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A Decade of the Society of Hospital Medicine: A Remarkable Beginning and Bright Future

Founded in 1997 by 2 community-based hospitalists, Win Whitcomb and John Nelson, the National Association of Inpatient Physicians was renamed the Society of Hospital Medicine in 2003 and celebrates its 10th anniversary this year. Evolving from the enthusiastic engagement by the attendees at the first hospital medicine CME meeting in the spring of 1997,¹ this new organization has grown into a robust voice for improving the care of hospitalized patients. The Society has actively attempted to represent a big tent welcoming participation from everyone involved in hospital care. The name change to the Society of Hospital Medicine (SHM) reflected the recognition that a team is needed to achieve the goal of optimizing care of the hospitalized patient. Merriam-Webster defines “society” as “companionship or association with one’s fellows” and “a voluntary association of individuals for common ends; especially an organized group working together or periodically meeting because of common interests, beliefs, or profession.”² The hospital medicine team “working together” includes nurses, pharmacists, case managers, social workers, physicians, and administrators in addition to dietitians, respiratory therapists, and physical and occupational therapists. With a focus on patient-centered care and quality improvement, SHM eagerly anticipates future changes in health care, seeking to help its membership adapt to and manage the expected change.

As an integral component of the hospital care delivery team, physicians represent the bulk of membership in SHM. Thus, development of hospital medicine as a medical specialty has concerned many of its members. Fortunately, progress is being made, and Bob Wachter is chairing a task force on this for the American Board of Internal Medicine.³ Certainly, content in the field is growing exponentially, with textbooks (including possibly 3 separate general references for adult and pediatric hospital medicine), multiple printed periodicals, and this successful peer-reviewed journal listed in MEDLINE® and PubMed. In addition, most academic medical centers now have thriving groups of hospitalists, and many are establishing or plan separate divisions within their respective departments of medicine (eg, Northwestern, UC–San Francisco, UC–San Diego, Duke, Mayo Clinic). These events confirm how hospital medicine has progressed to become a true specialty of medicine and justify the publication of its own set of core competencies.⁴ We believe some form of certification is inevitable. This will be supported by development of residency tracks and fellowships in hospital medicine.⁵

Most remarkable about the Society of Hospital Medicine has been its ability to collaborate with multiple medical societies, governmental agencies, foundations, and organizations seeking to im-

TABLE 1
Organizational Collaborations with the Society of Hospital Medicine

Agency for Healthcare Research and Quality (AHRQ)
Alliance of Academic Internal Medicine
Ambulatory Pediatric Association
American Academy of Clinical Endocrinology
American Academy of Pediatricians
American Association of Critical Care Nurses
American Board of Internal Medicine
American College of Health Executives
American College of Chest Physicians
American College of Emergency Physicians
American College of Physicians
American College of Physician Executives
American Diabetes Association
American Geriatric Society
American Hospital Association
American Society of Health System Pharmacists
AMA's Physician Consortium for Performance Improvement
Association of American Medical Colleges
Case Management Society of America
Centers for Disease Control and Prevention (CDC)
Centers for Medicare & Medicaid Services (CMS)
The Hartford Foundation
Hospital Quality Alliance
Institute of Healthcare Improvement
The Joint Commission
National Quality Forum
Society of Critical Care Medicine
Society of General Internal Medicine

prove care for hospitalized patients (see Table 1). These relationships represent the teamwork approach that hospitalists take into their hospitals on a daily basis. We hope to build on these collaborations and work toward more interactive efforts to identify optimal delivery of health care in the hospital setting, while also reaching out to ambulatory-based providers to ensure smooth transitions of care. Such efforts will require innovative approaches to educating SHM members and altering the standard approach to continuing medical education (CME). Investment in the concept of hospitalists by the John A. Hartford Foundation with a \$1.4 million grant to improve the discharge process (Improving Hospital Care Transitions for Older Adults) exemplifies SHM's commitment to collaboration, with more than 10 organizations participating on the advisory board.

As SHM and its growing membership, which now exceeds 6500, stride into the future, we embrace advances in educational approaches to enhancing health care delivery and expect to play a leadership role in applying them. Increasingly, use of pay-for-performance (P4P) will attempt to align payment incentives to promote better quality care by rewarding providers that perform well.⁶ SHM aims to train hos-

pitalists through use of *knowledge translation* which combines the right educational tools with involvement of the entire health care team, yielding truly effective CME.⁷ A reinvention of CME that links it to care delivery and improving performance, it is supported by governmental health care leaders.⁸ This approach moves CME to where hospitalists deliver care, targets all participants (patients, nurses, pharmacists, and doctors), and has content based around initiatives to improve health care.

Such a quality improvement model would take advantage of SHM's Quality Improvement Resource Rooms (hospitalmedicine.org), marking an important shift toward translating evidence into practice. SHM will also continue with its efforts to lead in nonclinical training, as exemplified by its popular biannual leadership training courses. We expect this will expand to provide much-needed QI training in the future.

In its first 10 years SHM has accomplished much already, but the best days for hospital medicine lie ahead of us. There will be more than 30,000 hospitalists practicing at virtually every hospital in the United States, with high expectations for teams of health professionals providing patient-centered care with documented quality standards. SHM is poised to work with all our partner organizations to do our part to create the hospital of the future. Our patients are counting on all of us.

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