

Hospitalists are general internists

Robert M. Centor, MD
Director, DGIM, UAB
SGIM President

Resolved:

- Departments of Internal Medicine should create Divisions of Hospital Medicine

Disclosures

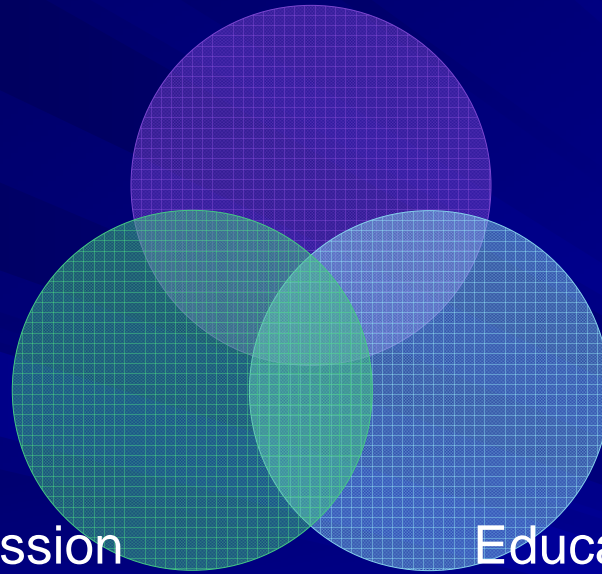
- I personally do 4-5 months each year of ward attending
- I no longer do any outpatient work
- I had my own outpatient practice (2-4 sessions per week) for 20 years
- I have 20 years experience attending in resident clinics

What is a division?

- In 2006, the division has become the triple threat unit for academic medicine
- Thus, each division should strive towards:
 - Educational excellence
 - Research excellence
 - Service excellence

Academic divisions

Clinical mission



Research mission

Educational mission

What is general internal medicine?

- Deeply philosophical question
- Internists who care for the entire patient

Oslerian roots

- Internal medicine started as a consultative specialty
- Osler is the father of US Internal Medicine
- For him the wards were the premier teaching site

How has academic GIM evolved?

- Slow disappearance during the 60s and 70s as subspecialists dominated departments
- Re-emergence in the 80s and 90s
 - Heavy focus on outpatient education first
 - Heavy focus on health services research and educational research
 - Gradually most divisions took increasing inpatient responsibilities

Why the focus on outpatient medicine?

■ Sutton's Law

- Funding for primary care
- RRC requirements for outpatient education and continuity clinic

Why the increase in inpatient responsibilities?

- Subspecialists decreasingly able to act as ward attendings for undifferentiated patients
- Thus, many divisions of GIM filled that void

A digression – the UAB DGIM

- Caveat – divisions develop according to local needs
- I do not imply that our division is a standard
- I am using our division to stimulate discussion and because I know our division well

The varieties of academic general internists (the UAB division) 1

- Bob Centor – 4-5 inpatient months, administrative responsibilities galore
- Stuart Cohen – 4 inpatient months, 6 outpatient sessions
- Jeroan Allison – 90% research
- Emily Boohaker – 5 outpatient sessions, administrative responsibilities

The varieties of academic general internists (the UAB division) 2

- 23 faculty (some part-time)
- 5 ward attendings each month (minimum 2 months)
- 6 clinic attendings each session
- 2 private clinics each session
- 3-4 FTE of research
- 5-6 FTE of administrative functions

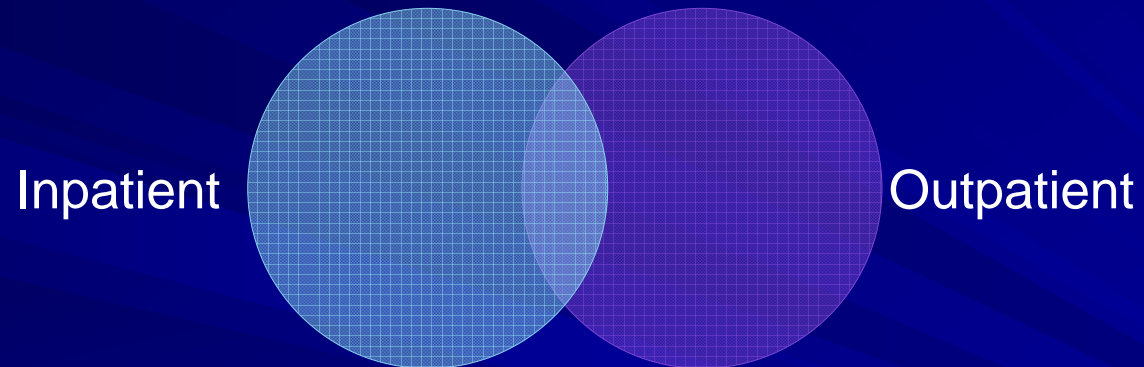
Our hospitalist section

- 18 months old
- 7 hospitalists plus housestaff moonlighters (night coverage)
- 3 months of ward attending
- All consult attending
- Uncovered service
- Concurrent care

Problem #1

- How would one try to divide our division?

Inpatient and outpatient responsibilities



Inpatient and outpatient medicine overlap

- Each year, we provide outpatient care for sicker patients
- The spectrum of problems has great overlap
- One body of knowledge – some difference in spectrum of disease

Problem #2

- Who will mentor junior hospitalists?

Hospitalists

- New “field” or at least job description
- Few senior faculty available for mentorship

Problem #3

- Who will protect the academic mission?

Hospitalist funding

- Great reliance on hospital subsidies
- Once the hospital is paying salary, they often want to dictate job descriptions
- How do we balance the hospital's needs and willingness to pay with the needs and obligations of an academic department

Problem #4

- What about burnout?

Question

- What is an academic hospitalist?

Possible definitions of academic hospitalists

- 2 or more months of ward attending
- Hospital focus
- Inpatient service commitment
- Inpatient quality focus

What we cannot know

- The delivery of health care continues to change
- Supply and demand always works – increasing demand for outpatient general internists
- Will hospitalist positions reach an equilibrium
- How long will the average hospitalist work until they leave the job?

Why we should stay together

- Internal medicine will become increasingly important in delivering high quality health care
- We benefit the most from internists who can balance inpatient and outpatient concerns – even if they do not personally do both!
- As a division, we should have all varieties of internists working together to enhance patient care

Opportunities

- Transitions
- Education training
- Research development

Summary

- I reject the concept that hospitalists are not general internists
- We need to champion all varieties of general internists – easier to do together
- Senior academic generalists can help hospital oriented internists avoid the many traps seen in academic centers