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Johns Hopkins Hospital, Baltimore, and Massachusetts General Hospital, Boston, ranked second and third in total Medicare spending. As in the larger analysis, the differences in spending at the top five centers were mainly driven by the supply of services.

Compared with the other four centers, UCLA Medical Center has proportionately the highest numbers of physicians, hospital beds, ICU beds, and imaging and other services. Again, most of the differences in cost were in acute care; for example, 50% more days spent in the hospital in the last 6 months of life by patients at UCLA (18.5 days), compared with those at the Mayo Clinic (12 days).

The authors credited the group practice model and coordination of care at the Cleveland Clinic and Mayo Clinic with the cost savings, and proposed that other systems emulate the spending, resource input, and utilization profiles of the relatively efficient clinics. Benchmarking based on practices at efficient centers can then be used to calculate potential savings by reducing the overuse of supply-sensitive services at high-cost centers.

Dr. Franklin A. Michota, director of academic affairs in the department of hospital medicine at the Cleveland Clinic, said the hospital strives for appropriate utilization by identifying "the hospitalization goal for each chronically ill patient and driving the care plan to meet specific objectives.

"We have no illusions that we will make a chronically ill patient normal again, but our default position is to treat aggressively until it is clear that no reversible pathology exists.

"Full discussion with the patient or family on the feasibility or likelihood of achieving the goal is also

important," he said. Medically futile care plans are not undertaken.

The report authors recommended research on how treatments affect outcomes, patients' lives, and the efficiency of clinical practice. Evidence is lacking for how often to see patients, when to refer, and when to admit. As a result, primary care physicians will refer to a specialist or admit to a hospital if those resources are available and payments for office-based care are constrained.

Patients need to be followed over time and across settings by established group practices and integrated provider systems that are capable of organizing care over the span of an individual's chronic illness. Organizations that participate in this research should be rewarded through a proposed shared-savings program with the Centers for Medicare and Medicaid Services that is designed to encourage coordination and to reduce overuse of care, they proposed.

Physician groups and hospitals should be encouraged to become real or virtual integrated systems that are willing to be accountable for the coordination, overall costs, and quality of care.

The authors proposed a shared-savings approach in which payments are based on per-beneficiary costs relative to appropriate spending targets. Shared savings would allow physicians and hospitals to preserve their net incomes while reducing total revenues resulting from unnecessary care and overuse of acute care hospitals.

In addition to the Robert Wood Johnson Foundation, other supporters of the Dartmouth Atlas project include the WellPoint Foundation, Aetna Foundation, United Health Foundation, and California Healthcare Foundation. The full report is available at www.dartmouthatlas.org. ■

Senior Editor Robin Turner contributed to this story.

Referring Pediatricians Prefer Electronic Feedback

PHILADELPHIA — E-mail and fax are the preferred tools for pediatric hospitalists to use when communicating with referring physicians, according to the results of a small survey of 77 physicians.

In this survey of referring pediatricians and emergency physicians in the metropolitan Washington area, most preferred follow-up contact from pediatric hospitalists via fax (34%) or e-mail (30%), Dr. Riva Kamat-Nerikar reported at the annual meeting of the Eastern Society for Pediatric Research.

Dr. Kamat-Nerikar, a pediatric hospitalist at Inova Fairfax Hospital for Children in Falls Church, Va., and her colleagues contacted physicians in 38 pediatric practices and 10 emergency departments that referred patients to the pediatric hospitalist service at Inova. The hospitalist team there admits about 2,300 patients per year.

The initial survey contact was Web based. Those who did not respond via the Web were then contacted by fax. Those who did not respond via fax were then contacted by phone.

In all, 77 physicians responded—74% were pediatricians. Slightly more of the respondents were women (56%). Dr. Kamat-Nerikar noted that almost half of the respondents graduated from medical school after 1990.

Most (94%) said that communication from hospitalists was necessary to follow-up care. Ease, accuracy, and directness of the communication from hospitalists were important to the primary care and emergency department physicians.

The most important information in hospitalist communication was the diagnosis, the results of any consults, and laboratory/radiology results.

One member of the audience raised the issue of e-mail security and patient confidentiality. In Dr. Kamat-Nerikar's group, discharge summaries are automatically e-mailed, faxed, or printed and mailed depending on the primary care/emergency physician's preference. She and her colleagues worked closely with the IT team to set up an automated program that ensured security.

—Kerri Wachter

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New England Physician Recruitment

Hospitalist opportunities New England

- 1) New Haven County Academic Hospitalist position available at Yale's General Internal Medicine Residency Community Hospital.
- 2) 45 minutes outside of Hartford, The 213-bed, not-for-profit, acute care community Hospital
- 3) Boston Region, About 30 minutes south of the City in most desired region Boston with excellent schools. Starting Hospitalists in 200 k range
- 4) South coastal ME Seeking Internists with strong in-hospital focus. This 230 bed hospital
- 5) Coastal Southern New Hampshire Thirteen IM Physicians, 24/7 in house program.
- 6) Central Pennsylvania Group of 9 adding 3 more due to expansion of services. 240 beds with 12 bed ICU coverage
- 7) VT community hospital seeking Internal Medicine, Pediatrics or Family Practice physicians for expanding hospitalist program. Schedule is 7 days on and call, 7 days off.
- 8) South of Albany Seeking to add 2 more hospitalists. They are moving to a block schedule of 7on/7off

Contact: Lori Leo, 781-829-2250
lorileo@neprc.com