

Pediatric Hospitalists Working in Community Hospitals



Jack M. Percelay, MD, MPH, MHM

KEYWORDS

• Advocacy • Community hospital • Hospitalist • Intermediate care • Training

KEY POINTS

- Pediatric hospital medicine (PHM) programs are now commonplace in community hospitals with medium-sized to large pediatric inpatient services and vary significantly based on local needs and resources.
- Clinical capabilities of Community Hospital Pediatric Hospital Medicine (CHPHM) programs depend on the hospitalists' skill sets, nursing expertise, subspecialist and surgeon availability, and proximity to neonatal and pediatric critical care services.
- CHPHM programs create value by increasing quality, satisfaction, and efficiency while reducing costs, but are not financially self-supporting based on professional fee revenues.
- Training needs for community hospitalists reflect the diversity of clinical practice with an emphasis on procedural competency.
- CHPHM programs have a responsibility to advocate for children's interests throughout the hospital through participation on key committees and nurturing of key liaison relationships.

BACKGROUND

Terminology and Overview

This article uses the term pediatric hospitalists in community hospitals or the shorter term community hospitalists to identify pediatricians who practice the discipline of PHM in general, nonuniversity, nonchildren's hospitals. Community Hospital Pediatric Hospital Medicine programs are referred to as CHPHM programs. Although other entities, most notably the Medical Group Management Association, may use the terms community and academic to distinguish between different management models for

Financial Disclosure: The author has no financial relationships relevant to this article to disclose.

Funding: No external funding.

Potential Conflict of Interest: The author has no potential conflicts of interest to disclose.

Department of Physician Assistant Studies, Pace University College of Health Professions, 163 William Street, Room 517, New York, NY 10038, USA

E-mail address: JPercelayMD@gmail.com

Pediatr Clin N Am 61 (2014) 681–691

<http://dx.doi.org/10.1016/j.pcl.2014.04.005>

pediatric.theclinics.com

0031-3955/14/\$ – see front matter © 2014 Elsevier Inc. All rights reserved.

compensation and productivity surveys, this article explicitly avoids the term academic hospitalists in favor of pediatric hospitalists in university or children's hospitals. This language has been carefully chosen to avoid the implication that PHM programs in community hospitals are necessarily nonacademic.¹ In addition, this article focuses on community hospitals with limited pediatric resources and the challenges community hospitalists face caring for children without the infrastructure and support of a tertiary care referral center or a complete pediatric department, regardless of whether that department is housed in a larger community hospital, a children's hospital within a hospital, or a free-standing children's hospital.

Growth of CHPHM Programs

Tracking the number of pediatric hospitalists currently practicing in community hospitals is problematic. The Kid's Inpatient Database uses descriptors of children's versus nonchildren's hospitals, and separately classifies hospitals by size (small, medium, or large). There is no comprehensive national database of community hospitals with pediatric services. Similarly, pediatric hospitalists lack a unique subspecialty identifier (such as subboard certification or eligibility), and all hospitalist data are self-reported. Estimates of the growth of pediatric hospitalists in community hospitals are largely extrapolated from growth of the PHM community in general and by anecdotal observations of leaders in the field. Overall, the author believes that CHPHM programs have grown in frequency similar to the growth of adult hospital medicine programs in general and PHM programs at children's and university hospitals, but firm data are lacking. The key distinguishing feature between adult and pediatric hospital medicine programs in community hospitals is that every adult hospital is large enough to support a hospitalist; this is not the case in pediatrics. In rural community hospitals with small inpatient pediatric services, office-based general pediatricians still cover the hospital on-call, attend deliveries, consult in the emergency department (ED), and manage their own inpatients without benefit of hospitalists.

The most recent American Academy of Pediatrics (AAP) Section on Hospital Medicine (SOHM) survey indicates that 31% of respondents work in community hospitals (17% in hospitals with limited or no pediatric subspecialty and surgical services, 8% in community hospitals with significant services, and 6% in hospitals with nearly complete pediatric services).² The increasing importance of pediatric hospitalists in community hospitals is recognized by the creation of (1) a community hospitalist subcommittee within the AAP SOHM beginning in about 2010, (2) a specific community hospitalist track at the annual PHM 20XX meeting beginning 2013, and (3) dedicated community hospitalist seats on both the AAP SOHM Executive Committee and the Joint Council of Pediatric Hospital Medicine also in 2013.

Variability of CHPHM Programs

CHPHM programs vary widely in terms of size, scope of practice, available resources, coverage models, and nonclinical duties, including teaching of house staff and medical students, as well as other learners. All programs share a common focus of care of the hospitalized child on the general pediatric ward, but from there it varies greatly. **Table 1** lists different potential responsibilities for pediatric hospitalists in community hospitals. The ability of the community hospitalists to multitask across settings and services adds value to the local pediatric services. CHPHM programs are often established to enable smaller hospitals to continue to provide local pediatric inpatient care in the face of trends to hospitalize children at children's hospitals and larger community hospitals.³ CHPHM programs are not profitable in and of themselves. They are mission driven, not margin driven. The individuals working in these settings need to

Download English Version:

<https://daneshyari.com/en/article/4173869>

Download Persian Version:

<https://daneshyari.com/article/4173869>

[Daneshyari.com](https://daneshyari.com)