

Multi-Centered Trial of Academic Hospitals

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BACKGROUND / RATIONALE:

Care of hospitalized patients by "hospitalists" - often defined as physicians who dedicate at least 25% of their practice to inpatient care - is a recent, growing trend in health care delivery in the United States. But despite the growth of interest in hospitalists, there have been few scientific evaluations of the concept. The comprehensive aim of this proposed research is to measure and analyze the effects of hospitalists on patient outcomes, costs, and medical education on the general medicine services of seven academic medical centers.

OBJECTIVE(S):

The specific objectives are to 1) Assess whether hospitalists affect the cost and quality of inpatient care, 2) Assess the mechanisms by which hospitalists may affect the cost and quality of care; and 3) Assess the effects of hospitalists on house staff and student education and satisfaction.

METHODS:

This multi-site study will be conducted at the following medical centers: Brigham and Women's Hospital, the University of California-San Francisco, the University of Chicago, the University of Iowa, the University of New Mexico, and the University of Wisconsin. The study will involve a quasi-experimental design that will capitalize on the assignment of general medicine inpatients to hospitalist services at each of the institutions based on the day of week admission. Aim 1 will be addressed by analyzing the outcomes of 14,000 patients assigned to hospitalists or non-hospitalists. Outcomes will include in-hospital and post-discharge mortality, re-admission, emergency room use, and patient satisfaction. Aim 2 will be addressed using measures to test whether a variety of specific possible mechanisms by which hospitalists may have their effects are related to costs and outcomes. Understanding these mechanisms is essential if hospitalist programs are to be designed in ways that permit them to achieve their desired benefits. Aim 3 will be addressed using surveys administered to medical students and house staff who are rotating on hospitalist and non-hospitalist services.

FINDINGS / RESULTS:

Patient enrollment began on July 1, 2001. To date (Months 1-23) the study has enrolled nearly 32,000 patients across the 6 sites, including 4,124 patients at the University of Iowa Hospitals and Clinics. Data has been collected from a variety of sources including patient interviews at admission and one month after hospital discharge, hospital information systems, review of medical records, and written surveys of attending physicians, internal medicine residents, and medical students. Initial study data is currently being analyzed.

STATUS:

June 2004: Subject enrollment ended July 2003 with over 35,000 patients enrolled. Chart abstraction and data cleaning has been ongoing. A final data set analysis will be ready in the summer of 2004. Abstracts and manuscripts from the data will be submitted fall 2004 to spring 2005.

IMPACT:

We hope to better understand the various ways hospitalists improve the quality and efficiency of the care of general medical patients in the hospital. What we learn will ultimately help to design better structure and processes of care as well as help in the design of future interventions and studies.

PUBLICATIONS:

None at this time.