Hospitalist Program Development and Implementation:
A Best Practices Approach

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The “ist” Explosion

- Driving forces
  - Physicians
  - Hospitals
- Current trends
- Future Directions

Driving Forces- Physicians

- Deteriorating clinical revenues
- Increasing complexity of hospital practice
- Graduating physicians prefer employment
  - And increasingly, existing physicians
- Divergent skill sets
Driving Forces- Hospitals

- Recruiting/retaining physicians
- ED coverage/ EMTALA compliance risks
- Decreasing physician participation in hospital affairs
- Integration for new financial reimbursement models
  - Accountable care organizations
  - Bundled payments
  - Other “experiments”

Current Trends

- Primary care medical/pediatric hospitalists
  - Exponential growth
  - Competition for limited practitioners results in increased costs and need to subsidize
- Intensivists
- Surgicalists
- Laborists
- Specialty Hospitalists
  - Especially orthopedics, cardiology, neurology, gastroenterology, psychiatry
Future Directions

• The “ist” movement will continue to expand and grow- often quickly and radically
• Physicians will practice inpatient or ambulatory medicine but not both
• Degree of physician-hospital “integration” will determine success/failure under new reimbursement models
• Hospitalist programs must bring value

Hospitalist Program Value

• Consistency of care
• Increased quality performance
• Strategic alignment physicians/hospital
• Integrated clinical/financial outcomes
• Organized medical staff responsibilities
• ED call coverage
• Strategic medical staff development planning
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An Emergency Department Medical Director’s Perspective on Role and Benefits of Hospitalist Service

Christopher F. Freer DO, FAAEM, FACEP
Benefit to Emergency Department

- Emergency Department Flow Improves
- Improve Communication and transfer of Care.
- Collaboration between Emergency Physician and Hospitalist – not a single interaction.

Benefit to the Patient

- Timely Care # 1 – key
- Improve Patient Safety
- Improve Patient Satisfaction
Benefit to the Hospital

- Length of stay starts in the Emergency Department
- Hospitalist 24/7
- Testing and appropriate consults obtain so game plan for hospital stay developed on admission.

Obstacles to developing a program

- “Turf Battle”
- Internal Medicine physician may view this as lost business.
- Consultants concerns
- Can be a very hot political topic- It may depend on your institution.
Medical staff

- Work with them
- This is not a threat – but an Opportunity
- Keep them informed
- They have a Choice

Common Goals

- Improve Quality of Care
- Increase Patient Safety
- Improve Patient Satisfaction
- Decrease Length of Stay
- Discharge a Health Patient back to their Primary Care Provider
Questions...

What will you do different tomorrow?