

# **The Growth of Hospital Medicine in the US and Worldwide**

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# The Society of Hospital Medicine

## Our Mission

SHM promotes exceptional care for hospitalized patients.

## Our Objectives

- Promoting high quality and high value health care for every hospitalized patient
- Advancing the state of the art in hospital medicine through education and research
- Improving hospitals and the health care community through innovation, collaboration and patient centered care
- Supporting and nurturing a vibrant, diverse and multidisciplinary membership to ensure the long term health of hospital medicine

# SHM's Message

- **Empowering Hospitalists. Transforming Patient Care.**
- The Society of Hospital Medicine is *the* national organization for hospitalists.
- We are leading the transformation and improvement of care for the hospitalized patient through innovation, collaboration and action.

# **History and Evolution of Hospital Medicine in the U.S.**

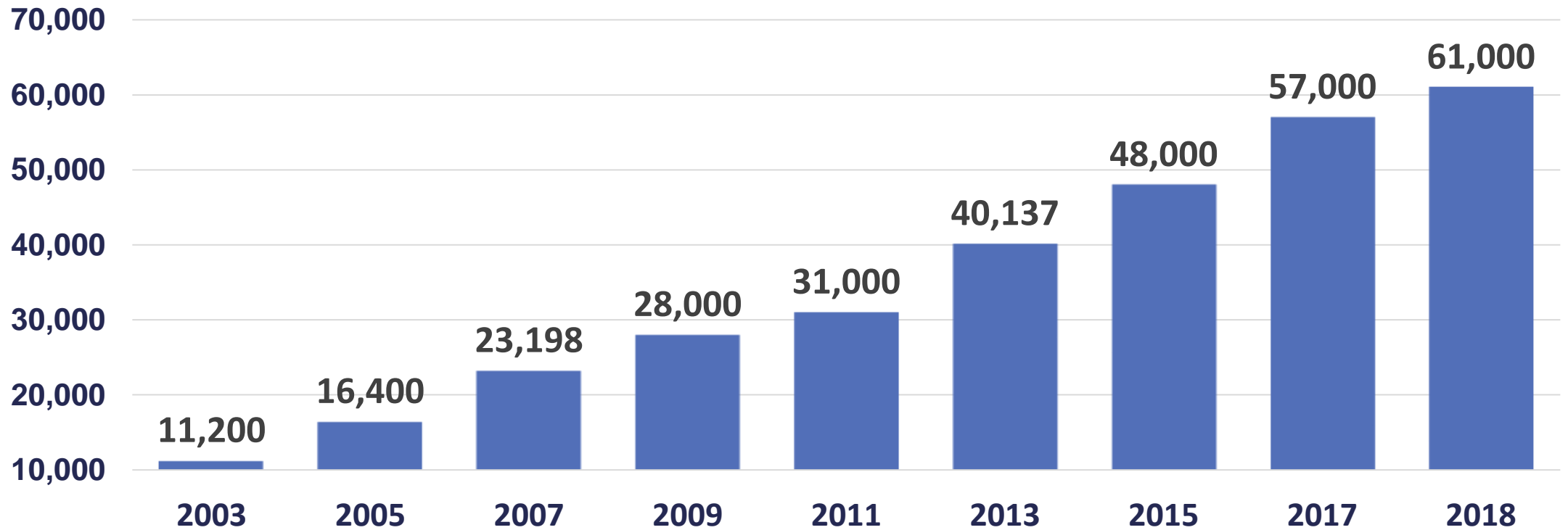
# The Birth of the Model

- The hospitalist model was created in the early 1980s by physician groups who took financial risk on their patients
- The model was a delivery system innovation designed to increase efficiency and improve outcomes
- Growth was slow until hospitals saw the opportunity for this new model to improve their performance
- By the late 1990s the model was given a name and SHM was founded to represent our specialty

# Evolution

- Over the next 20 years we became the fastest growing field in the history of American medicine
- And SHM became the fastest growing medical society in history
- In March 2017, the American Board of Medical Specialties (ABMS) approved the Permanent Option for Hospitalists to take MOC in Focused Practice in Hospital Medicine
- In 2017 Hospital Medicine recognized as a specialty by ABIM and ABFM

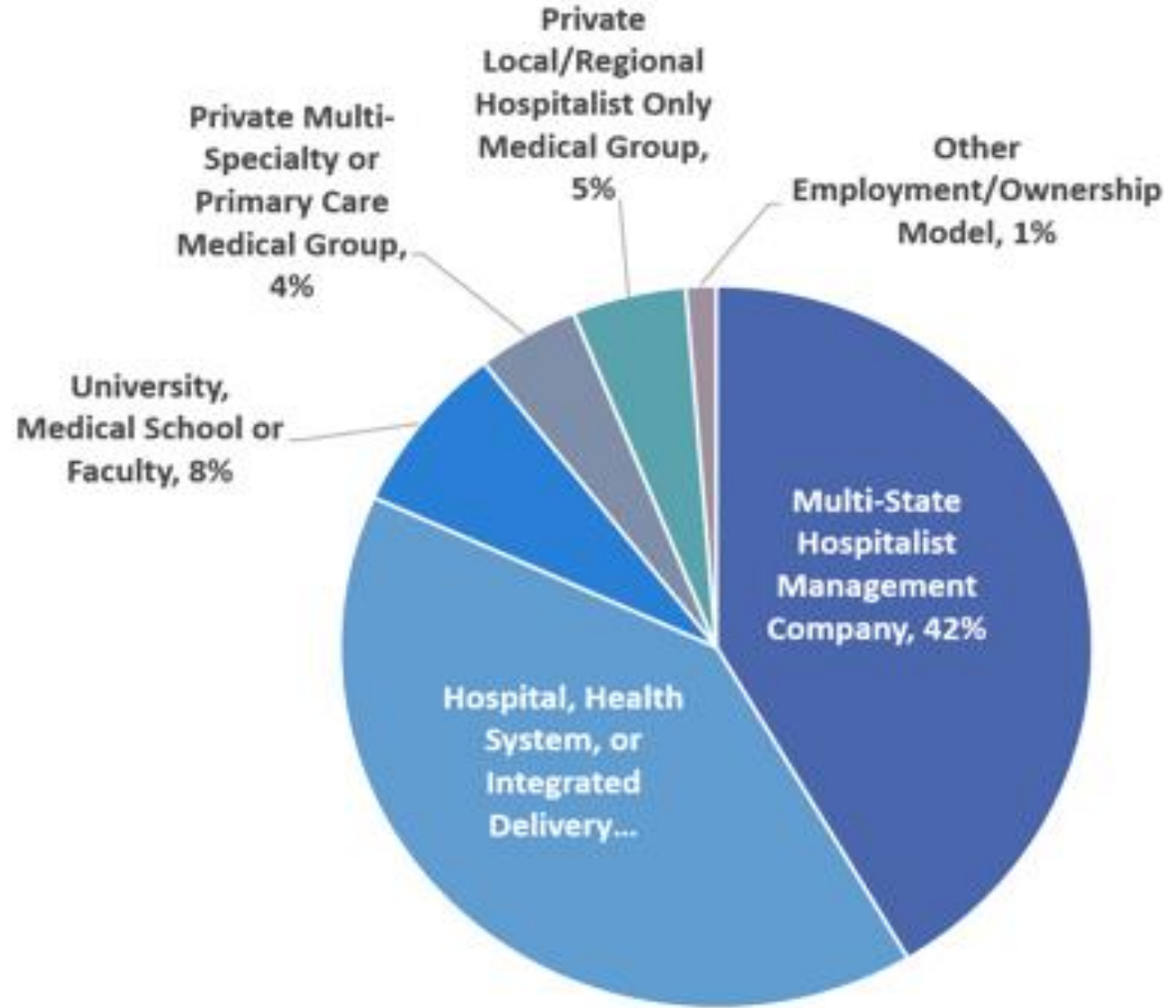
# The Movement Continues to Grow: Number of Hospitalists in the US





# Hospitalist : A Snapshot

- 61,000 hospitalists in US and demand remains high
- 17,500 members in SHM
- Hospitalists manage >50% of all Medicare Inpatients
- Admit more HF, chest pain than Cardiology
- Manage more inpatient DM than Endocrinology
- Manage majority of the inpatient Neurology cases





# Hospitalists Becoming Leaders in Healthcare Organizations

- Chief **Executive** Officers
- Chief **Quality** Officers
- Chief **Medical** Officers
- Chief **Medical Information** Officers
- Chief **Patient Experience** Officers
- Chief **Innovation** Officers

# SHM Members in Government Roles



**Patrick Conway, MD,**  
Former  
Deputy Administrator for  
Innovation & Quality,  
CMS and Director  
CMMI



**Kate Goodrich, MD**  
Director CCSQ & CMS  
Chief Medical Officer



**Vivek Murthy, MD**  
Former Surgeon  
General



**Scott Gottlieb, MD**  
FDA Commissioner

# **The Redesign of the American Healthcare System**

## Reform's "strategic" plan



### Track 1 Cuts to Existing FFS System

- Market basket reductions
- DSH cuts
- P4P & Nonpayment for anything preventable or unnecessary

### Track 2 Disrupt Existing System

- Bundled Payments
- Innovation Center/ demonstrations
- ACOs

# A Simplistic View of the Affordable Care Act:

Essentially three big bills:

1. Insurance reform
2. Expanded Access
3. Delivery system reform to control cost growth

# The Affordable Care Act of 2010

- Hospital Value Based Purchasing
- Patient Satisfaction Scoring tied to financial outcomes
- Hospital Acquired Conditions Penalties
- Readmission Penalties
- Creation of the Center for Medicare and Medicaid Innovation (CMMI) to test Alternative Payment Models

# Center for Medicare and Medicaid Innovation (CMMI)

- **Sole charge** is to test Alternative Payment Models (APMs)
  - Accountable Care Organizations
  - Bundled Payments
  - Comprehensive Primary Care
  - Oncology and ESRD models
- **Broad** statutory authority to expand payment models nationally



# HHS Puts Stake in the Ground for APM Goals

“HHS has set a goal of tying 30 percent of traditional, or fee-for-service, Medicare payments to quality or value through alternative payment models, such as Accountable Care Organizations (ACOs) or bundled payment arrangements by the end of 2016, and tying **50 percent** of payments to these models by the end of **2018**.”

# Healthcare Macro Trends

- Risk Shifting to **Providers**
- Massive **Consolidation** and **Integration**
- Rapid **Acquisition of Clinical Assets** by Other Clinical and even Non-clinical Entities
- Marked Increase in **Provider Groups** as Initiators in Bundled Payments
- **Private Insurers** Lining Up with CMS to put Provider Groups and Hospitals at Risk

## Ultimately...

- **Everyone in Healthcare is going to be in the Same Business, the Population Health Business**

# The Challenge of the Provider Community

To Rapidly Retool Their Organizations to  
Become Population Health Managers

# Medicare Access and CHIP Reauthorization Act (MACRA)

- Legislation passed in April 2015
- Had strong **bipartisan** support
- Medicare **payment reform** for physicians and other providers
- Designed to drive down **total cost of care** not just physician costs
- Physicians will be **rewarded or penalized** for lowering the cost of care and improving outcomes

# New Models of Care Required for Success in This New System

- Acute Hospitalists
- Post Acute Hospitalist models
- Specialty Hospitalists
- Transition Care Management
- Chronic Care Management
- Home Based Care
- End of Life Care
- Etc, etc.

# **Chapter and International Growth**

# US State and Regional Chapter Growth

- 17,500 Members
- 59 Official SHM Chapters
- Strategic Partnerships:
  - Society of OB/GYN Hospitalists; ~600 members
  - Neuro-hospitalist Society; ~100 members
- Emerging Hospitalist Sub-Specialties:
  - Surgery, Psychiatry, Orthopedics, Oncology  
Dermatology, etc.



# SHM International Relationships

Attendees from 19 Countries at “Hospital Medicine 2018”

## Current Chapters

- Brazil:
- Middle East:
- Netherlands:

## Partnerships

- Canadian Society of Hospital Medicine
- Japanese Society of Hospital General Medicine

## Developing Relationships/Pending Chapters

- Taiwan
- Pakistan/South Asia

## Other Emerging Adopters

- Argentina, India, Panama, Portugal, Singapore, Slovakia, Spain, South Korea

# Advocacy and Government Relations

# Advocacy:

## SHM is the Voice of 61,000+ Hospitalists

- Meeting regularly with Congress, CMS, and CMMI regarding delivery system reform
- Support of Alternative Payment Models
- Support of physician focused APMs
- Hospitalist Specialty Code Approval – “C6”
- Appropriate Metrics for Hospitalists
- MACRA/QPP Implementation (Facility Option)
- Opioid Abuse-Recently published Guidelines
- Observation Care rules-Second “White Paper”
- IPAB Repeal



# Discussion and Questions