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## **The hospitalist is in**

**These doctors specialize in taking care of patients at the hospital, complementing the care of and easing the burden of busy primary-care doctors**

**BY LAURIE WHALEN**

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LITTLE GARNETT — The emergence of a new kind of doctor is changing the delivery of health care for this Hippocratic profession.

Increasingly, a hospitalist can be found tending to at least a dozen bedsides in a medical center.

A hospitalist practices general medical care of hospitalized patients, freeing primary-care doctors from twice-daily hospital visits and afterhours emergency calls.

Primary-care practices throughout Arkansas, and across the country, continue relinquishing care of their hospital patients to the specialist. Primary-care doctors who do so often cite a lifestyle improvement as the main motive — especially more family time.

Primary-care physicians is a category of caregiver made up of family practitioners, internists and pediatricians.

Hospital operators and insurance companies say hospitalists can improve quality and decrease the length of stay and costs associated with a hospitalization.

Northwest Arkansas facilities that employ hospitalists are St. Mary's Hospital, Northwest Medical Center-Bentonville, Northwest Medical Center-Springdale, Washington Regional Medical Center and Sparks Health System.

### **SHADOWING A HOSPITALIST**

Roger Montgomery, 52, a hospitalist from Fayetteville, gave up seeing patients at the Fayetteville Diagnostic Clinic last year. Since January, he has cared for patients at Washington Regional Medical Center in Fayetteville.

"It's been a big adjustment," he said while seated in the hospital lobby, "not to this job, but to having to say goodbye to the families of some of my patients."

After 16 years in private practice, Montgomery joined the year-and-a-half-old hospitalist program.

Washington Regional's program has grown from one hospitalist to five, including three pediatric hospitalists. The community hospital, licensed for 233 beds, has extended admitting privileges to more than 300 doctors.

Montgomery, an internal medicine physician, headed toward the elevator to a fourth-floor room on the Acute Care for the Elderly unit to check on an 80-year-old man with dementia.

After inputting notes on his elderly patient in a hospital computer, he headed for the Coronary Care Unit, where he saw another male patient admitted after a drug overdose.

Montgomery's unsure if the overdose was intended or not.

Before Washington Regional adopted the hospitalist program in 2006, a doctor from the hospital's "unassigned patient" call list would have been contacted to treat Montgomery's overdosed patient.

All licensed physicians with hospital admitting privileges take part in an arrangement called the unassigned patient call list. Typically, doctors from the list are called when a patient without a doctor needs to be admitted to the hospital.

Unassigned patients are usually encountered in the emergency room.

Hospitals must treat anyone who shows up for care at their emergency room, regardless of their ability to pay, under the federal 1986 Emergency Medical Treatment and Active Labor Act.

Montgomery slipped into the room where the overdose patient slowly awakened from a comatose state.

"He's still confused," Montgomery said. "He'll recover and I think he'll do fine."

### **EMPLOYING A HOSPITALIST**

Hospitalists are gradually eliminating the hospital visits performed by primary-care physicians.

The Society of Hospital Medicine, a Philadelphia-based trade group, reports that 40 percent of 5,000 U.S. hospitals in 2006 employed hospitalists. About 20,000 hospitalists are employed nationwide.

Hospitalist programs date back to the mid-1990s. Proponents have called the position the fastest-growing specialty in the industry.

The society says growth in the program's popularity stems from the decline in hospital admissions generated by primary-care doctors as a result of managed-care practices and the need to control costs, improve quality of care and reduce medical errors at hospitals.

A hospitalist is familiar with the potential hazards (such as pneumonia) and quality improvements associated with practicing medicine strictly in a hospital. They care for all of their patients at a hospital rather than in a clinic or private practice.

And, they can deliver more effective care partly because they're on hand when a need arises. As a result, for example, a patient's average length of stay can be decreased.

The specialty physicians also improve care by coordinating patient treatment with various specialists.

A hospitalist also benefits a hospital since reimbursement depends on how well a hospitalist documents his patient's treatment, said Paul Pradel, a hospitalist at Sparks Health System in Fort Smith.

According to Society of Hospital Medicine data, patients seen by hospitalists averaged one less day at a hospital and averaged a 10 percent reduction in costs, much of which came from savings in nursing expenses and lab costs. The savings data came from services rendered to 1,706 patients treated at University of Iowa hospitals and clinics in 2000-01.

However, hospitalists are not hired to save money, said Debbie Wyman, a spokesman for Medicus Resource Group — a Little Rock-based doctor recruiting firm.

"Cost savings are a byproduct of the fact that they are in a hospital 24 hours a day and can monitor a patient more closely and effectively," she said.

At least 12 hospitals are looking to fill hospitalist positions in Arkansas, said Wyman, who characterizes the hospitalist trend in the state as "exploding."

And many more Arkansas hospitals have employed them for years.

St. Vincent Health System in Little Rock has had a program for the last six years.

The Catholic Health Initiatives-owned hospital employs four hospitalists between two locations. The Denver-based nonprofit operates several facilities in central Arkansas, including St. Vincent Infirmiry Medical Center in Little Rock.

Brian Bean, the hospitalist director at St. Vincent Health System, said that from his experience, the two biggest reasons for establishing hospitalist programs are patients without doctors and the demand from primarycare doctors to end their hospital-related duties.

The health system has been reaping efficiencies because of the program, he said.

"We've decreased costs and we've showed decreased mortality and readmission rates," said Bean, 34, who declined to provide any specific data. "We do better than the national studies show."

### **PARTNERING WITH A HOSPITALIST**

Robert Williams, D.O. (doctor of osteopathic medicine), a Sparks Health System family practitioner, said the health system's hospitalist program means the eventual end of hospital patient duties by his three-person practice.

The Spiro Family Practice Clinic doctor welcomes the day when he no longer has to make a 20-minute drive from Spiro, Okla., to Fort Smith, although it's not because of the distance.

Instead, he said, he finds it increasingly overwhelming to juggle his clinic and hospital patients, plus those on the hospital's unassigned list.

The unassigned patient load has increased in part because local doctors are retiring or leaving the area, he said. During weekend or nightcall duty, for example, Williams, 53, said he sees at least three unassigned patients.

"We're devoting so much time to the hospital versus our office," he said.

Williams said he'll be able to drop caregiving at the hospital when the Sparks hospitalist program becomes fully staffed.

His clinic is owned by and affiliated with the Sparks Health System, which operates a hospital licensed for 510 beds in Fort Smith. Williams is employed by Sparks and is one of an estimated 240 doctors with admitting privileges.

Williams said that while no formal discussions have taken place to end the hospital relationship, handing off

hospital care to a hospitalist is a trend in an industry dominated by managed-care models.

"There are a lot more family practitioners who find it unnecessary going to the hospital," he said.

For Christian Blankers, a family practitioner with the Medical Associates of Northwest Arkansas-affiliated First-Care Family West clinic, taking part in a hospitalist program is more of a lifestyle preference.

Blankers said he has more free time in the morning and is able to start seeing patients at his Prairie Grove clinic on time since eliminating the weekday hospital visits.

And instead of getting home around 7 p.m., Blankers said he can return to his three small children around 5 p.m.

"The hours are more pleasant," he said.

### **DECLINING A HOSPITALIST**

American Academy of Family Physicians hospitalist interaction guidelines remind doctors about the need to communicate with each other.

A doctor must be informed about the care given his patient in his absence. Additionally, with more family doctors seeking to cut ties with medical centers across the country, the academy cautioned them about relinquishing such care, which can lead to lapsed hospital privileges.

Without permission to treat a hospital patient, a doctor might need more education and training to regain a privilege. Or, doctors could encounter difficulty being credentialed or reimbursed by managed-care companies for certain services or procedures.

Al Gordon, a family practitioner at Medical Associates of Northwest Arkansas' FirstCare Family North clinic in Fayetteville, didn't mention either of those concerns as the reason he decided not to take part in Washington Regional's hospitalist program.

Of the 26 primary-care doctors affiliated with MANA, more than half have opted not to take part in a hospitalist program.

"I'm not opposed to the philosophy," Gordon said.

And he admits he's not always able to maintain the continuum of care in his practice since emergency situations do arise.

However, Gordon and his like-minded group of six doctors who share call responsibilities prefer to treat their own hospital patients.

Gordon added that retaining control over hospitalized patients is not about economics, although a hospital stay might garner a higher reimbursement than a clinic visit.

"We got a lot of feedback from our patients," he said. "It's more comfortable to see that familiar face."

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