

Hospitalist Enhances Continuity of Care for Oncology Patients

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Background

One year ago in the fall of 2006, New Hampshire Oncology and Hematology (“NHOH”) welcomed a hospitalist on staff to manage inpatient care at the three primary hospitals where NHOH patients are admitted. Since implementing the hospitalist service, internist Ralph Falk, MD, has been providing comprehensive inpatient care management for some 1,940 hospitalized patients (65% of the practice total), while earning the confidence and praise of the oncologists and hospital nursing staffs for improving continuity and quality of care for those patients. At the same time, allowing NHOH’s eleven oncologists to focus on office-based treatment and care management for the more than 26,000 patient encounters that the practice experiences annually.

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Enhanced Communication & Continuity of Care

Improving continuity of care was a major factor in NHOH’s decision to add a hospitalist to the practice’s medical staff, according to oncologist, Fred Briccetti, MD. “With a practice large enough that our oncologists were traveling between two and three hospitals per day to see inpatients and the unpredictability of being called back for consults, it was taking away from a major part of our mission, which is to provide outpatient oncology.” While a shared, rotating schedule helped to more efficiently manage the oncologists’ time, it meant inpatients were frequently being seen by several different physicians throughout a hospitalization. “There was less continuity than we thought was optimal,” notes Dr. Briccetti.

In the last ten years, there has been a marked increase in hospitals’ use of hospitalists to provide dedicated care to inpatients. The number of hospitalists has grown rapidly from a few hundred physicians in 1997 to more than 20,000 in 2007¹. It is not common however, to find hospitalist services organized along specialty-specific lines, such as for oncology. “We did consider, why not just use the hospital’s hospitalists?” says Dr. Briccetti. “It would have been a less costly way to go, but we found a wide variance in the care provided, some of the hospitalists were able to deal with the specialized needs of the cancer patient and some were not. And, rotations with hospitalists’ schedules meant patients were frequently still seeing a different physician every day. With Dr. Falk on board, our patients see the same physician five days per week, and as a member of our staff he answers to our practice, not some other entity,” emphasizes Dr. Briccetti.

Developing an Effective Hospitalist Service

As the practice's hospitalist, Dr. Falk is responsible for the comprehensive care of inpatients from admission to discharge, including making patient rounds, communicating with and between everyone from the nursing staff, patients and families, case management, primary care physicians, and the oncologists. For patients and families, he is a consistent and reassuring presence that has more time to spend one-on-one with the patient and for patient education.

Having consistent and direct contact with one "Oncologic Hospitalist", as Dr. Falk refers to his position, is extremely beneficial from the perspective of nursing staff. According to Yolande Delisle, MS, RN, Clinical Leader of the Fitch Cancer Care unit at the Elliot Hospital in Manchester, NH, "Previously, there was no consistent oncologist on a day-to-day basis. NHOH has really worked toward more consistent communication. We can contact Dr. Falk directly with questions regarding patient care and having him available in 'real time', instead of waiting to hear back from the office, has improved patient care tremendously."

Trends in Cancer Care

Ron Barkley, NHOH Executive Director, points to several trends in medical oncology that for NHOH added up to an equation that a hospitalist service made sense from a practice management standpoint. Fortunately, medical and technological advances in oncology have resulted in increasing numbers of cancer survivors, an estimated 10 million in the United States today², while at the same time the large population of baby boomers are reaching the age when cancer rates tend to peak. Combine this with a declining supply of oncologists, that will mean a looming shortage of oncologists by 2020³, resulting in an unfortunate situation of insufficient oncologic manpower to care for the rapidly increasing patient volume.

For NHOH, the trends underscored the need for an effective model of care that would extend the reach of oncologists, needed to be cost-effective, and at the same time would enhance the continuity and quality of care for patients. From a financial standpoint, the service has in fact proven to pay for itself. After factoring in the program expenses against the greater productivity and revenues resulting from the ability to focus on office visits, the hospitalist program in the first year is generating a gross margin of \$86,800. For the key stakeholders involved (NHOH, patients and hospital staff), the NHOH oncologic hospitalist service has been a win-win solution on all fronts.

NHOH Hospitalist Program Annual Budget

<i>Patient Revenue</i>	\$121,000
<i>Increased Office Based Productivity</i>	\$198,000
<i>Total</i>	\$319,000
<i>Program Expense</i>	\$232,200
<i>PROGRAM GROSS MARGIN</i>	\$86,800

Source:

1. Baker, Beth. "The Hospitalists Is In . . ." Washington Post, September 11, 2007. <http://www.washingtonpost.com/wp-dyn/content/article/2007/09/10/AR2007091001133.html>
2. Conant, Eve. "Coping With a Shortage of Cancer Doctors." Newsweek, March 13, 2007. <http://www.mnbc.com/id/1759898/arc/newweek/>
3. Conant, Eve. "Coping With a Shortage of Cancer Doctors." Newsweek, March 13, 2007. <http://www.mnbc.com/id/1759898/arc/newweek/>