

# shm

Society of Hospital Medicine

Hospitalists. Transforming Healthcare.  
Revolutionizing Patient Care.

# 2011 MEDIA KIT



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**HOSPITALISTS.  
TRANSFORMING HEALTHCARE.  
REVOLUTIONIZING PATIENT CARE.**

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# INTRODUCTION TO SHM

## About

SHM is the largest organization in the nation representing hospitalists and the practice of hospital medicine. Our mission is to promote the highest quality care for hospitalized patients, as well as provide opportunities and support to hospitalists. SHM's membership is comprised of approximately over 10,000 hospitalists with approximately 31,000 in the specialty overall.

## Mission

SHM is dedicated to promoting the highest quality care for all hospitalized patients. SHM is committed to promoting excellence in the practice of hospital medicine through education, advocacy and research.

## Positioning Statement

The Society of Hospital Medicine is the national organization for hospitalists. We are leading the transformation and improvement of care for the hospitalized patient through innovation, collaboration, and action.

## Membership

**There are over 11,000 SHM members as of November 2010.**

Membership is open to physicians in training and in practice, healthcare administrators, healthcare analysts, and others interested in hospital medicine. SHM's physician members are broken down by specialty training: General Internal Medicine 86%, Family Medicine 9% and General Pediatric 6% (approximately).

## Goals

- Promote high-quality care for all hospitalized patients.
- Promote education and research in hospital medicine.
- Enhance medical staff teamwork to achieve the best possible care for hospitalized patients.
- Advocate a career path that will attract and retain the highest quality hospitalists.
- Define the competencies, activities and needs of the hospitalist community.
- Support, propose and promote changes to the healthcare system that lead to higher-quality and more efficient care by hospitalists.

## SHM Activities

- Providing continuing education and industry updates for hospitalists through a monthly publication, *The Hospitalist*;
- Publishing the nation's first and only peer-reviewed journal for hospital medicine, the *Journal of Hospital Medicine*;
- Conducting surveys, preparing written analyses and conducting discussion forums that define the specialty of hospital medicine as it continues to evolve;
- Developing policy and position statements that address the concerns and issues of hospitalists;
- Advocating on behalf of hospitalists before other medical societies and government and regulatory agencies

## Leadership

Current President

**Jeffrey Wiese, MD, SFHM**

Associate Professor of Medicine,  
Tulane University Health  
Sciences Center

Chief Executive Officer

**Laurence D. Wellikson, MD, SFHM**

Philadelphia, Pennsylvania

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## Website

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# WHAT IS HOSPITAL MEDICINE?

Hospital Medicine is the fastest-growing medical specialty in the U.S. focusing on the treatment of hospitalized patients. In October 2006, the American Board of Internal Medicine (ABIM) announced plans to recognize hospital medicine as a distinct field of Internal Medicine, and began pursuing a plan of Focused Recognition for Hospital Medicine.

## What is a Hospitalist?

A **hospitalist** is a physician who specializes in the practice of hospital medicine.

Following medical school, hospitalists typically undergo residency training in general internal medicine, general pediatrics, or family practice, but may also receive training in other medical disciplines. Hospitalists are physicians whose primary professional focus is the general medical care of hospitalized patients. Their activities include patient care, teaching, research and leadership related to hospital care. Many patients are referred to hospitalists by their primary care physicians (PCPs) for treatment during the duration of their hospitalization then returned to the care of their PCPs after discharge. Hospitalists consult on and treat patients referred by surgeons and medical subspecialists during their hospitalizations. Hospitalists also care for the “unassigned patient” who has no primary doctor.

Hospitalists are focused around a site of care (the hospital) rather than an organ (like cardiology), a disease (like oncology) or a patient’s age (like pediatrics). However, unlike medical specialists in the emergency department or critical care units, hospitalists help manage patients through the continuum of hospital care, often seeing patients in the ER, following them into the critical care unit and organizing post-acute care. **There are currently more than 30,000 hospitalists practicing in more than 3,300 hospitals, and 80% of hospitals with over 200 beds.**

Some hospitalists qualify to be recognized further in the specialty through SHM’s Fellow in Hospital Medicine (FHM) designation or the American Board of Internal Medicine’s Recognition of Focused Practice (RFP) in Hospital Medicine (late 2010).

In addition to patient care, hospitalists are often involved in efforts to improve the quality of healthcare delivery in the hospital.

## Contact Information

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# HOSPITALISTS

## Specialties of Hospitalists

89.6% of hospitalists specialize in general internal medicine, 5.5% in a pediatrics subspecialty, 3.7% in family practice and 1.2% in internal medicine pediatrics.

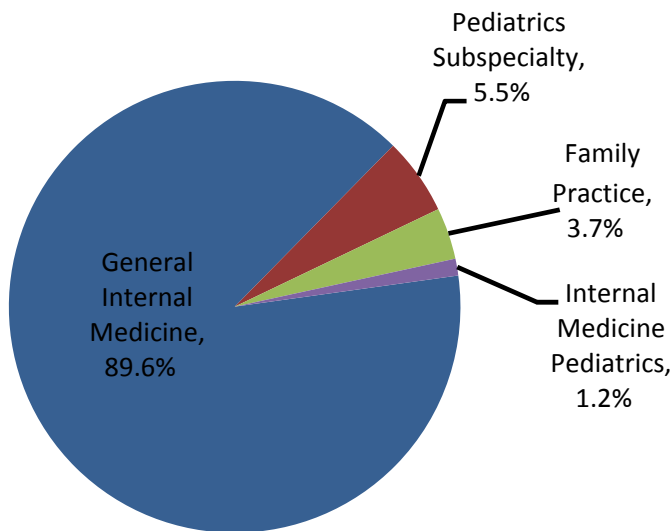
## Perception of the Hospitalist

Many patients prefer hospitalists because they are on site 24/7 to ask questions regarding care, instead of primary care physicians who make rounds periodically. Hospitalists also know how to expedite and improve care since they are based within the hospital. They are familiar with all of the key individuals in the hospital, including medical and surgery consultants, discharge planners, clergy and others. Additionally, hospitalists can better facilitate connections with post-acute providers, such as home health, skilled nursing, specialized rehabilitation and others.

## The Role of Hospitalists

The average U.S. physician spends only 12 percent of his or her time with hospitalized patients. That means that the typical primary care practitioner is unlikely to see any one condition requiring hospitalization more than three times per year (according to a study by The Advisory Board in Washington, D.C.). Hospitalists bring to the patient a unique expertise in the care of common acute disorders. Because of their unusually deep understanding of inpatient care, hospitalists are able to recognize and diagnose unusual disorders, anticipate problems, and rapidly respond to crises or changes in a patient's condition. Hospitalists also believe that part of their mission is to take on leadership roles in quality of care and patient safety initiatives, and by serving on important hospital committees, such as pharmacy and therapeutics committees. Hospitalists also help to greatly reduce the widespread regional variation in clinical practices. Such variation has been proven to be a major contributor to medical errors in hospitals. And finally, hospitalists provide better continuity of care for the patient by improving the communication in "shift handoffs" between day and evening nursing and coordinating what is sometimes as many as 50-100 people.

### Specialties of Hospitalists



\*From the 2010 State of Hospital Medicine, pg. 9

# MILESTONES IN THE HOSPITAL MEDICINE MOVEMENT

The Hospital Medicine Movement was spawned in the US in the early 1990s out of growing concerns about patient safety and rising costs and lack of any single hospital-based provider to coordinate the entire care of a hospitalized patient.

## What is Hospital Medicine?

Hospital medicine is a medical specialty dedicated to the delivery of comprehensive medical care to hospitalized patients. Practitioners of hospital medicine, hospitalists are engaged in clinical care, teaching, research and leadership in the hospital. Hospitalists also focus on enhancing the performance of hospitals and healthcare systems.

## Introduction of the Hospital Medicine & SHM

The term “hospitalist” was first coined in a 1996 New England Journal of Medicine article by Robert Wachter, MD, MHM, associate chair of the Department of Medicine at the University of California, San Francisco, (and SHM past president), and his colleague, Lee Goldman, MD, editor of the American Journal of Medicine and chairman of the department of UCSF.

In January 1997, the Society of Hospital Medicine (originally called the National Association of Inpatient Physicians) was founded by two budding hospitalists, John r. Nelson, MD, MHM and Winthrop F. Whitcomb, MD, MHM.

## Growth of Hospital Medicine

- From 2003 to 2009 the overall penetration of hospital with hospital medicine groups grew from 29% to 58%. (For hospitals with 200+ beds, the penetration grew from 55% to 89% between 2003 and 2009)
- An estimated 2,895 hospitals had hospital medicine groups in 2009
- Projections based on a 5% growth rate predicts 3,040 hospitals will have hospital medicine groups in 2010 (61% penetration) and 3,192 hospitals in 2011 (64% penetration)
- From 2003 to 2009, the average size of hospital medicine groups grew from 7.9 to 9.7
- There were an estimated 28,177 hospitalists in 2009, an increase by 11% from 2008
- Projections based on a 10% growth rate estimate there will be 30,995 hospitalists in 2010 and 34,094 hospitalists in 2011

# HOSPITALISTS IN THE HEALTHCARE SYSTEM

Surveys & Research

Hospital Medicine is the fastest-growing medical specialty in the U.S. focusing on the treatment of hospitalized patients. In October 2006, the American Board of Internal Medicine (ABIM) announced plans to recognize hospital medicine as a distinct field of internal medicine, and began pursuing a plan of Focused Recognition for Hospital Medicine

## Employment Model

The 2007-2008 Bi-Annual Survey also indicates 40% of hospitalists are employed by hospitals or hospital corporations. Below is the breakdown of other hospitalist employers:

- Academic Hospital Medicine Programs: 18%
- Local Hospitalist Only Group: 14.5%
- Multi-Specialty/Primary Care Medical Group: 14.5%
- Multi-State Hospitalist Only Group: 13%

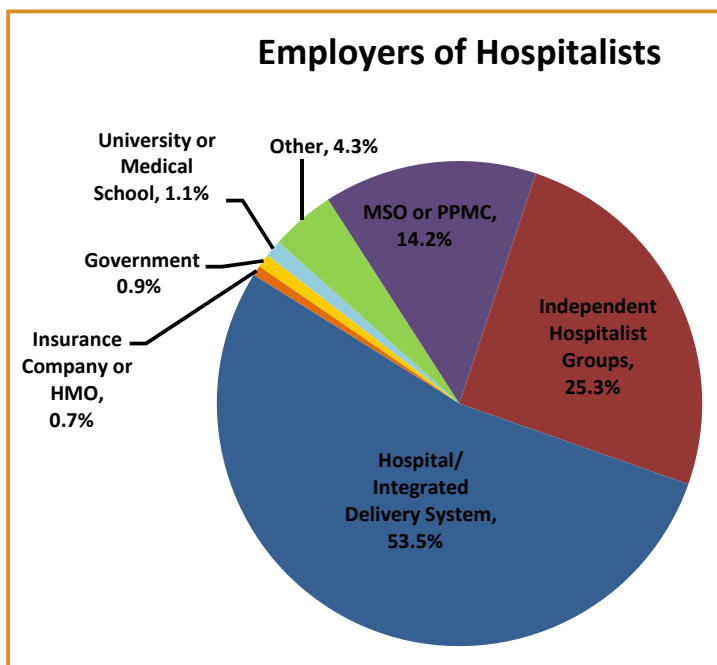
## Presence

Currently, 58 percent of all 4,897 U.S. hospitals employ hospitalists. Virtually all of the country's leading hospitals have embraced hospital medicine, including the Mayo and Cleveland Clinics, Harvard teaching hospitals (Brigham and Women's and Beth Israel Deaconess), and the hospitals of the Universities of California (San Francisco), Chicago, Pennsylvania and Michigan. In addition, many of the nation's largest managed care programs – including Humana, Kaiser, Aetna, PacifiCare, Cigna and others – are supportive of hospital medicine programs.

## Hospitalists Reduce Length of Patient Visits

Studies show that hospitalists can reduce patient lengths of stay by up to 30 percent and can reduce hospital costs by up to 20 percent. Case studies, compiled by The Advisory Board of Washington, DC, demonstrate that hospitalists were successful in reducing lengths of stay and costs per case across every geographic region in the United States. That is one of the reasons why hospitals, insurers, and economic and quality forces are condoning the shift to hospitalists as a way to improve the efficiency of care for hospitalized patients.

Research from a study published in the September 2007 issue of the Archives of Internal Medicine, found that length of stay for patients cared for by hospitalists was just over 5 days, while patients cared for by general internists was 6 days. The study stated, "The close monitoring and continuous presence offered by hospitalists may allow for earlier discharge, because hospitalists are more likely to detect clinical improvement in real time and make appropriate adjustments in treatment regimens."



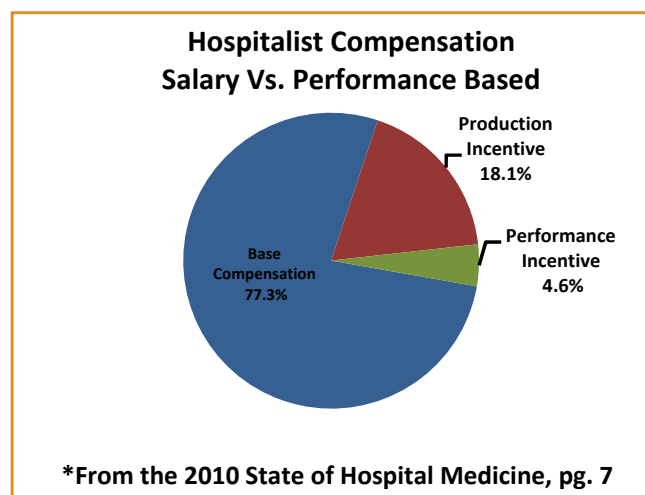
### Cost Savings for Hospitals:

According to an August 2004 study published in *The American Journal of Managed Care*, patients treated by hospitalists had shorter hospital lengths of stay and lower costs for hospital services than patients treated by non-hospitalists. Patients cared for by hospitalists averaged one day less in the hospital and had a 10 percent reduction in costs. Conducted by the Department of Veterans Affairs Iowa City Health Care System and the University of Iowa, the study analyzed 1,706 patient admissions that took place from 2000-2001 in the four general internal medicine services at the University of Iowa Hospitals and Clinics. Patients treated by hospitalists averaged 5.5 days in the hospital compared with 6.5 for those treated by non-hospitalists. Hospitalization costs averaged \$917 less for the patients of hospitalists. The greatest savings occurred in nursing costs, which were \$604 less for patients of hospitalists. Lab costs were \$126 less. The study was the first to break down cost savings by service category.

A study published in the December 2007 issue of the *New England Journal of Medicine* found that patients treated by hospitalists had a .4 day shorter stay than patients treated by general internists or family physicians. Although the difference in length of stay is small, multiplied by 5,000 cases annually represents a savings of 2,000 bed days, which means that a hospital could care for about 500 more patients each year without increasing the number of beds.

### Hospitalist Compensation

Hospitalists, like most other physicians, are compensated under every possible financial arrangement. The average hospitalist receives a total annual compensation package (salary, bonus and benefits) of \$193,000/year – similar to that of internists and neurologists – according to the 2005-2006 “Authoritative Source on the State of The Hospital Medicine Movement,” a survey conducted by the Society of Hospital Medicine.



### Where Can I Get More Information?

You can get more information on SHM, hospitalists and hospital medicine by visiting the SHM Web site at [www.hospitalmedicine.org](http://www.hospitalmedicine.org). Reporters and other media representatives may call Brendon Shank at 202-256-2083, for additional information.

# BENEFIT OF HOSPITALISTS

According to the study “Health Care Market Trends and the Evolution of Hospitalist Use and Roles,” published in the February 2005 edition of the Journal of General Internal Medicine, key factors spurring the use of hospitalists include:

- Mounting financial pressures for primary care physicians and hospitals
- Increasing problems with patient flow in hospitals
- A growing focus on patient safety
- Rising malpractice costs

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## Growth of the hospitalist movement is attributed to:

**The changing role of the primary care physician.** Due to the demands of managed care and increases in medical technology, more and more care is accomplished today in the physician’s office. Thus, primary care physicians admit fewer patients to the hospital. The average PCP has one or two hospitalized patients per week today versus 10-12 patients per week 20 years ago. According to the American Medical Association, primary care doctors had 22 hospital patient visits per week two decades ago; by 1996 the number of in-hospital visits had fallen to 9.6. Today’s average U.S. physician spends only 12 percent of his or her time with hospitalized patients. Hospitalists allow primary care physicians to focus their time and attention on their office patients.

**A growing volume of research supporting the value of hospital medicine.** Studies showing that hospitalists help reduce patient lengths of stay, treatment costs and improve the overall efficiency of care for hospitalized patients helped galvanize the shift to hospitalists. Hospitalists have also been shown in recent studies to reduce mortality rates, improve clinical outcomes and positively impact the quality of medical care and patient satisfaction. Hospitals looking to improve patient safety and satisfaction, reduce patient care costs, care for patients who don’t have physicians, chair pharmacy and therapeutics committees, and provide leadership for quality and patient safety initiatives have embraced hospital medicine.

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**The national spotlight on medical errors and improving end-of-life care.** The demand for reductions in medical errors within the hospital setting and the demand for new ways of thinking about end-of-life care are catalyzing the growth of this specialty focused on inpatient care. In less than a decade, primary care physicians have come to depend on hospitalists to care for their patients who are admitted to the hospital.

## Hospital Medicine Published Studies

### Many studies have demonstrated the value that hospitalists bring to patients, hospitals, and the healthcare system.

A 2010 Press Ganey study of 1,777 hospitals and 2.6 million patients found that facilities with hospitalists resulted in significantly higher nurse and patient satisfaction.

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An April 2009 article in the *New England Journal of Medicine* reported on the impacts of rehospitalization and its drain on Medicare. One in five hospitalized patients is readmitted to the hospital within a month of their discharge. Nationally, unplanned readmissions cost Medicare \$17.4 billion each year, making estimates about the total cost even higher.

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A September 2009 study on teamwork during discharge showed a reduction in rehospitalizations. Teamwork across disciplines in the hospital, which is often coordinated by a hospitalist, improves the transition from hospital to home for older patients with fewer return visits to the hospital, a reduction in morbidity rates and healthcare costs while positively impacting the quality of life and discharge satisfaction.

A January 2002 study on the hospitalist model showed improved quality of care and efficiency. Implementation of hospitalist programs decrease hospital costs by 13.4% and length of stay for patients by 16.6% while improving quality and patient satisfaction.

A February 2009 report from Milliman defined what a reengineered hospital system should look like under healthcare reform, stating, "The focus of hospitals will be on the urgency of in-hospital treatment with hospitalists in clear control of medical patients and appropriate and timely specialty consultations."

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A 2009 report in the *New England Journal of Medicine* revealed that the number of Medicare patients seen by hospitalists and general internists increased from 46.4% in 1995 to 61% in 2006. This increase was almost entirely attributable to the proliferation of hospitalists throughout America's hospitals.

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A 2009 Loyola University Health System Study showed that patients who were comanaged by a hospitalist had an average length of stay of 3.8 days, while patients who were not seen by hospitalists had an average stay of 5.5 days. This reduction in length of stay had no negative impact on quality.

A November 2008 study published in *Human Resource Management* found that hospitalists at a community hospital reduced the risk of patient readmissions by 41.8% and increased coordination of care by 13.2%.

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A September 2007 study from the *Archives of Internal Medicine* found that hospitalists reduced acute length stay by approximately half a day.

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An August 2004 study from the *American Journal of Managed Care* showed that patients treated by hospitalists cost hospitals about 10% less than patients treated by general internists.

# SHM FACT SHEET

## Milestones at SHM

In less than a decade, primary care physicians have come to depend on hospitalists to care for their patients who are admitted to the hospital.

### Timeline of SHM:

- January 1997, SHM was founded by two hospitalists, John R Nelson, MD, MHM & Winthrop F. Whitcomb, MD, MHM.
- 2004, SHM hosts the first Annual Meeting in New Orleans, LA.
- 2005, SHM hosts the first Leadership Academy in Tucson, AZ.
- 2006, SHM received notice from the American Board of Internal Medicine (ABIM) regarding its intention to pursue credentialing for hospital medicine as part of the ABIM's Maintenance of Certification process.
- 2006, SHM published the field's first comprehensive set of core competencies, *The Core Competencies in Hospital Medicine: A Framework for Curriculum Development*, to serve as a blueprint to develop standardized curricula for teaching hospital medicine in medical school, post-graduate (i.e., residency, fellowship) and in continuing medical education programs.
- 2006 was an exceptional year of advancements for SHM and hospitalists as SHM in February launched a peer reviewed journal, the *Journal of Hospital Medicine*, to publish research in the field of hospital medicine.
- September 2008, SHM selects and implements the first six Project BOOST pilot sites.
- March 2009, Second BOOST cohort begins, consisting of 24 nationwide sites.
- May 2009, the inaugural class of over 500 members were inducted as Fellows at Hospital Medicine 2009.
- January 2010, Blue Cross Blue Shield Association of Michigan partners with SHM to implement BOOST at 15 Michigan hospitals.
- April 2010, the inaugural class of Senior Fellows and Masters of Hospital Medicine were inducted at Hospital Medicine 2010.
- May 2010, SHM partners with the California Healthcare Foundation to support adding 20 California hospitals to the BOOST collaborative. SHM training session for MI sites and two tuition sites begin.

### Membership

SHM is comprised of over 11,000 members, including physicians, non-physician providers (Physician Assistants and Nurse Practitioners), and other affiliate members. The physician members are broken down by specialty training below:

- General Internal Medicine: 86%
- Family Medicine: 9%
- General Pediatric: 6%

### Annual Meeting

The intent of SHM's educational programs is to provide resources and tools to, improve the teaching and learning skills of physicians and the health-care team; provide access to education to facilitate improved outcomes in health care; and support the maintenance of current knowledge and competence.

Over 2,500 members of the hospital medicine community attended Hospital Medicine 2010.

### Advocacy

For the latest updates in Hospital Medicine and for impacts of healthcare reform, please visit [www.hospitalmedicine.org/advocacy](http://www.hospitalmedicine.org/advocacy).

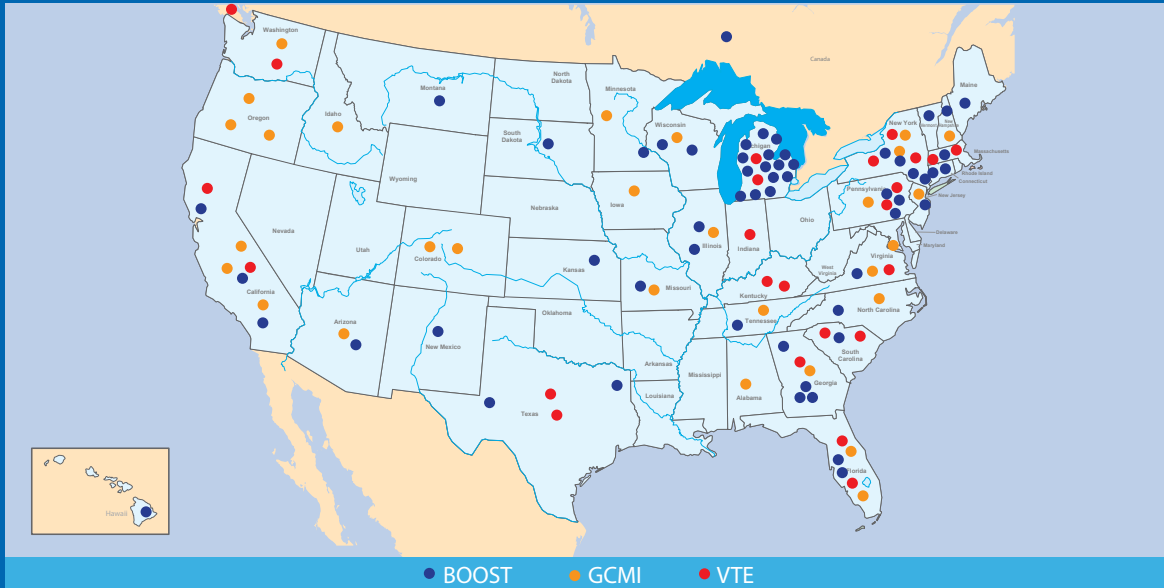


# SHM QUALITY IMPROVEMENT

SHM Leads numerous national projects to improve the quality of patient care.

## SHM MENTORED IMPLEMENTATION SITES

As of October 7, 2010



### *Project BOOST*

Project BOOST (Better Outcomes for Older adults through Safe Transitions) is focused on improving care transitions as patients are discharged from the hospital. Project BOOST provides hospitalists and their teams with mentoring and tools to improve the quality of the discharge process, reduce preventable complications and ultimately prevent unnecessary hospital readmissions. Project BOOST was originally developed through a \$1.4M grant from The John A. Hartford Foundation. Continued funding has been provided by:

- Blue Cross Blue Shield Association of Michigan and its sites contributed roughly \$225,000 to the program.
- The California HealthCare Foundation will contribute roughly \$280,000 to partially support tuition for 20 sites.
- Tuition based sites pay \$28,000 per site.

### *Glycemic Control Mentored Implementation (GCMI) Program*

The goal of GCMI is to support the development and implementation of glycemic control programs at multiple member sites. By improving glycemic control, GCMI aims to support sites in optimizing the care of inpatients with hyperglycemia and diabetes and in preventing hypoglycemia. Mentors with quality improvement and glycemic control expertise work with each participating team to tackle site-specific issues using proven QI techniques. Institutions across the country were accepted into SHM's GCMI Program this past year and an additional 100 sites will be enrolled by early 2011.

### *DVT Awareness*

SHM is one of the lead organizations promoting Deep Vein Thrombosis (DVT) awareness. DVT (also known as Venous Thromboembolism (VTE)), is a serious blood clot, often fatal, which can occur during a hospitalization. The incidence of DVT can be significantly decreased with appropriate screening and prevention within the hospital. The University of California, San Diego Medical Center used SHM-developed resources to reduce its preventable cases of DVT by 80%, or from one per week to one per quarter. SHM is also an active participant in the Coalition to Prevent DVT.

# SHM COLLABORATION

SHM is facilitating collaboration for meaningful change in healthcare to improve patient care. Working with health industry leaders including the American Medical Association, SHM has developed industry standards and best practices.

## *Hospital Care Collaborative*

In the fall of 2009, SHM worked with five other national organizations to form the Hospital Care Collaborative (HCC). As part of the launch of HCC, the group published its Common Principles for Team-Based Healthcare, 13 guiding principles for delivering care in the hospital. The other organizations participating are as follows:

- American Association of Critical Care Nurses (AACN)
- American Association of Respiratory Care (AARC)
- American Society of Health-System Pharmacists (ASHP)
- Society for Social Work Leadership in Health Care (SSWLHC)

## *Principles for a Sustainable and Successful Hospitalist Program in Collaboration with the AMA*

The American Medical Association (AMA) House of Delegates endorsed “Principles for a Sustainable and Successful Hospitalist Program,” developed by the AMA Organized Medical Staff Section, the Society of Hospital Medicine, The American Hospital Association and the Joint Commission. The Principles for a Sustainable and Successful Hospitalist Program promotes a hospitalist model that focuses on team-based inpatient care and collaboration among healthcare providers to improve care.

## *Making Inpatient Medication Reconciliation Patient Centered, Clinically Relevant and Implementable White Paper*

Medication errors and adverse events caused by them are common during and after a hospitalization with significant impacts on patient welfare and to the healthcare system. Following the implementation of the 2005 Joint Commission National Patient Safety Goal (NPSG) No.8 minimize adverse events. The Society of Hospital Medicine convened a medication reconciliation conference in 2009 to identify and address: 1) barriers to implementation of medication reconciliation; 2) opportunities to identify best practices surrounding medication reconciliation; 3) the role of partnerships among traditional healthcare sites and non clinical and other community based organizations; and 4) metrics for measuring the processes involved in medication reconciliation and their impact on preventing harm to patients. The Medication Reconciliation White Paper outlines best practices and increases the importance of awareness for medication reconciliation.

# SHM PUBLICATIONS

SHM provides continuing education and industry updates for hospitalists through a monthly publication, *The Hospitalist*. SHM also publishes the nation's first and only peer-reviewed journal for hospital medicine, *the Journal of Hospital Medicine*;



## *The Hospitalist*

*The Hospitalist* newsmagazine reports on issues and trends in hospital medicine. *The Hospitalist* reaches more than 25,000 hospitalists, physician assistants, nurse practitioners, residents, and medical administrators interested in the practice and business of hospital medicine each month.



## *Journal of Hospital Medicine*

*The Journal of Hospital Medicine (JHM)* is the only peer-reviewed journal in the field of hospital medicine. JHM focuses on pressing medical issues and healthcare trends that affect hospital medicine and patient care while providing extensive research articles and evidence-based reviews. In 2009, JHM received its first Impact Factor score. The 3.613 initial score ranks JHM No. 21 out of 107 journals in the Internal and General Medicine subject category.



## Production & Compensation Survey

In 2010, SHM combined forces with the Medical Group Management Association (MGMA) to conduct a joint annual survey of hospital medicine groups – expanding the survey's reach and improving the quality of responses and analysis.

# SHM PUBLICATIONS (continued)



## Wachter's World

Dr. Robert Wachter, MHM, a pre-eminent thought leader in hospital medicine and the man who coined the term 'hospitalist', has partnered with SHM and *The Hospitalist* to create Wachter's World. This lively and engaging blog features Dr. Wachter's insight, analysis, and ruminations on hospitals, hospitalists, quality, safety, healthcare issues of the day, and more.



## SHM eWire

The SHM eWire is a monthly electronic publication, delivered via email, featuring stories on a variety of topics. The SHM eWire highlights posts from the SHM clinical blog, Hospital Medicine Quick Hits and the Practice Management blog, *The Hospitalist Leader*.



## The Hospitalist eWire

*The Hospitalist eWire* is a weekly e-newsletter that's upbeat, and full of information that provides readers a broad overview of essential hospital medicine information that touches on readers' daily careers, keeps tabs on SHM's mission, goals, and progress, and ties in with SHM's digital and print products. The visual aim of *The Hospitalist eWire* is to be compelling, highly organized, and immediately informative.



## The Hospitalist Leader Blog

SHM's Practice Management Blogging Team is excited to bring you perspectives on a wide range of practice management topics, including:

- Staffing & Scheduling
- Billing, Coding & Documentation
- Recruitment
- Career Satisfaction
- Compensation
- Negotiating Contracts

The goal of this blog is to offer commentaries about current hospitalist practice management issues that are interesting, insightful, original, and even occasionally a bit provocative.



## Hospital Medicine Quick Hits Blog

This clinical blog is designed to update busy clinicians with the current literature that is relevant to hospital medicine practice, with postings from over 40 top medical journals. With several succinct postings a week, it is an efficient and effective way to stay informed. To make the most out of the blog, post your comments about the stories, or email the author to suggest other clinical stories worthy of posting.

# HOSPITAL MEDICINE PUBLICATIONS BY SHM MEMBERS

*Along with professional publications, SHM promotes Hospital Medicine Publications by its SHM members, including:*

## Hospital Medicine Secrets

By Jeffrey Glasheen, MD, SFHM  
Elsevier Publishing 2007

This book provides essential knowl-edge for practicing hospitalists, students or any hospital medicine professional. It is written in question/ answer format and offers practical tips on hospital medicine.

## Hospital Medicine – Just the Facts

By Sylvia McKean, MD, SFHM  
McGraw – Hill Professional 2008

This resource covers all clinical topics encountered in hospital medicine, as well as key organizational and administrative issues.

## Hospital Medicine

By Robert Wachter, MD, MHM  
Lippincott, Williams & Wilkins 2005

This book offers practical, evidence-based guidelines for the care of hospitalized patients. It includes indications for admission, guidelines for consultation, procedure for discharge, diagnostic algorithms, and critical paths detailing effective, outcomes-oriented treatment plans for a range of diseases and disorders.

## Comprehensive Hospital Medicine

By Mark Williams, MD, FACP, FHM,  
Scott A. Flanders, MD, SFHM, Winthrop  
Whitcomb, MD, MHM, Steven Cohn,  
MD, FACP, Frank Michota, MD, Russell  
Holman, MD, SFHM, Richard Gross, MD,  
FACP, Geno Merli, MD, FACP, FHM  
Elsevier Publishing 2007

A guide that offers expert advice on how to establish and enhance a hospitalist program, provide leadership, manage patient transitions of care, establish a teamwork model with hospitalist staff, and navigate legal and ethical concerns.

## Hospitalists: A Guide to Building and Sustaining a Successful Program

By Joseph A. Miller,  
John Nelson, MD, MHM, and  
Winthrop Whitcomb, MD, MHM  
Health Administration Press 2007

This book focuses on strategic planning for a hospitalist program. It explains how to evaluate return on investment and presents an overview of legal and contracting considerations. It also provides information for implementing and sustaining a successful hospital medicine program and covers topics such as compensation, staffing, and performance management.

To arrange an interview with any of the authors, please contact Brendon Shank at 202-256-2083 or [bshank@hospitalmedicine.org](mailto:bshank@hospitalmedicine.org)

# BIOGRAPHIES



Jeffrey Wiese, MD, FACP, SFHM  
President

Jeffrey G. Wiese, MD, is a Professor of Medicine with Tenure and the Associate Dean for Graduate Medical Education at the Tulane University Health Sciences Center. He is also Associate-Chairman of Medicine, the Chief of the Charity Medical Service and the Director of the Tulane Internal Medicine Residency Program. He also serves as the course director for the Clinical Diagnosis, Biostatistics, Advanced Internal Medicine, and Medical Education courses. Dr. Wiese graduated from Johns Hopkins School of Medicine in 1995. He completed his residency in internal medicine, chief residency and a medical education fellowship at the University of California at San Francisco. He has been on faculty at Tulane since 2000.

Dr. Wiese has won 45 teaching awards in the first nine years of being on faculty. Dr. Wiese has written over 70 articles, books, or book chapters and has made over 200 presentations to national and international audiences. He is a reviewer for six national journals, and serves on the Board of Directors for the Society of Hospital Medicine, The Association of Program Directors in Internal Medicine, and The Association of Subspecialty Professors. He is the President of the Society of Hospital Medicine. As Chief of Medicine for Charity and University hospitals, he serves on over twenty different Tulane and MCLNO committees. Over the past two years he has lead an effort to enact a recurrent \$1.2 million dollar hospitalist grant for Charity hospital.



Joseph Li, MD, SFHM  
President-Elect

Joseph (Joe) Li, M.D, SFHM, is the Director of the Beth Israel Deaconess Medical Center (BIDMC) Department of Medicine Hospital Medicine Program. Dr. Li received his B.S. in Pharmacy and Medical Degree from the University of Oklahoma. He was a medical intern, resident and chief medical resident at BIDMC. Dr. Li was the first fulltime BIDMC hospitalist and played a leading role in the development of the program.

Dr. Li is a charter member of the Society of Hospital Medicine (SHM). Dr. Li was the 2005 recipient of the SHM Outstanding Service to Hospital Medicine Award, served as the Course Director for the 2009 SHM Annual Meeting and currently serves as the Chapter President of the Boston SHM Chapter. Dr. Li was elected to the SHM Board of Directors in 2007 and is currently president-elect.

Located in Boston's Longwood Medical Area, BIDMC is a major teaching affiliate of Harvard Medical School where Dr. Li serves on the fulltime faculty as an Assistant Professor in Medicine.



Laurence D. Wellikson, MD, SFHM  
Chief Executive Officer

Laurence D. Wellikson, MD, a board certified specialist in internal medicine, has served as executive director of the Society of Hospital Medicine since January 2000. Prior to his current position, Dr. Wellikson was the founder and senior manager of an integrated medical group, IPA, and management services organization in Southern California that managed the healthcare of 130,000 capitated lives and contracted with 570 physicians. He was also a founder and senior partner in MedQuest Partners, LLC, a national consulting practice specializing in physician group, hospital, and/or insurance company

relationships. Dr. Wellikson has served as a Trustee of the American Society of Internal Medicine and a regent of the American College of Physicians. He is an assistant professor of medicine at the University of California at Irvine Medical School. A featured speaker on the topics of managed care, physician integration and physician empowerment, Dr. Wellikson has helped hospitals, physicians, medical groups, pharmaceutical companies and national organizations understand the current medical environment and fashion strategies for success.



Joseph A. Miller  
Senior Vice President,  
Chief Solutions Officer

Mr. Miller began working with the Society of Hospital Medicine in 2002 and served as the Chief Operating Officer until 2009. In his current role as the Senior Vice President and Chief Solutions Officer, Mr. Miller has responsibility for the development, operations, and expansion of SHM's Quality Improvement (QI) initiatives. These programs seek to build on the role of hospitalists as physician QI leaders within their hospitals. Mr. Miller's professional career consists of over thirty-five

years of management, consulting, and research in the healthcare industry. The focus of his work has been on strategic innovation, often involving the use of technology. He has extensive experience in tracking and incorporating best business practices, program design and implementation, and organizational change management. His employers and clients have included hospitals, medical groups, health plans, a national clinical laboratory, and the Harvard School of Public Health.

To arrange an interview please  
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# THE FUTURE OF HEALTHCARE... TODAY

Hospital medicine represents the future of healthcare. Because of the remarkable outcomes realized thus far, the field is poised to play a major role in providing leadership and energy as healthcare is reshaped in the coming years. In its young life, the specialty has already demonstrated impressive impact.

According to published studies:

- Patients treated by hospitalists use 10% fewer resources than those treated by general internists.
- Hospitalists reduce length of patient stay by about half a day.
- Hospitalists reduce the risk of patient re-admission by nearly 42%.
- Hospitalists increase coordination of care by more than 13%.

## Agents of Change

The July/August 2010 Healthcare Executive Magazine featured an article “Agents of Change” focused on the role and value of the increasing trend of using hospitalists to care for acutely ill hospitalized patients. The article states that of Hospital Corporation of America’s 163 hospitals nationwide, 90 percent have hospitalist programs and of these hospitals, approximately 50 percent of all inpatients are managed by hospitalists.

“Hospitalists are more available to lead, execute and work with our staff on our quality agenda” according to Paul Rutledge, FACHE, president of HCA’s Central Group. Hospitalists’ unique skillset and familiarity with the way patients move through the hospitals provide them with the knowledge and insight to assist in creating processes and procedures to improve patient care. “Being able to identify problem areas and manage change are not trivial skills and they are critical in moving quality initiatives forward” according to John Laverty, HCA’s vice president of Hospitalist Services.

## HOW HOSPITALISTS CAN ADD VALUE

- Treating Unassigned Patients
- Leading Hospital Medical Staff
- Providing Extraordinary Availability
- Improving Resource Utilization
- Maximizing Throughput and Improving Patient Flow
- Educating Through Formal and Informal Learning Processes
- Improving Patient Safety and Quality of Care

# HOSPITAL MEDICINE IN THE NEWS:

Featured in *The New York Times*

## New Breed of Specialist Steps In for Family Doctor

“New Breed of Specialist Steps In for Family Doctor” focused on the development and growth of the field of hospital medicine, especially as new healthcare reform is implemented. “The most compelling argument in favor of hospitalists, who are now in 5,000 institutions, from academic giants like the Hospital of the University of Pennsylvania to small community hospitals to innovators like the Mayo and Cleveland Clinics — is that they are there all the time. Another is that they are more comfortable than their predecessors with technology and cost-cutting decision-making”

## A Busy Schedule Is Never Boring

“A Busy Schedule Is Never Boring” focused on a day in the life of a hospitalist at the Hospital of the University of Pennsylvania, Dr. Subha Airan-Javia, who “splits her time between clinical care and information technology designed to save money and increase efficiency”. The article stresses the value of hospitalists as they are available to patients and their families throughout the day to monitor the patient, test results and answer questions. Many hospitalists like Dr. Airan-Javiar enjoy the fast-pace and variety of their jobs. “I’d be bored doing the same thing every day’ said Dr. Airan-Javia.”

## Aftercare Tips for Patients Checking Out of the Hospital

“According to a study published last year in The New England Journal of Medicine, one in five Medicare patients returns to the hospital within 30 days of being discharged.” Readmissions can occur from gaps in the discharge process. As healthcare reform is implemented, it will become increasingly important for hospitals to improve the discharge process and reduce readmissions. The article featured Project Boost, “a program developed by the Society of Hospital Medicine, that provides hospitals with a tool kit of forms and procedures that standardize and enhance the discharge process” and was described as “a thing of great beauty” by Dr. Matthew J. Schreiber, chief medical officer of Piedmont Hospital, one of the first hospitals to implement Project BOOST.

To view more hospital medicine news visit [www.hospitalmedicine.org/media](http://www.hospitalmedicine.org/media)



Society of Hospital Medicine

Hospitalists. Transforming Healthcare.  
Revolutionizing Patient Care.

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