4. STAFFING MODELS

A. FULL TIME HOSPITALIST COVERAGE

B. TRANSITION OF EXISTING MD(s)

C. ROTATION BETWEEN CLINIC AND HOSPITAL

D. WEEKENDS ONLY

E. OTHER ‘CREATIVE’ OPTIONS
4. STAFFING MODELS

A. FULL TIME HOSPITALIST COVERAGE
4. STAFFING MODELS

B. TRANSITION OF EXISTING MD(s)
4. STAFFING MODELS

C. ROTATION BETWEEN CLINIC AND HOSPITAL
4. STAFFING MODELS

D. WEEKENDS ONLY
The Development of a Hospitalist Program

4. Staffing Models

E. Other ‘Creative’ Options
5. MANAGING THE MODEL

A. DOCUMENTATION

B. CODING

C. BILLING/COLLECTIONS

D. MEETINGS AND COMMUNICATION

E. RECRUITING
6. GENERAL OBSERVATIONS