



HCS Analysis

The Drummond Report: Implementation of Hospitalist Programs can help reduce healthcare costs in Ontario

The report recommends implementing hospitalists to coordinate inpatient care

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On February 15, the Commission on the Reform of Ontario's Public Services released its highly anticipated report “Public Services for Ontarians: a Path to Sustainability and Excellence”¹. Chaired by the renowned economist Don Drummond, the report highlights areas of efficiencies through 362 recommendations spanning all areas of public services such as healthcare and education. The report has received significant attention in the media and generated much debate amongst politicians and the public.

Ontario, like many other jurisdictions in Canada and around the world is facing significant economic constraints, and with healthcare consuming an ever-increasing part of the budget it is not surprising that a significant part of the report is dedicated to healthcare. The commission has identified the need for a shift towards health promotion and chronic disease management, as well as better integration of various stakeholders as areas that need attention. It recommends capping the rise in healthcare spending to 2.5% through to 2017/18, as well as freezing physician compensation in the upcoming negotiations with the Ontario Medical Association. Perhaps more significantly, the report also recommends the widespread adoption of the Family Health Team model in primary care and more oversight on primary care physician compensation on local and regional levels by strong regional health authorities (such as “re-constituted” Local Health Integration Networks) that have the authority to integrate services, monitor performance through electronic databases and align incentives for all stakeholders for better return on investment.

The Commission specifically singles out hospitalists as key players in a new integrated healthcare system.

Recommendation 5-32: Empower primary caregivers and physicians in the Family Health Teams (FHTs) or specialized clinics to play the role of “quarterback,” tracking patients as they move through the integrated health system. All FHTs should work in tandem with clerical system navigators and hospitalist physicians to track their patients who are in hospitals, from admission to discharge (see Recommendation 5-55 on hospitalists for more details).

Recommendation 5-55: Use hospitalist physicians to co-ordinate inpatient care from admission to discharge. Hospitalists should work with Family Health Teams to better co-ordinate a patient’s moves through the health care continuum (acute care, rehabilitation, long-term care, community care and home care).



We have previously discussed the role that hospitalists can play in improving quality and patient safety in response to regulatory changes such as Ontario's Excellent Care for All Actⁱⁱ. The recognition of hospitalists by the Drummond Commission highlights other areas where hospitalists can play a major role, namely in enhancing system integration and increasing efficiencies. It also recognizes the integral part of hospitalists in our emerging health delivery system, and the largely irreversible trend towards specialization of inpatient and outpatient care.

There is now a significant body of evidence for the effectiveness of the hospitalist model in reducing length of stay and cost. A large 2007 study of 76,926 patients in the United States that compared care provided by hospitalists to those provided by internists and family physicians showed that hospitalists had shorter lengths of stay, and the cost of hospitalization was less than that of internists but similar to family physiciansⁱⁱⁱ. Similar mortality and readmission rates were observed among these groups. A large systematic review also showed lower length of stay and cost per patient for hospitalist patients, with some evidence for better quality of care measures^{iv}. A study of a program in Burnaby, British Columbia showed that the introduction of a hospitalist program resulted in a 27.6% reduction in length of stay and a 50% reduction in the readmission rate to hospital^v.

The efficiencies achieved by hospitalists may be largely attributed to their role as care-coordinators and system navigators. Hospitalists manage a patient's journey through the acute phase, and can help coordinate care between acute and primary care settings. In addition to a specialized clinical knowledge base, hospitalists develop an in-depth understanding of the processes of care delivery in an organization, and participate in (and frequently lead) clinical and non-clinical improvement efforts.

The shift proposed by the Commission from a focus on acute care delivered by hospitals to one of chronic disease management and health prevention in a primary care setting can be facilitated by competent hospitalists who can coordinate inpatient care while developing strong partnerships with their community counterparts.



Reference

- ⁱ Commission on the reform of Ontario's Public Services. Report available from <http://www.fin.gov.on.ca/en/reformcommission/>
- ⁱⁱ The changing face of healthcare in Ontario and its impact on hospitalists. HCS Analysis paper, available from <http://hospitalistconsulting.com/resources.html>
- ⁱⁱⁱ Lindenauer, P. K., Rothberg, M. B., Pekow, P. S., Kenwood, C., Benjamin, E. M., & Auerbach, A. D. (2007). Outcomes of care by hospitalists, general internists, and family physicians. *N Engl J Med*, 357(25), 2589-2600
- ^{iv} Peterson, M. C. (2009). A systematic review of outcomes and quality measures in adult patients cared for by hospitalists vs nonhospitalists. *Mayo Clin Proc*, 84(3), 248-254
- ^v McGowen, B., & Nightingale, M. (2003). The hospitalist program: a new specialty on the horizon in acute care medicine, a hospital case study. *BCMJ*, 45(8), 391-394