Directing Your Care: Who is the Hospitalist?

The days of Marcus Welby family doctor are long gone, and there is a sturdy fence that stands between care in the hospital and care in the community. When the Emergency Room staff determines that you will need in-patient care, you will likely be turned over to the Hospitalist team. This is a group of doctors who work directly for the hospital and specialize in hospital care. This means they specialize in serving your care needs while at the same time serving the needs of the hospital: diagnosing and responding to your current needs and preparing in a timely and efficient way to "step you down" to a less expensive care environment, either at home or in rehab.

A hospital is an institution which operates in a very dense regulatory environment: accrediting boards, Health departments, unions and licensing boards, OSHA and on and on. And the biggest player in setting rules and expectations is Medicare. To stay operating and maintain the high overhead costs that modern medicine requires, a hospital needs to respond to the demands of the many third party payers, and the largest of those is Medicare. Specific care pathways, initiatives to reduce falls, better manage pain and reduce infections all are attempts by Medicare to reduce the cost of providing care. And Medicare puts the hospital in charge of keeping those costs down by penalizing them for failure to meet the goals set. Hospitals, as well as all facilities that receive Medicare funding are required to participate in on line ratings programs, available for all to see. www.**medicare**.gov/**hospitalcompare**

In the practice model of old, individual doctors had "privileges" in hospitals and hospital depended on keeping doctors happy so they would admit their patients with them. Hospital administrators had little influence over the practices of these autonomous professionals. The phrase "herding cats" comes to mind. Add to that the lifestyle demands on the physicians of rounding on their hospital patients daily and maintaining an office practice, not to mention being woken at any hour by the hospital nurse when a patient problem arose.

In the legal and reimbursement context of current times, having staff physicians partnered with professional nursing staff helps hospitals control outcomes and costs. Family life expectations have also changed and many physicians, including the greater and greater number of women now in the profession, prefer the predictability of a more defined practice.

While there are many benefits to the "care delivery system" of hospitalist practice, many of you have already found the lack of personal relationship to be a bit unsettling. In addition, if you are in-patient for several days you may see several different Hospitalists. Despite them being a team who hopefully know each other's practices and follow the same in-house protocols, and of course live in the same electronic record, you may find it difficult to get a handle on how they are directing your care. This puts more of a burden on you the patient, and importantly, your advocate team of family and friends to ask questions and establish good dialogue. This conversation should include a member of the Case Management staff who is charged to begin the planning for discharge on day one. Regular questions should include: what are the goals of my care, when medicines are changed can they explain why, and what should I be looking out for and how need I change my life going forward?

Make sure the hospitalist knows the name of your primary care physician, as ultimately this doctor will confirm, adjust or counter any care decisions made in the hospital when you return home. You can ask for the discharge summary dictated by the physician who finally orders your discharge (though this may not be done until well after you are gone.) And you can certainly insist that this document be forwarded to your own doctor. Remember that for now, and maybe forever, there is no single electronic record. Much as we might wish it were otherwise, closing the circle of communication is often something we ourselves must do.

Next in the series- down the ladder to Rehab or home.