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Specialists in hospital patients fill a gap

GETAHN WARD
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By GETAHN WARD

Staff Writer

Since an ambulance took Louise Keen's husband, Tommy, from a Donelson nursing home to Centennial Medical Center a week ago, he's had access to around-the-clock care — not from his regular physician, but from doctors called hospitalists.

Hospitalists are doctors who care for patients when they're in the hospital. It's a specialty that has grown as financial pressures have driven primary care physicians to focus more on seeing patients in their offices.

"It's difficult for physicians that have 20 patients in the office to stop what they're doing to admit an inpatient.

"That requires two hours' worth of time," said Dr. Kimberly Bell, medical director of Centennial's hospitalist program.

"Economically, it's not advantageous to see a few patients in the hospital, compared to seeing more patients in their office."

Research shows that hospitalists can improve the quality of care for hospitalized patients. One study, published last month in the *New England Journal of Medicine*, suggested that patients with illnesses such as chest pain and pneumonia who were treated by hospitalists went home sooner than those who were treated by general internists.

That study also found that cost of care was modestly less expensive, but there was no significant savings as compared to care provided by family physicians.

Centennial, which is part of HCA Inc.'s TriStar Health System, plans to hire 10 hospitalists to add to the six full-time and one part-time hospital specialists it has.

Saint Thomas Health Services, meanwhile, has gone from having four hospitalists each at Baptist and Saint Thomas hospitals nine years ago to 24 at Saint Thomas and 10 at Baptist today and is recruiting for eight more systemwide, officials said.

Care for the uninsured

Among their various roles, hospitalists at Saint Thomas provide care for uninsured patients who do not have a personal doctor, said Dr. Jordan Asher, physician network executive with Saint Thomas Health Services.

But they also care for patients of physicians such as Robert Berkompas, who three months ago quit admitting his own patients and turned that task over to hospitalists.

"The patients in hospitals are increasingly complex and require a lot of extra time and efforts as well as phone calls throughout the night from nurses and others," said Berkompas, an internist in group practice at Saint Thomas Medical Group in Nashville, who still may visit his patients.

"I wanted to concentrate more on preventive medicine and the clinic where 95 percent of my patients are," he said.

Most hospitalists are trained in internal medicine. They often work seven- to 12-hour daily

shifts in a week and take a week off, a schedule that appeals to doctors who like predictable hours and also like to help sick people and to work on a variety of medical conditions. They earn \$180,000 to \$205,000 a year, according to the Medical Group Management Association.

Hospitalists help improve care by working closely with other specialists to ensure that patients receive prompt treatment and proper care, said Dr. Russell Holman, chief operating officer of Cogent Healthcare Inc., a Brentwood-based provider of hospitalist programs. Such treatment not only reduces complications but also can shorten the length of stay, Holman said.

Some question trend

Some medical experts, however, question the effects of the growing use of hospitalists on continuity of care.

Dr. James King of Selmer, Tenn., president of the American Academy of Family Physicians, stresses the importance of communication between hospitalists and patients' personal physicians, who often know more about their medical history and what they might need.

"It's more of another way to take care of patients, not necessarily a better way," King said. At Centennial, the hospital communicates with a patient's personal doctor when the patient is being admitted and when the patient is discharged, Bell said.

On a patient being treated by different hospitalists while admitted, she said that it generally isn't unusual for doctors to cover for one another.

"It's often advantageous for patients to have a new provider take a fresh look at their circumstance," Bell said.

Louise Keen, whose 79-year-old husband is being treated by hospitalists at Centennial, said "it's not an issue" that her husband isn't being treated by his doctor of almost 50 years. The hospitalists are "taking good care of him," she said.

Hospitalists specialize

Growth in the hospitalist movement, meanwhile, is giving rise to specialists within the niche such as intensivists, who work in intensive care units caring for very sick patients. Dr. E. Wesley Ely, a professor of medicine in pulmonary and critical care at Vanderbilt University Medical Center, said the lack of intensive care doctors nationwide places the burden of care for the high number of patients at high risk of death into hands of intensivists such as himself and other hospitalists.

"Critical care is the fastest growing component of medicine," Ely said. "You need people specialized in how to care for them."

Reflecting that demand for critical care, Baptist Hospital recently went from using its pulmonologists, trained in dealing with diseases of the lungs and respiratory tract, as hospitalists to using them as intensivists and hired internal medicine physicians as hospitalists, said Dr. Bill Thompson, Baptist's chief medical officer.

For hospitals, having hospitalists also can be a recruiting tool for primary care doctors, said Martin D. Brown, a consulting shareholder with Pershing Yoakley & Associates, health-care consultants in Knoxville. "Many physicians don't want to take call coverage and feel like they're losing money when they're not in their practice seeing patients and doing procedures."

Getahn Ward can be reached at 726-5968 or gward@tennessean.com.