

Benefits of hospitalist care confirmed in new study

December 20 2007

In the largest study to date evaluating the outcome of in-hospital care by various physician types, findings show that care by hospitalists resulted in shorter stays and lower costs to patients. Study results are reported in the Dec. 20, 2007 issue of the *New England Journal of Medicine*.

Findings show that compared to general internists, patients cared for by hospitalists had a length of stay shortened by 12 percent, or nearly half a day, and modestly lower costs. The two groups exhibited similar mortality and hospital readmission rates. When compared to family physicians, patients overseen by hospitalists also stayed in the hospital almost half a day less. Treatment cost, mortality and readmission rates were similar.

Researchers from the University of California, San Francisco and Tufts University led the study team.

The study is based on data from 45 hospitals across the country that participate in Perspective, a national database used for hospital quality and utilization benchmarking. Researchers gathered information including patient mortality, readmission, length-of-stay and cost of treatment. Using these criteria, they compared the outcome of 76, 926 patients under the care of hospitalists, general internists and family physicians across seven common inpatient conditions: heart failure, pneumonia, stroke, chronic obstructive coronary disease, chest pain, heart attack and urinary tract infection.

Hospitalist medicine is one of the fastest growing specialties in medicine, the researchers said, yet little evidence existed to support the benefit of hospitalist care before this study.

“Even though the differences in the length of stay may seem small, when multiplied by the thousands of admissions that hospitalists see each year, the effects can be quite large,” said Peter Lindenauer, MD, MSc, lead author of the study and associate professor of medicine at Baystate Medical Center and the Tufts University School of Medicine.

"A .4 day shorter length-of-stay per case multiplied by 5,000 cases annually will save 2,000 bed days and enable 500 more patients to be cared for each year without increasing the number of hospital beds. Moreover, there aren't many interventions capable of achieving these kinds of efficiency gains," he added.

Researchers noted that the benefit to hospitals of more efficient patient traffic can be used to justify the cost of training programs.

"It appears clear that the benefits of hospitalist care really exist, so we can now turn our attention to moving the field of hospital medicine forward. Research into hospitalists is just one manifestation of research into better ways to structure programs," said Andrew Auerbach, MD, MPH, senior author on the study and associate professor of medicine at UCSF. “The important thing from here is that hospital medicine capitalizes on opportunities to further innovate hospital services to maximize effectiveness, safety, and efficiency of healthcare.”

In an accompanying editorial in NEJM, Laurence F. McMahon, Jr., MD, MPH, from the Department of Internal Medicine and Health Management and Policy at the University of Michigan, identifies hospitalists as an integral part of hospital care and the study as definitive evidence of the benefit they provide. He suggests that hospitalists as well

as academic and policy leaders turn their focus to addressing the looming shortage of hospitalists and other generalists by addressing payment reform, and by increasing the role of hospitalists in academic medical centers, through the establishment of strong fellowship programs in hospital medicine.

“Instead of comparison studies, new investigations should focus on quality improvement, comparative effectiveness, clinical informatics, the safety of patients and the translation of new medical advances to clinical practice,” McMahon said.

Source: University of California - San Francisco

Citation: Benefits of hospitalist care confirmed in new study (2007, December 20) retrieved 23 April 2024 from <https://medicalxpress.com/news/2007-12-benefits-hospitalist.html>

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