Pediatric Hospital Medicine

Looking to the future

So what is a Hospitalist?

- A general medical physician
- Primary focus is care of Hospitalized Patients
- Responsibilities include clinical care, teaching, and research
- Coordination and collaboration of medical care
- Employs quality and process improvement to deliver efficient care
- Ensure adequate hand off not "Hands Off" from the hospital of Primary Medical Doctor

Who wouldn't love that guy?

Shifty!!!
Academy Statements

- Academy of Family Medicine: "...opposes models where hospitalists manage patients that are handed off by PCPs".
- American Medical Association: "...opposes any hospitalist model that disrupts the patient-physician relationship or the connection."
- Society of Critical Care Medicine: expressed concerns of hospitalists involved in the ICU.

Common Misconceptions

- They will steal my patients
- Lose control of my patient
- I don’t know my patient
- My patient’s will think I abandoned them
- They’re just “super-residents.”

How did Hospital Medicine Survive?

- Compensations models began to change
- Hospital systems needed specialists to focus on:
  - Quality Care
  - Care Efficiencies
  - Hospital throughput
  - Improved care models
  - Educational Needs
- Admitted patients getting increasingly more complex

Search for a solution......

Hospital Medicine Presses On...

- 1997 National Association of Inpatient Physicians (NAIP) hold their first meeting
- 1999 NAIP advances a position statement regarding Hospital Medicine
- 2002 Medical Economics survey
- 2003 NAIP changes its name to the Society of Hospital Medicine (SHM)
- 2004 SHM’s annual meeting attendance tops 1,000
- 2006 SHM launches the Journal of Hospital Medicine
- 2010 SHM projects the number of hospitalists > 30,000
What about Pediatric Hospitalists?

- Early 2000 AAP forms a provision section on Hospital Medicine (COHC)
- Summer of 2000 1st AAP News Letter
- October 2000 AAP hosts educational seminars for the Provision Section of Hospital Care
- 2001 Pediatric Listserv started
- October 2001 AAP proclaims to have “The Meeting” for Pediatric Hospitalist education and administration
- 2003 First Pediatric Hospital Medicine Annual Meeting
Pediatric Hospitalist Service

- 4.6 FTE with the Division of General Pediatrics
- Covering approximately 70-80% of all general medical admissions, Family Centered Care
- Newborn nursery coverage
- Coverage of the outpatient Observation Unit
- Main educators for medical students and residents on general medical wards
- Include the Associate Pediatric Residency Director and The Quality and Patient Safety Officer

What about our Neighbors?

- Rochester: Golisano Children’s Hospital, Division of Pediatric Hospital Medicine in 2008
- Albany Medical Center: Division of Pediatric Hospital Medicine since 2010
- Syracuse University Hospital: Division of Pediatric Hospital Medicine

Where is Hospital Medicine Now?

- ACGME define a subspecialty as... “that which provides advanced graduate medical education in a narrow field of study within a medical specialty, eg, geriatric medicine within the field of internal medicine”

Questions had to be answered...

- Is there a specific population in need?
- Is there a core body of medical knowledge?
- Are there textbooks and journals?
- Is there novel research and peer review to advance the field of medicine?
- Is there a specialized skill set?
- Are there educational conferences?
- Is there a thriving professional society?

Adult Hospital Medicine Leads the Way....

- 2009 Society of Hospital Medicine awards the 1st Fellowship in Hospital Medicine
- 2009 American Board of Family Medicine and American Board of Internal Medicine apply for approval to the American Board of Subspecialists for fellowship status
- 2010 Hospital Medicine is awarded Focused Practice Recognition by the ABIM/ABFM
Pediatric Hospital Medicine

- Current schools of thought:
  - Move forward with 3 year fellowship
  - Move forward with a 1-2 year fellowship
  - Move forward with a Focus of Practice Recognition for MOC and MOL but no additional training
  - Do not move forward with Fellowship status

What else is there to consider?

- Are there the applicants?
- Is it financially viable to delay graduation?
- Is there adequate mentorship and role models to develop a Fellowship program?
- Can the field advance without adequate research training in Fellowship?

Core Competencies in PHM

- AAP has developed the education regimen required for Fellowship training
- 54 Chapters divided into 4 sections
  - Common Clinical Diagnostic Conditions
  - Core Skills
  - Specialized Clinical Services
  - Health system support and advancement of child health

What do residents think?

- Journal of Hospital Medicine: Article titled: Pediatric Hospitalist Influence on Education and Career Plans
  - 279 surveys, 120 recipients
  - 10% no difference between PH and a resident
  - 25% Some ambiguity between PH and a resident
  - 60% PHM is a “good job for short-term”
  - 26% Long term career

The proof is in the pudding

- American Board of Pediatrics Gen Peds Career Survey (1st time applicants) going into HM
  - 2006: 1%
  - 2007: 3%
  - 2010: 7.6%
  - 2010 member of AAP section of hospital medicine climbed to 800 and is near 1500 members today.
What's on the horizon for medicine?

Our Aims

Better Health for the Population

Better Care for Individuals

Lower Cost Through Improvement