There is nothing more difficult to plan, more doubtful of success, nor more dangerous to manage, than the creation of new system. For the initiator has the enmity of all who would profit by the preservation of the old institutions and merely lukewarm defenders in those who would gain by the new ones.

—Machiavelli, The Prince, 1513

A movement is under way to expand the specialization of internal medicine. We already have specialists for most of the organs of the body. New on the scene are specialists to manage patients when they require hospitalization. The hospitalist movement actually began earlier this decade, as groups of physicians experimented with hospital coverage (1). Dedicating a partner to handle hospital calls one week each month evolved into a system in which some eventually spent greater and greater amounts of time in the hospital setting. Motivations varied but included personal preferences, greater predictability of outpatient schedules, enhancement of inpatient skills, and the potential for increased efficiencies (2).

Our group practice of 27 internists began considering a hospitalist division last year. Some of the senior members in our group expressed desires to escape the obligations of hospital rounds, while others saw opportunities to simplify their lifestyles. We also knew of the frustrations that physicians from outlying areas experienced when they tried to refer patients who required hospital care.

We first attempted to recruit from among our ranks. Though several expressed interest, none were willing to rotate through hospital-only work, and none were willing to give up their outpatient practices. Our hospital partner expressed a willingness to assist with the recruitment of new physicians for an inpatient program. They see benefits with increased admissions and the potential for more efficient use of hospital services. Our group is finalizing plans for the launch of a hospitalist division this fall.

The ability to accommodate outlying physicians and their patients is seen as an advantage to the program. We also hope to extend the careers of senior physicians who want to confine their practices to outpatients. The ability to ease the work of on-call physicians is also appealing to some. Wachter has written that inpatient specialists, whom he has labeled
“hospitalists,” have the ability to improve the care of patients by coordinating inpatient care and reacting to clinical data in real time (3).

Disadvantages are not unrecognized. Transfer of a patient from his or her primary care physician to an inpatient specialist further disrupts the patient-physician relationship. Internal medicine physicians have witnessed a steady erosion of our involvement with patients as specialties develop tools and techniques unique to their trade. Hospital specialists will further encroach upon our relationship with patients. To avoid forcing this disruption, we have set policy to use hospitalists voluntarily; no physician will be required to use them. Some in our group vow to never use their services; others plan to give up inpatient work. Most fall somewhere in between.

To cope with the communication issue, we plan regular meetings between outpatient physicians and hospitalists. These may have an added benefit of defining practice patterns that can improve the management of patients, reducing the severity of illness and subsequent need for hospitalization. Participation by medical students, interns, and residents may add to the education of the housestaff.

Our chief of medicine has raised concerns regarding the deterioration of internists' skills if they give up work in the hospital. Enhancement of outpatient skills may partially compensate for this loss, yet all admit that the practice of internal medicine in this new scenario will change. With smaller inpatient practices today, hospital skills may already be eroding. At least one physician has admitted to a loss of skills and increasing discomfort in the treatment of sick patients who require hospitalization (4).

A leader of our medical staff has stated that the role of hospitalists in the practice of medicine is inevitable. Given that premise, he recommends that we work to make the best of this change for patients and physicians alike.

Does a hospitalist program offer advantages for patients? Does a hospitalist program offer disadvantages? The answer to both questions is yes. We hope to create a system that can improve care for patients, maximize efficiencies, and offer options for physicians. Success of the program will depend upon the collective wisdom and energies of all.

References