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

Transforming Healthcare Together™
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