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Preparing the Community for the Implementation of a Hospitalist Program

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RESEARCH IN BRIEF

Hospitalist programs have become more commonplace in recent years. While hospitalist programs have proven to improve efficiencies in the hospital, patients vary in their reception of the program. In order to ensure that patients completely understand and are able to adjust to hospitalist care, hospital administrators employ various tactics to prepare the community for the introduction of hospitalist programs. The following report outlines tactics employed by four institutions with hospitalist programs.

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I. RESEARCH METHODOLOGY

The findings detailed in this report were drawn from literature and interviews with the following sources:

Institution	Bed size, profit status, location	Source	Year of program inception; number of program physicians	Primary tactic employed to inform community of hospitalist program; aspect of program highlighted in tactic
Hospital A	300-bed, not-for-profit hospital located in the Northeast	Vice President, Medical Affairs	Program in place for about 5 to 6 years; includes 12 physicians and one physician assistant; hospitalists work about 18 hours per day, although moving toward a 24-hour model	Both consumer and physician marketing; highlights hospitalist availability and expertise
Hospital B	200-bed, not-for-profit hospital located in the Midwest	Chief Medical Officer	Program in place since 1993; includes six physicians and four physician assistants	Both consumer and physician marketing; highlights care coordination ability of hospitalist program
Hospital C	300-bed, not-for-profit hospital located in the Midwest	Director, Planning and Marketing	N/A	Consumer marketing; highlights the availability and expertise of the hospitalists
Hospital D	200-bed, not-for-profit pediatric hospital located in the Mid-Atlantic	Manager, Marketing	Program in place for more than three years; includes eight hospitalists in addition to hospitalists staffed at three surrounding area hospitals	Both consumer and physician marketing; highlights care coordination through hospitalist program*
* Children at pediatric hospitals often suffer from acute conditions and are under the care of multiple specialists. Hospitalists are effective in serving as the point-person during admission and coordinating the care from all ends.				

II. INTRODUCTION

Hospitalist programs on the rise

Due to the unfavorable economics of rounding, physicians from a number of different specialties—as well as primary care physicians (PCPs)—are spending less time in the hospital. Revenue generated from remaining in the office and seeing patients generally exceeds that earned from rounding on a few patients in the hospital. Therefore, the number of hospitalist programs in the United States has been on the rise in recent years, with a growing number of physicians turning over the responsibility of inpatient care to dedicated inpatient physicians, known as hospitalists. According to a 1998 survey by the University of California, San Francisco, nearly 65 percent of California physicians report the availability of a hospitalist program within their institution, and nearly one-third refer their patients to the hospitalist service.¹²

While the economics of hospitalist programs may prove beneficial for health care institutions, the change of physician can often alarm hospital patients and has been the source of significant dissatisfaction from many, but not all, admitted patients. In order to ensure that admitted patients and the community as a whole understand the hospitalist program, hospital administrators have begun to market the program to the community as a means to familiarize current and future patients with the new program. The following observations outline tactics employed by administrators at four institutions with hospitalist programs:

Observation #1—Physician buy-in facilitates community acceptance

In order to ensure that there is comprehensive understanding of the hospitalist program, hospital administrators work with area providers to help inform and educate their patients about the hospitalist set-up. Administrators believe that patients receive such information better from their physician than other information sources.

Observation #2—Direct-to-consumer efforts generally inform surrounding communities

Some administrators advocate direct-mailings or newspaper articles that announce the implementation of hospitalist programs. These media efforts are effective in providing general information surrounding the new program as well as cost-efficient.

Observation #3—Marketing messages emphasize maintenance of quality care, availability and expertise of hospitalists, and the coordination of care through the hospitalist program

Finally, administrators at profiled hospitals each emphasize varying aspects of the hospitalist program; some highlight the expertise and credentialing of the hospitalists, others note their availability, and still others talk about how the hospitalist is able to help coordinate patient care. In any case, administrators address the aspect of the program that they believe their community will struggle with the most.

¹ Clinical Advisory Board. *Second-Generation Hospitalist Programs: Strategies for Securing Program Returns*. Washington, DC: The Advisory Board Company. (2002);

² Fernandez, A., et al. "Friend or Foe? How Primary Care Physicians Perceive Hospitalists." *Archives of Internal Medicine*. 160. (2000).

III. PHYSICIAN BUY-IN ESSENTIAL TO INFORM PATIENT COMMUNITY

Although approaches to preparing the community for hospitalist programs vary, administrators at Hospitals A, B, and D strongly advocate working with area physicians first and foremost as an avenue to reaching the patient community. Depending on the type of hospitalist program, physicians are either required to participate or can choose to sign on. In both scenarios, PCPs are in a good position to educate their patients regarding the structure of the hospitalist program and how the changes will not adversely affect the quality of care the patient receives.

Promotional brochures aid in patient education

As a means to teach patients about the hospitalist program, administrators at Hospitals A, B, and D distribute informational brochures to area PCP offices. These brochures outline the reason a hospitalist program was implemented—for instance, Hospital B administrators originally implemented their hospitalist program to address admitted patients who were without a regular PCP or for patients admitted to the hospital from outlying areas—as well as explaining how the hospitalist programs affect patient care on an operational level. The following list details the type of information administrators try to include in informational brochures:

- What is the hospitalist program
- Why hospitalists are necessary
- How the role and establishment of the hospitalist program affects hospital operations
- How patients and physicians can benefit from the program

As a rule, administrators believe that information regarding a patient's care is best received from the patient's PCP. PCPs are better equipped to explain the hospitalist program, field any additional questions a patient may have, and ultimately are able to assure the patient that between the PCP, the attending hospitalist, and all related paperwork and record-keeping, the patient will receive excellent care coordination.

Distributing brochure at admission serves as final catch-all

In the case that a patient comes directly to the hospital—usually through the emergency department (ED)—and does not consult with his or her physician prior to admission, hospital administrators have begun to distribute informational brochures at the time of admittance. In fact, hospitalists are charged with the duty of introducing themselves, passing out the brochures, and fielding any questions that may arise from patients in the ED, or those admitted to a specific ward. Having hospitalists approach admitted patients is a final measure to make sure that patients understand the hospitalist program prior to reception of care.

IV. DIRECT-TO-CONSUMER MARKETING ALERTS COMMUNITY OF PROGRAM IMPLEMENTATION

While physician support is an effective method to inform patients about the hospitalist program, hospitals also employ various direct-to-consumer marketing efforts that serve as general program announcements. These articles frequently appear in the hospital's newsletter and other local publications. The following case study examines direct-to-consumer efforts employed by Hospital C:

Hospital C introduces hospitalist program through newspaper articles

Administrators at Hospital C arranged to publish two full-story articles, one in their hospital newsletter which circulates among 3,000 staff, and another in the local newspaper that circulates among 60,000 households.



The article was composed and published during the program's implementation as a means to introduce the new set-up to the surrounding community. The article highlighted the operational changes the hospitalist program would entail, explained the rationale in establishing the program, and then detailed the credentials and expertise of each hospitalist. Furthermore, each article featured testimonials from patients who had previously received care through a hospitalist program discussing their positive experience. The article was a one-time publication, and simply served to introduce the community to the new care program.

Source: Advisory Board interview.

In addition to the newspaper articles, Hospital C administrators also employ direct mailing pieces to target specific households to ensure that these community members are up-to-date and informed about the program. In particular, Hospital C administrators send the mailing to about 12,000 households in surrounding rural areas. Patients from these outlying areas are most likely to utilize the hospitalist program, and therefore administrators want to ensure that patients from these regions are fully educated on the program details.

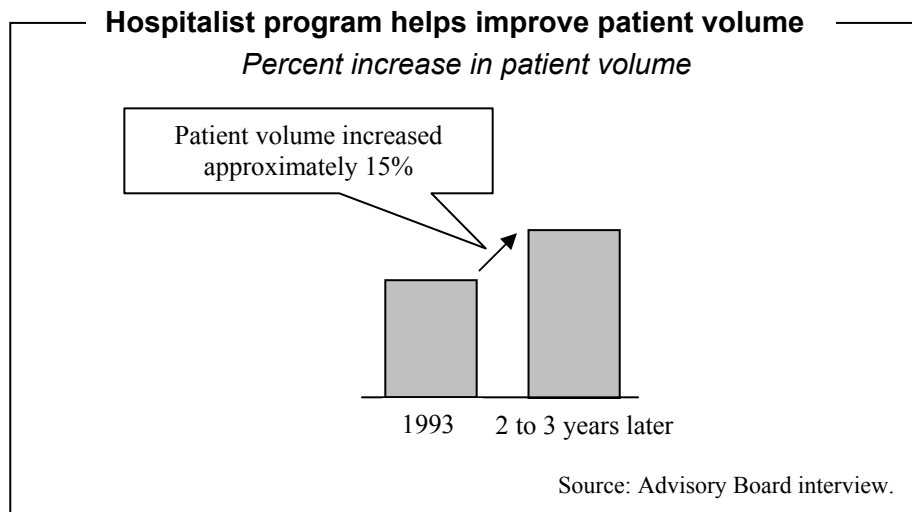
General announcements may prove ineffective

Although Hospital C administrators believe that newspaper articles and direct mailings have been successful methods to prepare the community for the implementation of the hospitalist program, other profiled administrators disagree with this marketing tactic. In particular, the administrators at Hospital A noted that their staff specifically steered clear of publishing announcements or articles regarding the new program. One administrator at Hospital A believes that in general, community members only truly pay attention to hospital policy or regulation when it is relevant to them. Therefore, if a community member is unlikely to be admitted to the hospital in the future, or has not recently been admitted to the hospital in the past, that individual is less likely to pay attention to an article or direct-mailing they receive from the hospital. On the other hand, patients who are soon to be admitted to the hospital are on alert for issues such as hospitalist programs and will pay particular attention to the topic when speaking with their physicians.

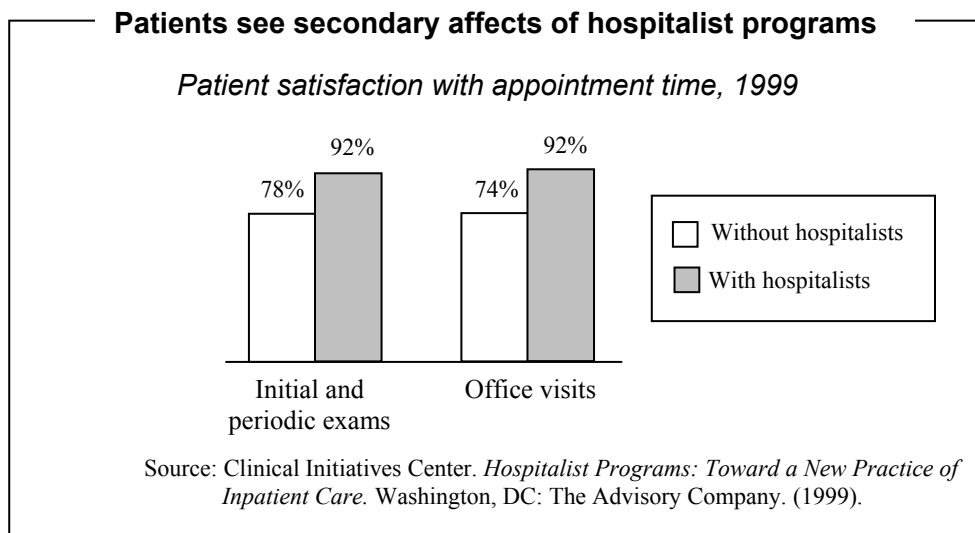
V. TACTICS EFFECTIVE IN PREPARING THE COMMUNITY; PATIENT VOLUMES CHANGE

Overall, hospital administrators believed that the hospitalist programs were well-received in their respective regions. That being said, there are always handfuls of community members disgruntled by the changeover in caregiver. These patients are impossible to avoid, and administrators believe that marketing efforts are simply not effective for such individuals. The reception of hospitalist programs varies greatly from patient to patient.

Luckily, however, the frequency of patients disgruntled by the program is low, and administrators at Hospital B have even been able to boast about their increased patient volumes due to the presence of the program. Because the hospitalist program is able to better serve patients from outlying areas, Hospital B administrators have seen an increase in patient volume since the inception of the program. The following chart outlines this change:



Furthermore, because hospitalist programs have allowed PCPs and other physicians to increase efficiencies in their office practice, patients have demonstrated increased satisfaction with their experience at their physician’s offices:



Research Methodology

During the course of research, Original Inquiry staff searched the following resources to identify pertinent information:

- Advisory Board's internal and online (www.advisory.com) research libraries
- Factiva™, a Dow Jones and Reuters company
- Internet, via multiple websites and search engines

Based on leads generated from the above resources, researchers contacted relevant administrators at hospitals with hospitalist programs.

Professional Services Note

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