

Health Reform Heading HM's Way

Hospitalists must prepare for new responsibilities, opportunities

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by Richard Quinn
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NATIONAL HARBOR, Md. – Hospitalists are poised to take the reins of implementing the landmark healthcare reform package signed into law two weeks ago.

“It creates challenges for us; it creates great opportunities for us,” Ron Greeno, MD, FCCP, SFHM, chief medical officer of Brentwood, Tenn.-based Cogent Healthcare, and a member of SHM’s Public Policy Committee, said during a panel discussion this morning at HM10. “Saddle up, because we’re going to be asked to do a lot of things.”

Just what the most meaningful healthcare legislation since Medicare was passed in 1965 will mean for hospitalists is murky. Eric Siegal, MD, SFHM, chair of SHM’s Public Policy Committee, noted that a skeptic can look at bundling payments as a negative influence on HM compensation, while a supporter might argue that a revised revenue methodology could streamline operations, align interests and eventually be a boon to the bottom line.

Either way, outgoing SHM President Scott Flanders, MD, SFHM, director of the hospitalist division at the University of Michigan Health System in Ann Arbor, wants all hospitalists to be prepared for inevitable discussions of how to improve quality of care and reduce costs.

“The timing couldn’t be more fortuitous,” Dr. Flanders said, referring to the fact the annual meeting is being held just miles from the Capitol. “We are about to experience some sea changes in healthcare in the United States.”

Leslie Norwalk, former acting administrator of the Centers for Medicare and Medicaid Services (CMS), noted that much of the reform would hinge on pay incentives and the ability to properly fund programs that encourage new ideas, particularly the proposed [Council on Technology and Innovation](#). Without proper funding, many elements of the health reform legislation could go by the wayside, said Norwalk, now a lawyer in Washington.

“You get what you pay for,” she added. “If you stop paying for readmission—at least avoidable readmission...then I imagine that this trend would change.”