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The Doctor is In...The Hospital

by Chris Nelson

Chase Peterson, M.D., often tells a story he heard from Judah Folkman, M.D., chief of surgery at Harvard's Children's Hospital. It is about a patient named Melissa. One morning, as her surgeon was making rounds, he found Melissa's mother crying.

"Is Melissa in pain?" he asked.

"No," she answered.

"You know we expect her to fully recover?" He'd successfully removed a tumor from the four-year-old's abdomen, and she was undergoing chemotherapy and radiation therapy. "Then why the tears?"

"We are here all alone," she responded. "We don't have a doctor."

The surgeon was stunned. "But you have me and my residents as your surgeons, and the oncologists, the radiation oncologists and their residents; you have a whole team taking care of Melissa."

Melissa's mother pulled a sheet of paper from her purse with questions she had written for each team of doctors. "Yesterday the blood count was low, and the nurse said I should ask the hematologist about it. Today the radiation treatment was cancelled, and I was told to ask the oncologist."

On the back of the paper, she'd made a diagram of who could be asked which question, who was on which night: a chart mapping the specialists who were treating her daughter.

Melissa and her mother were abandoned in a hospital full of doctors says Peterson, president emeritus and professor of family and preventive medicine at the School of Medicine. There was no single physician coordinating Melissa's care, no one her mother could trust, no one who could answer her questions.

A new trend in health care may hold the solution for patients like Melissa. An emerging group of doctors known as "hospitalists" is being used by hospitals around the country to make sure patients don't feel abandoned.

The hospitalist works like this: when a patient is admitted to the hospital, his or her primary care physician passes responsibility to the hospitalist. At discharge, the hospitalist passes responsibility back to the patient's physician.

Hospitalists draw their name from an editorial that appeared two

years ago in the New England Journal of Medicine. The authors argued that, while primary care physicians are needed to coordinate the care of outpatients, hospitalists are needed to coordinate the care of hospitalized patients. The idea seems to be catching on. There are more than 3,000 hospitalists practicing in community and academic medical centers across the country.

The Department of Internal Medicine at the University of Utah will hire its first full-time hospitalist early next year. "Currently, general internists from the Division of General Internal Medicine at the U all admit to a single physician who rotates every two weeks. So in a sense, we're already using a variation of the hospitalist system," said Barry Stults, M.D., professor and chair of the Division of General Internal Medicine.

The department eventually plans to hire four full-time hospitalists. One will be a pulmonary specialist; the other three, general medicine practitioners from the Division of General Internal Medicine. Patients being treated by specialists in cardiology, hematology and oncology will remain unaffected. Stults expects hospitalists will coordinate the care for about 50-60 percent of the patients assigned to the Department of Internal Medicine.

"Inpatient medicine is much more complex than it was 10 years ago. To do it well, you need to be doing a lot of it. A hospitalist is going to see problems like severe pneumonia, emphysema and gastrointestinal bleeding several times a week. Many primary care physicians may only admit three or four patients with these conditions every year," said Stults. "Specialists, such as gastroenterologists, will consult on these patients. The hospitalist system, however, will free them up from non-specialist duties, so they have more time to devote to complex specialty care."

Hospitalists also may be more accessible to patients. "These physicians are at the hospital throughout the day and available to patients and their families," noted Stults. "The patient doesn't have to wait until the beginning or end of the day when the primary care physician normally visits."

He also points to statistics that show hospitalists have reduced patient length-of-stay by up to a full day at some facilities. That's good news for University Hospital, which continues to experience a shortage of beds.

"While I don't think hospitalists are the solution to our bed shortage, I think they will help," said Neil K. Kochenour, M.D., professor of obstetrics and gynecology, and the University Hospital's medical director. "One of the real benefits will be for patients who are referred here from outside the Salt Lake area. These are the people who need an inpatient primary care physician."

Not everyone is convinced of the benefits of hospitalists. Opponents argue that primary care physicians will be denied access to their patients when their patients need them the most.

"Family practice was conceived of as a specialty that ranged from the womb to the tomb. For many family physicians, it's already reduced to just cradle to grave. Now the proliferation of hospitalists

threatens to reduce it to 'cradle to grave, except in the hospital,'" wrote Robert Edsall, in a 1997 editorial in *Family Practice Management* magazine.

Stults says such concerns are valid, but that primary care providers shouldn't be threatened by hospitalists. "While inpatient care has become more complex, so has outpatient care. The emergence of the hospitalist does not represent a less important role for primary care physicians. It is a recognition that outpatient and inpatient care have become too complex for many physicians to handle."

In fact, primary care physicians already are spending less time in the hospital than they did 15 years ago. The average primary care doctor sees about two hospitalized patients a day and spends roughly an hour in the hospital, according to a 1997 American Medical Association survey. In 1978, primary care doctors spent 40 percent of their time in the hospital and saw an average of 10-12 patients a day.


"We plan to be very sensitive as we implement our hospitalist system. The relationship patients have with their primary care physician, whether a family doctor or a general internist, is extremely important. When admitting, hospitalists will work closely with the regular provider to obtain a patient history. While the patient is hospitalized, the hospitalist will communicate closely with the primary care physician to keep him or her informed. When the patient is released, the hospitalist will provide the primary care physician with a detailed discharge report," said Stults.

The most important ingredient in making the hospitalist system work at University Hospital, Stults said, is selecting the right physicians. "We're not talking about a large pool of applicants. To make the system work, you need committed, gifted individuals with extensive inpatient experience. They must have excellent communication skills, excellent personal skills and excellent technical skills." Although no decisions have been made, Stults said internal and external candidates are being considered for the positions.

A. Peter Catinella, M.D., M.P.H., vice chair for clinical services in the Department of Family and Preventive Medicine, shares the concern that hospitalists may squeeze primary care physicians out of inpatient care. But, he says, it is too early to pass judgment. "University Hospital is unique, because only faculty have admitting privileges. So for the most part, when physicians refer patients to the University of Utah, they have already handed off their patient to a specialist."

While the concept continues to grow in popularity, most medical schools have not begun specialty training programs for hospitalists. "We still train our students and residents to practice in both outpatient and inpatient settings. The majority of our students complete primary care residencies, and most will not end up practicing in a tertiary care hospital," said Catinella.

Proponents of hospitalists say the physicians will have a positive impact on medical education. "For housestaff in internal medicine, the introduction of hospitalists may mean a greater likelihood of being supervised by attending physicians who are highly skilled and



experienced in providing inpatient care," according to the New England Journal of Medicine. "Moreover, this change will help answer public calls for closer and more effective faculty oversight of house staff and students."

Stults said the hospitalists will benefit both patients and students. "Patients will benefit from having a closer relationship with an attending physician who is always available. Students will benefit from having more experienced inpatient providers as their teachers."

The important thing for Melissa's mother, however, is that she can throw away the piece of paper charting which specialist is responsible for what. She and her daughter will no longer be alone.

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