Hospitalists—An Integral Part of the Health Care System

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A lthough there have always been a few general medical physicians who only cared for hospitalized patients, the number of inpatient medical specialists has grown exponentially since 1996 [1]. Initially, physicians specializing in the care of inpatients, termed “hospitalists” by Bob Wachter [2], were hired in an effort by insurance companies to cut costs [3]. Administrators anticipated that physicians who were on site all day would develop an improved familiarity with common inpatient problems, would know how to get things done efficiently, and would be more readily available to discharge patients.

The concept was not embraced by all internists, and concerns were raised about quality and continuity of care, patient satisfaction, and the erosion of the internist’s role across the continuum [4,5]. Some internists worried that hospitalists would not know their hospitalized patients as well as primary physicians, that internists would not receive adequate information about the hospitalization to provide optimal post-discharge care, and that patients and families would be unhappy with a new physician caring for them. General internists were also concerned that they might lose expertise in inpatient medicine, possibly lose hospital privileges, and suffer a decrement in professional satisfaction. Some internists viewed the hospitalist movement as one more invasion of managed care into their professional autonomy.

The rapid growth of the hospitalist movement suggests that the model has come to be accepted [6]. There is also some data that show that the hospitalist model may achieve improved outcomes and reduce costs. As noted by Wachter et al, average hospital costs decreased 13.4% and average length of stay decreased 16.6% between 1996 and 2001 [6]. Recently, preliminary data suggests that there is a learning curve for hospitalists beyond medical residency and that the advantages of using hospitalists may not become apparent until the second year of service [7–9]. We have also learned that the use of hospitalists cannot be mandatory, as the medical community and physician societies will not endorse mandatory programs that exclude internists who are willing and able to provide inpatient care [4,5].

Increasingly sicker and older inpatients, more complex hospital systems of care, the closing of local hospitals, and, more recently, primary care physician demand have accelerated the growth of hospitalist programs [1]. Membership in the National Association of Inpatient Physicians has grown from approximately 200 members in 1998 to over 6000 members today [1]. Hospitalists are functioning as key teachers of inpatient medicine on general medical services in growing numbers. Further growth is expected as academic medical centers face the challenge of reducing resident work hours to meet Accreditation Council for Graduate Medical Education standards.

In summary, the hospitalist is ideally positioned to address the health care needs of patients as well as the needs of hospital administrators who need to increase efficiency. On-site physicians repeatedly encounter common inpatient problems and can anticipate iatrogenic complications. They are readily available to respond to emergencies, review test results, communicate with consultants, and supervise the multidisciplinary care team. As inpatient generalists, they may be familiar with the multiple systems of care within a hospital. As a result, hospitalists are poised to respond to the unmet needs of hospitals and to be the engine that drives quality improvement in the inpatient setting.

References