

LEADERS: DAVID O. MELTZER, M.D., PH.D.

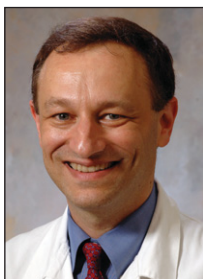
Designing 'Sustainable Jobs' for Hospitalists

Dr. David O. Meltzer, the chief of hospital medicine at the University of Chicago, has no problem keeping busy.

When he's not fulfilling clinical and administrative duties directly associated with his hospitalist role, he's doing research, working on a book about hospitalists, or leading discussions about the best use of limited national funds for health research. But Dr. Meltzer loves the variety, and he thinks that young hospitalists can avoid burnout by developing diverse professional roles.

A key lesson of early research on hospitalists is that they do a better job as they gain more experience, Dr. Meltzer said. So at the University of Chicago, he and his colleagues have focused on how to design "sustainable jobs" for hospitalists. As they looked into what worked at their institution, they realized that physicians with well-defined academic niches—in administration, teaching, or research, for example—tended to be the happiest and stay the longest.

That finding led to the creation of the Hospitalist Scholars Program, which lets hospitalists get training in research and pursue scholarship in medical education early in their hospital medicine careers.



The program, which typically lasts 2 years, combines master's-level courses with mentored research. Physicians in the program devote most of their time to the academic training and spend the remaining 3 months of the year doing clinical work.

The Hospitalist Scholars Program is 'helping to build the field as an academic field.'

DR. MELTZER

That's important, Dr. Meltzer explained, because there's a maximum amount of time that most hospitalists can devote to clinical duties without burning out, but they need to find other responsibilities to fill the rest of their professional time. So far the program has been a success, with the vast majority of those who complete the scholars program staying in academic hospital medicine.

Along with making hospitalist careers more sustainable on the individual level, Dr. Meltzer said he sees potential for the program to advance the specialty as a whole. Physicians who come out of the scholars program can incorporate research and scholarship into what they do on a daily basis, he said. "It's helping to build the field as an academic field," he said. "That will help inspire the best residents to go into hospital medicine."

In his own career, Dr. Meltzer never has the chance to burn out because he's always pursuing new projects. This year, he's completing work on a research project exploring what happens to patients after they have been treated by a hospitalist and discharged. Analysis of data from many hospitals has shown that patients treated by hospitalists tend to have a shorter length of stay, but questions remain as to whether that might lead to higher readmission rates or a greater need for outpatient services. Using Medicare data, Dr. Meltzer and his colleagues found trends suggesting that hospitalists really do provide better care, and that shorter lengths of stay do not boost overall utilization, he said.

He's also working on a book on the historical origins and development of the U.S. hospitalist movement. Funded through a grant from the Robert Wood Johnson Foundation, the project will look at why hospital medicine grew and what its origins mean for the future of the specialty. Dr. Meltzer said he's enthusiastic about the project because a better understanding of the history of hospital medicine can help ensure the sustainability of the specialty, as all of medicine braces for the uncertainty that

will come with reform of the health care system.

An early and somewhat surprising finding from his book research is that hospital medicine grew mainly because many ambulatory physicians no longer wanted the job of caring for the patient in the hospital. "Hospitalists came in and filled the gap," Dr. Meltzer said.

The wild card in charting the specialty's future will be the impact of health care reform, especially the bundling of payments for inpatient and outpatient services. "We're going to be in a pretty uncertain environment in hospital medicine for the next few years," he said.

—Mary Ellen Schneider

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