

Patient mortality lower for hospitalists working more days

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(HealthDay)—Hospitalized Medicare patients treated by physicians who

work more clinical days have lower 30-day mortality, according to a study published online Sept. 13 in *JAMA Internal Medicine*.

Hiroataka Kato, Ph.D., from the David Geffen School of Medicine at the University of California in Los Angeles, and colleagues examined the association between the number of days worked clinically per year by physicians and patient mortality. The analysis included a 20 percent random sample of Medicare fee-for-service beneficiaries admitted to the hospital with an emergency [medical condition](#) (392,797 hospitalizations) and treated by 19,170 hospitalists (2011 through 2016).

The researchers found that patients treated by physicians with more days worked clinically exhibited lower mortality. For physicians in the first (bottom), second, third, and fourth (top) quartile of days worked clinically, the adjusted 30-day mortality rates were 10.5 (reference), 10.0, 9.5, and 9.6 percent, respectively. There was no association noted between readmission rates and the numbers of days a [physician](#) worked clinically (adjusted 30-day readmissions for physicians in the bottom quartile of days worked clinically per year versus those in the top quartile, 15.3 versus 15.2 percent).

"Given that physicians with reduced clinical time must often balance clinical and nonclinical obligations, improved support by institutions may be necessary to maintain the clinical performance of these physicians," the authors write.

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