So, You Want to be a Hospitalist…

Jack M. Percelay, MD, MPH, FAAP

Immediate past-Chair, AAP Section on Hospital Medicine

Pediatric Board Member, Society of Hospital Medicine

March 29, 2006

Overview

- Introduction to Hospitalists: definition, taxonomy, adult experience
- Overview of Pediatric Hospital Medicine Systems: range of systems, published data
- AAP Section on Hospital Medicine
- Impact of Hospitalists on Pediatrics
- Employment Issues

Introduction to Hospitalists: definition, taxonomy, adult experience

AAP Description of Hospitalist

- *also called "full-time attending physicians, teaching attending physicians*
- *"hospital-based physicians who provide inpatient care on behalf of ambulatory-based practitioners*

Key Features of AAP Hospitalist description

- Communication
  - Lack pre-established relationship with hospitalized child, therefore require background information from PCP
  - Will not provide ongoing care after discharge. Therefore must coordinate follow-up care with PCP
- General Pediatrician Perspective, not a sub-specialist

Wachter Definition of Hospitalist

- *Hospitalists are physicians who spend more than 25% of their time based in a hospital setting, where they sere as Physicians-of-record after accepting "hand-offs" of hospitalized patients from primary care physicians, returning those patients to the care of the primary care physicians at the time of hospital discharge.*

Nelson Definition of a Hospitalist

- *A hospitalist is a general internist, medical sub specialist, [pediatrician], or family practitioner who is predominantly engaged in the care of inpatients on the acute medical wards and intensive care units and who acts as a consultant on surgical patients through a dedicated on-site approach with limited outpatient responsibilities.*

Current SHM Definition of a Hospitalist

- *Physicians whose primary professional focus is the general medical care of hospitalized patients. Their activities include patient care, teaching, research, and leadership related to hospital care.*

Key Features of Definitions

- Commitment to inpatient care
  - Provides familiarity and expertise clinically and logistically
  - Concurrent commitment to hospital systems issues
- Hand-off
  - Communication is key
  - Potential for misadventures/liability
  - Hand-off, not hands off

Factors Influencing Growth of Hospitalist Systems

- Economic Pressures of Managed Care
- Decreased frequency and higher acuity of inpatient admissions
- Higher quality of life/practice
- Higher quality of care
- Decreased housestaff availability
- Success of programs to date
- Organizational commitment to quality systems

Stages of Hospitalist Systems Advantages and Disadvantages

- Stage One
  - Individual PCPs follow their patients in the hospital
- Stage Two
  - Groups of PCPs develop a rotational call schedule so that one physician at a time is responsible for all inpatient care

Stages of Hospitalist Systems Advantages and Disadvantages

- Stage Three
  - Dedicated hospitalist program with voluntary participation by PCPs who may choose to manage patients themselves
- Stage Four
  - Dedicated hospitalist program with mandatory hand-off by PCPs who may make social rounds only

Adult Hospital Data

- *Reorganizing an Academic Medical Service, Wachter et al, JAMA 279:19 1560-65*
- UCSF Adult Medical Service reorganized July, 1995 into a hospitalist and traditional service
- Hospitalists on service more frequently, and when on service more actively involved
- Explicit commitment to improve system, pathways, CQI, cost-effectiveness

Results

- Outcomes = in terms of patient morbidity/mortality, satisfaction
- ALOS decreased by 12%
- Total hospital costs decreased by 9%
- No decrease in resident satisfaction with educational experience; did learn more about cost effectiveness
- No difference in utilization of sub-specialists

Current Adult Activity

- Repeated published data reflecting decreased costs with increased quality
- Explosive growth in hospitalist programs nationally
- Development of hospitalist residency tracks
- Hospitalist Fellowships (but no sub-specialty)

Society for Hospital Medicine

- Previously named National Association of Inpatient Physicians 4/1/03
- Professional Organization for Hospitalists
  - Founded in 1997 to represent hospitalists, affiliated with American College of Physicians
  - Now over 5000 members, Leadership roles in hospitalist policy, error reduction
  - Excellent resource for logistic issues www.hospitalmedicine.org
  - Welcomes pediatric participation

Adult Hospitalists and Professional Medical Organizations

- American Academy of Family Practice
  - Opposes mandatory Stage 4 models
- AMA
  - "opposes any hospitalist model that disrupts the patient/physician relationship or the continuity of inpatient privileges of attending physicians and physician consultants"
- Society of Critical Care Medicine
  - Concerns of Hospitalist Involvement in the ICU
  - Recognizes work force issues

Misconceptions about Hospital Medicine Systems

- Hospitalists will not steal your patients
- Hospitalists do not mean complete relief from inpatient responsibilities
- Hospitalist revenue will not cover the direct costs of the program
- Hospitalists are not simply “super residents”

Pediatric Hospital Medicine Systems

Pediatric Hospital Medicine Systems

- Same factors motivating adult program development, plus desire to provide local pediatric care
- Programs have been in existence for as long as 20 years, but using different titles such as inpatient pediatrician or in-house pediatrician

Variety of Pediatric Hospital Medicine Models

- University/Teaching Model
  - Tertiary care Children's hospital
  - Community teaching Hospital
  - Hub and Spoke Model
- Full-time hospitalist model in non-teaching Community Hospital
- House Physician Model

Pediatric Hospitalists Range of Job Descriptions

- Inpatient Unit(s)
- Emergency Room
- Newborn Nursery, Labor and Delivery
- Neonatal and Pediatric Intensive Care Units

Inpatient Duties

- General inpatient continuity attending, with or without housestaff
- Isolated services: admissions, consults, acute evaluations
- Procedures (IV, venipunctures, LPs)
- Policies and Pathways
- Nursing Ed

Emergency Room Services

- Consultations
- Primary visits, typically medical
- Admissions through the ER
- Job description varies depending upon whether there is a “Pediatric ER”

Newborn Nursery
Labor and Delivery

- Attend high-risk deliveries
- Care for unassigned newborns
- Well newborn care for staff pediatricians
- Evaluate problem newborns outside of the Neonatal ICU

Intensive Care Units

- Pediatric or Neonatal Intensive Care Unit cross-coverage with appropriate intensivist backup
- Adds to skillset and job satisfaction
- Ability to multi-task makes financially attractive
- Need daytime presence in unit to acquire and maintain skills

Other Services

- Sedation Service
- Urgent Care/ Pediatric Fast Track
- Outpatient Consults/Diagnostic Service
- Pediatric Voice in a Community Hospital

Pediatric Hospitalist Published Data

- Positive Impacts on Cost and quality:
  - Bellet, Cincinnati Children's, *Pediatrics 2001*
  - Landrigan, Boston Children's, *Pediatrics 2002*
  - Lehigh Valley, PA *Health Care Cost Reeng 1999*
  - Maggioni, Miami Children's, *SOAPM, AAP Newsletter*
  - Ogershok, West Virginia, *Clin Pediatr 2001*
  - Wells, Fresno, CA *AM J Med Qual 2001*
- Increasing prevalence in Academic Departments of Pediatrics,
  - *Srivastava, Ambul Pediatr 2001*

AAP Section on Hospital Medicine

AAP Section on Hospital Medicine

- Formulated 1998 as a proposed Provisional Section as Section on Hospitalists
- Progressed from Provisional Section to full Section Status over a 4 year period
  - Initially a controversial topic within the AAP, now widely accepted
  - January 2006 membership of >500, primarily hospitalists
  - Close relationship with AAP Committee on Hospital Care and Pediatric Section SHM, APA SIG

Activities of the AAP Section on Hospital Medicine

- Annual Meeting with educational program and business meeting, networking
- LISTSERV for clinical and logistic issues
- Pediatric Research in the Inpatient Setting (PRIS) Network in collaboration with SHM and APA
- Research Activities:
  - Periodic Survey of AAP Members Experiences with Pediatric Hospitalists
- AAP Resource for hospitalist questions

SOHM Policy Activities

- Policy Development for Pediatric Hospitalist Issues *Pediatrics; April 2005 115(4); 1101-1102*
  - statement for voluntary programs, designed individually to meet local needs, BE/BC in Pediatrics, appropriate f/u and communication, data collection
- Contribute to Policy Development in related areas
  - Physicians' roles in care of hospitalized patient, reducing errors in the inpatient setting, appropriate supplies for community hospital, family centered care, etc.

Activities of the AAP Section on Hospital Medicine

- Logistic Support for members
  - Billing and coding questions
  - Employment Opportunities
  - Salary survey
  - Resource sharing for clinical pathways
  - Resource sharing for system issues
- Coordinate activities with other hospitalist groups
  - Society for Hospital Medicine Pediatric Section
  - Ambulatory Pediatrics Association Inpatient Hospital Medicine Special Interest Group

Impact of Hospitalists on Pediatrics

Future Considerations for Pediatric Hospitalists

- Issues are similar to Adult Hospitalists
  - Have demonstrated increased quality, educational experience, and cost-savings, but not financially self-sufficient
- Financial Viability of Programs
- What is sustainable night call, financially and physically
- Burnout and career satisfaction

Broader Considerations

- Impact on training programs
- Impact on the specialty of Pediatrics
  - Potential inpatient/outpatient schism
  - Maintenance of hospital privileges if MD doesn't admit patients
  - Positive influence on inpatient care with dedicated physician involvement
- How to maintain complementary skillset
- Development of a sub-specialty?

Career Options
Pediatric Hospitalists

- Academic General Inpatient Attending
- Non-academic general inpatient Attending
- Community Hospital Inpatient Pediatrician
  covering ward, ER, L&D, nursery, PICU
- Specialized Care—NICU, PICU, specialized patient population
- Administration
- Education

Current Training for Pediatric Hospitalists

- Current Recommendation: No specific additional training *required*
  - But lots of on the job experience
- Training will vary with job description
  - Additional experience valuable in ward, PICU, NICU, teaching, ER, QA/QI, transports, research
- Fellowships available at Boston Children's, UC San Diego, Texas Children's and Children's National Medical Center, Washington DC

Certification for Pediatric Hospitalists

- Currently BE/BC in pediatrics with current certification in NRP, PALS, BLS
- SHM is addressing issue of core competencies for adult practitioners, will overlap with pediatrics
- Future likely to have residency track specialization
- Competency certification vs. Sub-board in the future 10+ years?

Employment Issues

Sources of Job Satisfaction for Pediatric Hospitalists

- Variety of clinical opportunities and range of practice.
  - Higher, but not overwhelming acuity
  - Breadth of practice, not just one organ system or site
- Intense interactions with families
- Shift work, procedures, teaching
- Medical model of intervening acutely
- Relative freedom from insurance issues
- We generally thrive in the hospital setting
- Excitement of a new field

Sources of Job Dissatisfaction for Pediatric Hospitalists

- Nights and weekends
- Lack of continuity of care
- Lack of a formal sub-specialty designation
- (Perceived)Lack of autonomy
  - true of the house physician model, not the hospitalist
- Lack of job security/partnership
- Limited hospital resources

Compensation

- Varies widely by program description, academic vs. non-academic, in-house vs. call from home, locality
- National data 2002 AAP salary survey
  - Average 48 hrs/wk in-house full-time
  - Starting salary $110K
  - With 5 years experience $130K
  - Standard benefits incl 4 wks PTO, 1 wk CME
- 2005 SHM data ~$140 K average (less in academic settings)

Issues in Contract Negotiation

- Clearly understand the nature of the job and tasks
  - Range of practice, nature of backup and assistance, volume of services expected
  - It is probably worthwhile to spend 4-6 hours tailing someone on a “typical day”
  - Clearly understand the expected obligations for nights, weekends

Issues in Contract Negotiation

- Is compensation hourly, salaried, incentive based
  - Incentives are an opportunity to align goals to make the pie bigger for everyone
  - Your willingness to accept risk over the things you control (quality, not volume) expresses partnership
    - Stark Laws prohibit self-referral, conflicts of interest
- Clearly understand benefits
  - (vacation, CME, sick time, moonlighting options, holidays, expenses, malpractice with tail coverage, etc.)

Issues in Contract Negotiation

- Ask to meet with other hospitalists, PMDs and nurses to decide if this is the type of environment you want to live in professionally
- Examine a chart, signout sheet: assess the fit—are they too compulsive, not detailed enough
- Understand how you individually and the entire program will be evaluated

Issues in Contract Negotiation

- If program is a start up, get a sense from others how much support is present for the program
  - Attitude of PMDs
  - What are financial projections of sponsoring institution, are they willing to support a program for 6-24 months until it gets off the ground
  - How much notice is required to cancel contract—suggest 6 months as time it takes to get licensed and credentialed in a new arena

How to Find a Job

- Word of Mouth
- *Pediatrics*
- AAP
  - Chapters
  - SOHMLISTSERV
- Yellow Pages
  - Call hospitals to get name of either head hospitalist or Department Chair

Questions to be Prepared for on the Interview

- What makes you want to be a hospitalist?
- What are your long term career goals?
- What are your strengths? weaknesses
- How would your colleagues describe you?
- How do you handle conflict among physicians, parents, nursing staff?
- Tell me about an interesting case

A,B,C's for being a Successful Pediatric Hospitalist

- Always
- Be
- Competent
- Collegial, and
- Communicative

Questions?

- Jack Percelay 201 670-3603 or e-mail jpercelaymd@yahoo.com
- AAP SOHM NAlexander@aap.org
- www.hospitalmedicine.org