Models of Acute Care: The US Model
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Historical Model for Hospital Care in the US

- Office based Primary Care Physicians (IM, FM etc) admitted their own patients to the hospital and rounded on them every day
- Specialists served as consultants at the invitation of the PCPs but often became the main influencers of care
- Some specialists admitted patients (ortho, cards, nephro, pulm)
- Patients returned to the PCP outpatient practice following discharge from the acute hospital
- PCPs also took care of their own patients who were admitted to Post Acute facilities (nursing homes etc)
- This model is still followed by some PCPs in some communities
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
Characteristics of “Typical” HM Program

• Hospitalists work in teams to cover the hospital 24/7
• Typical schedule is working 12 hours shifts in a 7 on, 7 off schedule (or some variation of such)
• Admissions come from ED visits and from outpatient physicians who no longer come to the hospital
• They are also involved in co-management of surgical cases, many times serving as the admitting physician
• Specialists still consult on hospitalist cases but trend is for them not to be the admitting physician
• At discharge patients are referred back to the outpatient primary care physician
The Big Tent of Hospital Medicine

• Members from various backgrounds
  • Internal Medicine - 74%
  • Family Practice - 8%
  • Pediatrics and Med/Peds - 7%
  • Post Acute Care

• Other members include providers and non-providers
  • Nurse Practitioners/Physician Assistants - 8%
  • Pharmacists
  • Administrators - 3.5%
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
Defining Hospital Medicine was a Critical Step

- Core Competencies in Hospital Medicine
- Key Characteristics of Effective Hospital Medicine Groups
- 2016 State of Hospital Medicine Report available
The Movement Continues to Grow: Number of Hospitalists in the US

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Hospitalists</th>
</tr>
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<tbody>
<tr>
<td>2003</td>
<td>11,200</td>
</tr>
<tr>
<td>2005</td>
<td>16,400</td>
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<tr>
<td>2007</td>
<td>23,198</td>
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<tr>
<td>2009</td>
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<td>2011</td>
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<tr>
<td>2013</td>
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<tr>
<td>2015</td>
<td>48,000</td>
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<tr>
<td>2017</td>
<td>57,000</td>
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<tr>
<td>2018</td>
<td>61,000</td>
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</table>
Issues Continue to Challenge Us

• There is still a shortage of hospitalists
• Salaries growing because of high demand
• Hospitalists do not support themselves financially
• Hospital “subsidy” makes up the the shortfall
• Financial pressures on hospitals makes this a challenge
• Standardization of care is still an issue
• Continuity of care is still an issue
• Measures of quality of care are elusive
Redesign of the American Healthcare Delivery System
The American Hospital of the Future

- Care delivered by teams of providers
- Majority of patients admitted by hospitalists
- Hospitalists, Intensivists, and ED physicians are the “home team”
- Specialists are consultants and used efficiently
- Patient Centered – focused on “patient experience”
- Providers must demonstrate measurable quality and financial performance in order to be successful
- Hospitals aligned with hospital based physicians: common goals and incentives
Hospital of the Future: Hospitalists Leading Teams

- Rethinking the Care Delivery Process
- Standardizing care across providers
- Attempting to identify greater efficiencies and effectiveness
- Traditional physician roles off-loaded to others who are practicing at the top of their training and license
  - Patient Education, especially at Discharge
  - Medication Reconciliation
  - Transitions out of the hospital
Hospital of the Future: Hospitalists as Systems Engineers

Central to Evolution of the New Health System

- Critical to Population Health strategy
- Integral to the NEW Medical Staff
- Creating new designs for care delivery
- Leading the coordinated delivery of care
- Critical to deployment of new technology
What Does Quality Look Like and How SHM Helps?
Center for Quality Improvement
Quality Improvement:
Improve the Discharge Process and Reduce Unnecessary Readmissions with Project BOOST®.

Recent research published online in the *Journal of Hospital Medicine* finds that in a study of 11 hospitals that implemented one or more Project BOOST® tools, hospitals reduced 30-day readmissions by an average of 13.6 percent.

**Project BOOST® provides:**

- Individual coaching by physician experts
- Comprehensive evidence-based toolkit
- Site visit from physician mentor
- Access to BOOST online collaborative
- And more

I-PASS

• **Goal**: To reduce medical errors and preventable adverse events by implementing effective regimens and protocols to optimize patient handoffs in the hospital

• **Results** of the original I-PASS Study of 11 hospitals
  - 23% reduction in medical errors
  - 30% reduction in preventable adverse events – medical errors resulting in harm to patients

• I-PASS with Mentored Implementation
  - 32 pediatric and adult hospitals across the U.S. and Canada
Education
SPARKONE

The only recertification tool that covers 100% of the American Board of Internal Medicine's Focused Practice in Hospital Medicine (FPHM) exam blueprint.

HOSPITALMEDICINE.ORG/SPARKONE
QI Implementation Toolkits

Providing evidence-based guidance on implementing QI initiatives in topics such as:

• Acute Coronary Syndrome
• Congestive Heart Failure
• COPD
• Glycemic Control
• Improving End-of-Life Care

• Medication Reconciliation
• Opioid Safety
• Pain Management
• Preventing Readmissions
• VTE
• And more
• Member benefit provides free online CME and licensure tracking

• Enhanced Learning Portal improves experience for users with a mobile-friendly design and interactive content

• Easily accessible with your SHM login
Practice Management

Tools to optimize hospital medicine groups:

- The Key Principles and Characteristics of an Effective Hospital Medicine Group

- 2016 State of Hospital Medicine Report available with enhanced digital version

- Hospitalist Engagement Benchmarking Service
Hospital Medicine Exchange: Connect with 9,000+ Hospitalists Any Time

www.hmxchange.org

• Now more than 9,000 hospitalist users

• Now available as a mobile app! Search “HMX” in your app store.

• Topics like practice management, quality improvement, health IT and patient experience
Recognizing Outstanding Hospitalists

• FHM, SFHM, Masters in Hospital Medicine
• Awards of Excellence in multiple categories
• Working with ABIM and ABFM on Recognition for Focused Practice in HM
Building the Future of Hospital Medicine
www.futureofhospitalmedicine.org

• Free membership for medical students and reduced dues for residents

• New Student Scholarship program

• Specialized content at HM18 for young hospitalists and hospitalists-to-be

• Videos about careers in hospital medicine at www.youtube.com/shmlive
Discussion and Questions