## LEADERS: DR. RON GREENO

# Hospitalists Can Pave the Way to Health Reform

Dr. Ron Greeno is a rare breed of physician—someone who gets excited about discussing the ins and outs of the physician and hospital payment systems.

As cofounder and chief medical officer of Cogent Healthcare, he has made a business out of helping hospitals to develop hospitalist programs. Over the years, he has become a nationally recognized expert on hospital medicine and became the first hospitalist to be listed as one of Modern Healthcare's "50 Most Powerful Physician Executives in Healthcare."

Today, Dr. Greeno finds himself giving a lot of free advice, not to physicians and hospitals, but to lawmakers working on health care reform legislation. Lawmakers are interested in the successes that hospitalists have achieved in improving quality of care, patient satisfaction, and reducing costs. As a specialty, hospitalists represent a way to help reform the system, he said.

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In the hospitalist model that Dr. Greeno promotes, hospitalist programs combine financial support from the hospital with traditional revenue from Medicare and other insurers for providing care. This gives hospitalists the resources needed to support physician staff and tackle quality issues, he said.

This "bundling" approach is not unlike some proposals in Congress aimed at reducing hospital readmissions by promoting a closer relationship between physicians in the hospital and those in the community. "To me, this is very exciting because it's the way that the American health care system should have been built from the ground up," he said. Capitol Hill seems to be aware of the need to change the way physicians get paid so that their focus is less on patient volume and more on quality of care.

Dr. Greeno, who is trained in pulmonary and critical care medicine and is based in Los Angeles, has spent his career working in the hospital. He said he was drawn to hospital medicine out of a desire to take a step back from patient care and figure out a way to make the hospital function more efficiently.

Whatever comes out of the restructuring of the payment system will probably be well aligned with what hospitalist providers like Cogent are already doing, Dr. Greeno said. Lawmakers are looking to some of the successful hospitalist programs as possible models for health care reform. There are many examples of well-organized hospitalist programs that are delivering high-quality, cost-effective care. But, he added, the field is also undergoing a new cycle where many programs are being forced to retool after realizing that their initial design is not producing sufficient quality and cost savings.

As this retooling process goes on, many hospitals are assessing whether they are getting their money's worth out of their hospitalist program. They are looking at whether the program is able to deliver better, more cost-effective care that increases patient satisfaction and access. "For a lot of them currently, I'm afraid the answer is no," Dr. Greeno said.

These variations among programs are typical of a young field that has experienced rapid expansion, he said. With so many programs implementing these models for the first time, it would be unrealistic for all of them to have success immediately. But Dr. Greeno said he expects hospitals to stick by hospitalists and find a way to make the programs work.

Although the field can't continue to grow at its current pace, Dr. Greeno said he expects hospitalists and other site-based specialists like emergency physicians and critical care physicians to be driving inpatient medicine into the future. ■

*By Mary Ellen Schneider*