Adapting to Survive: The Future of Internal Medicine in the U.S.

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It is not the strongest of the species that survives, nor the most intelligent; it is the one that is most adaptable to change.

Charles Darwin
A Common Misconception

Leon C. Megginson, Professor of Management and Marketing at Louisiana State University at Baton Rouge (1963)
(Some peoples’ view of)

The US Hospitalists’ View of the World

OUT THERE WHERE IT IS NO LONGER OUR PROBLEM

SPECIALIST CARE

OTHER STUFF

PRIMARY CARE

DRUGS

ALCOHOL

ED

REHAB

SNF

HOME

LTAC

Non-Adherence

THE HOSPITAL

DISCHARGE
On the Origin and Evolution of U.S. Acute Care Clinicians

• In the Beginning
  – Logistics
  – Evolving clinical complexity
  – Fear of “stealing” patients

• Our evolution
  – Frequent internal handoffs
  – Implicit discontinuity
  – Rare outpatient care experience
  – Expertise in acute care
  – Improving interprofessional team function
  – Accountability for inpatient quality
  – Increasing reliance/dependence on technology
The Present U.S. Health Care System

THEN

NOW
CHANGE WILL OCCUR; WHAT WILL VARY IS EACH ORGANIZATION’S PATH TO EMBRACE THE FUTURE.
Preparing for Change

To effect real change, both processes and culture must change.

However...

Culture eats process for lunch!
Preparing Acute Care Clinicians for the Future

• Align incentives and systems design:
  – To incorporate acute care clinicians into care continuum
  – To tighten linkages to medical homes
  – Towards care coordination and value not volume
  – To engage non-physician care team members in quality/efficiency/safety efforts
  – To support diagnostic parsimony and following best practices
Preparing Acute Care Clinicians for the Future

• Electronic system support:
  • Information transfer
  • Feedback
  • Decision support

• Role refinement
  • Mid-level care sites to off-load acute care
  • Hospitals to run 24/7
  • Practitioners function at top of license
Preparing the Next Generation

• Service vs. education
• Interprofessional education and experience
• Understanding systems of care
• Managing duty hours
• Milestone-based vs. chronologic training
• Inspiring innovation
Preparing Health Care Systems: “Must-Do Strategies”

1. Align hospitals, doctors, and other providers across the care continuum
2. Use evidence-based practices to improve quality and safety
3. Improve efficiency through productivity and financial management
4. Develop integrated information systems
Enhancing Technology Support

• Electronic health information transmissibility
  – Meaningful Use
• Medication reconciliation and support
• Clinical decision support
• Performance feedback
  – Clinician performance – tailored to individual needs
  – Population metrics
• Risk assessment
• Electronic interactive patient education
• Access to providers post-care transitions
Conclusions

The future of US Internal Medicine in Hospitals:

1. Integrated care
   A. Accountable Care Organizations
   B. Meaningful Use/EHR

2. Evolution of hospitalists
   A. Role in the continuum/PCMH
   B. Team based quality care

3. New training hurdles
Thanks!

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