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BRIEFING

Charting a Clear Course:

How Hospital Medicine Can Transform Inpatient Care

Hospital medicine (HM) is a critical driver of inpatient care quality, volume, utilization and cost, with significant impact on overall hospital operations, clinical activity and financial performance. Today, nearly 90 percent of US hospitals have a HM program, though program size, structure and performance vary significantly. [1] In many organizations, HM programs were launched quickly, without clear articulation of goals, expectations or guidelines; it is not surprising that most hospitals and health systems have yet to understand and realize their potential value. While HM has expanded as a cost center, the expected benefits – in clinical outcomes, care delivery, patient experience, efficiency and costs – often remain elusive.

Leading providers recognize that HM must excel in its performance and impact, as the inpatient setting will continue to contribute significantly to value creation, now and in the future. For most, this requires a comprehensive re-evaluation and programmatic pivot regarding what HM is designed to deliver and how it is positioned, structured, led and supported within the broader health system. It is time for HM to "come into its own" as a fully-developed service line and core organizing influence throughout the inpatient setting, driving value and care transformation across nearly all aspects of hospital operations and clinical care delivery.

Do We Have a Problem with Hospital Medicine?

In many organizations, HM programs developed incrementally and informally, with hospitalists becoming responsible for increasing numbers of patients across multiple care units. This often occurred without clearly defined or agreed-upon objectives or parameters, and without adequate resources or authority to effectively drive efficiency and improved care delivery. Today, hospitalists provide a huge range of services to an increasingly diverse and dispersed patient population. When these changes are not met with real advancements

in the HM model and operations, impact on clinical care and hospital operations can be significant, including:

- Underperformance on core clinical performance metrics.
- Growing operating losses.
- Inability to meet coverage expectations (e.g., 24/7 coverage; all patient units).
- Constrained bed capacity (complaints that HM is "taking" specialty beds).
- Poorly coordinated care with multiple specialty consults.
- Declining patient experience, including avoidable delays, inefficient patient progression, decreased patient satisfaction.
- Poor physician satisfaction and burnout.
- High turnover of physicians and/or staff.

Hospital leaders often fail to revisit their HM program once in place, missing an opportunity to comprehensively evaluate and address the red flags listed above. Advancing HM so that it can deliver value to the health system requires a comprehensive and intentional approach that recognizes and positions it as a vital component to integrated, high-quality and effective patient care. One-off "fixes" or isolated improvement efforts will only lead to greater fragmentation and inefficiency.

What Does an Optimally Effective HM Program Look Like?

When properly structured, organized and resourced, HM programs are a critical player in the successful delivery of integrated clinical care that drives value to the health system, patient and community. What outcomes do we see when hospital medicine is optimized and at the core of inpatient care delivery?

- HM Length of Stay (LOS) is below benchmarks and establishes an organization's best practice for similar patient populations.
- Average Cost of Discharge is below benchmarks and demonstrates a high level of utilization and cost of care efficiency.
- Readmission rates are better than peer group.
- Performance is strong in quality and pay-for-performance programs, such as value-based purchasing.
- Patient satisfaction is high, reflects strong coordination of care and engagement of patients/families, and helps set the organization's standards for service.
- High levels of physician and advanced practice provider satisfaction is reflected in low turnover, limited "burnout" and high perceptions of personal and professional fulfillment.

We have identified seven key elements of effective, high-performing HM programs, as illustrated in the framework below:

Key Elements of a Successful HM Program*:*

As HM programs evolve from initial launch or "start up," to mature inpatient service lines, we see significant development along these key elements. Organizations can advance their HM programs through effective execution and active management of these fundamental practice elements to establish an optimal HM program, capable of driving results in quality, cost and experience.

	From … **Nascent HM Program**	*To…* **Advanced HM Program**
HM Mission, Value and Purpose	HM's purpose is defined by other services' needs – e.g., relieve primary care of inpatient burden	HM has strong presence in the organization, with clearly articulated, visible and broadly-understood purpose, objectives and goals
Leadership and Management Structure	HM manager handles day-to-day operations but not prepared to lead HM as full inpatient service line	Effective senior physician leader guides HM's strategic growth as a service line, and represents HM on key clinical operations and leadership committees Established executive and departmental physician leadership structure HM leadership is positioned to provide HM's perspective on advancing interdisciplinary care objectives and effectively collaborate with and influence senior clinical leaders
Service Scope and Agreements	HM takes responsibility for services on ad-hoc basis with a "take what you can get" mentality, with minimal formalized arrangements between HM and other service lines	HM service scope is clearly and intentionally defined, based on HM's stated purpose and agreed-upon goals Formal service agreements define the collaborative clinical care model and outline multidisciplinary roles, responsibilities and compliance protocols
Specialty Consults and Admissions	Interactions with specialty departments are highly variable, based on informal relationships and immediate needs	Specialty departments adopt leading consultation practices to provide service-oriented, reliable and effective interdisciplinary care in partnership with HM Consult service activation process is simple, accessible and responsive Robust measurement and review capabilities in place to support continuous improvement and compliance
Geographic Patient Placement	HM patients typically distributed across inpatient units, with more capacity need than HM dedicated unit beds provide	Patient assignment processes prioritize and maintain patient placement on geographic "home" units with dedicated HM staff Proactive interdisciplinary admissions process with coordinated bed control supports productivity, performance and teamwork
Collaborative Care Model	While interdisciplinary collaboration is assumed, there are no formal mechanisms to promote and support an integrated clinical care delivery model	An integrated clinical care model is intentionally created and fostered to enable collegial interdisciplinary alignment around care goals and to improve care outcomes, efficiency, productivity and experience Well-defined roles and responsibilities for physicians and APPs promote cohesive and highly-effective teams
Compensation and Incentives	Compensation is often a "production" model that leads to perverse incentives regarding coverage, patient assignment and patient discharge	HM's compensation model balances performance and productivity incentives and encourages care teams to achieve HM and health system objectives Performance expectations, requirements and responsibilities are broadly understood by HM and specialty services Robust and credible measurement and reporting system supports accountability and compliance

Advancing Your Hospital Medicine Program

An initial meeting with the executive leadership team and HM program leaders to review key hospital outcome metrics and assess progress along key practice elements is often a good place to begin. The questions below can help initiate that conversation and identify opportunities to advance HM as a primary driver of inpatient quality, efficiency and value:

MISSION, VALUE AND PURPOSE

How is your HM program specifically aligned with the organization's mission and positioned to meet strategic performance goals? Is HM a respected program within the health system, recognized as the leader in delivering efficient, effective and integrated clinical care?

LEADERSHIP AND MANAGEMENT STRUCTURE

Do you have engaged, capable senior HM leadership, empowered and accountable for fostering and managing relationships with other senior clinical leaders? Is HM leadership represented as an influential and credible member on key administrative and physician leadership committees?

SERVICE SCOPE AND AGREEMENTS

Are relationships between HM and specialty departments well-defined, with formal service agreements that define the collaborative clinical care model and outline multidisciplinary roles, responsibilities, expectations and compliance protocols?

SPECIALTY CONSULTS AND ADMISSIONS

Do specialists comply with leading consultation practices and effectively partner with HM to deliver integrated, high-quality, effective care?

GEOGRAPHIC PATIENT PLACEMENT

Is patient placement optimal for delivering high-quality, highly-coordinated patient care and supporting efficient care progression, discharge planning and provider productivity?

COLLABORATIVE CARE MODEL

Is the current HM staffing model (including use of APPs and other care team members) integrated with multidisciplinary unit care teams and meeting/exceeding the needs and expectations of patients? Are your hospitalists, nurses and other members of the care team satisfied with the current staffing model?

COMPENSATION AND INCENTIVES

Are effective incentive models in place that tie HM performance to broader health system strategic objectives? Is regular performance measurement and monitoring and ongoing performance improvement an integral part of organizational culture?

Sources:

[1] *Includes hospitals with more than 200 beds.* Society of Hospital Medicine, 2017, *The Evolution of Co-Management in Hospital Medicine*. Based on AHA survey data.

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