

# Pediatric Hospitalists Cut Costs, Length of Stay

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HONOLULU — Patients on a pediatric hospitalist service spent a mean 38% fewer days in the hospital and had 29% lower direct costs, on average, than did patients on traditional house staff services, according to a 1-year study of more than 900 patients.

Dr. Arpi Bekmezian of the University of California, Los Angeles, and colleagues retrospectively compared 816 pediatric cases assigned to GI and hematology/oncology subspecialty services with 109 cases assigned to a pediatric hospitalist service between July 1, 2005, and June 30, 2006.

Patients were admitted to the hospitalist service when the faculty/house staff services reached their maximum capacity. The assignments were made solely on the basis of the hospital census, not on diagnosis, acuity, or complexity.

The study was conducted at the UCLA

Hospital and Medical Center, a nonprofit tertiary care teaching hospital with 70 pediatric beds. The patients' mean age was 8 years, and there were no statistically significant differences on the all-patient refined diagnostic-related group severity scale.

Neither were there any statistically significant differences in the proportion of patients with private insurance, Medicaid, or other insurance, Dr. Bekmezian reported in a poster presentation at the

annual meeting of the Pediatric Academic Societies.

The mean length of stay was 10 days in the subspecialty services vs. 7 days in the hospitalist service.

The average variable of direct cost of stay excluding physician fees was \$16,500 in the subspecialty services vs. \$11,000 in the hospitalist service.

Both differences were statistically significant.

Rates of readmission also were signif-

icantly different: a mean 4% for patients in the subspecialty services, compared with 0% for patients in the hospitalist service.

There were no statistically significant differences in mortality: a mean 2% in the subspecialty services, compared with a mean 1% in the hospitalist service, Dr. Bekmezian said.

Dr. Bekmezian declared that he had no conflicts of interest related to his presentation. ■

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ing Medical Education is seeking comments on such a paradigm with regard to industry support for CME.

## AMA Awaits Federal Legislation

The American Medical Association also has been reviewing industry funding and gifts at its annual House of Delegates meeting but declined to take a clear-cut position. Its Council on Ethical and Judicial Affairs drafted a report recommending that individual physicians and institutions of medicine not accept industry funding for education.

But during their June 14-18 session, the AMA delegates referred the report for further review at the recommendation of the group's Committee on Amendments to the Constitution and Bylaws.

The panel said testimony on the report noted a lack of clarity with regard to certified CME and uncertified promotional education, and concern for unintended consequences.

The delegates also declined to get embroiled in the debate over reporting of industry gifts. Pending was a resolution for the AMA to back annual reporting by drug and medical device firms of all physician payments with a value of more than \$100.

An AMA committee advised delegates that testimony on the measure generally was unfavorable, with concerns raised about the logistics and how and to whom the information would be disclosed.

Noting that legislation on the issue "is pending and may serve to answer many of these questions," the committee recommended that the resolution not be adopted and the delegates concurred.

On the question of conflicts of interest in CME, the delegates accepted the recommendation of the AMA's Council on Medical Education to monitor implementation of ACCME standards. ■

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