

EQUITABLE ALLOCATION OF RESOURCES

Health care expenditures in the United States continue to rise, reaching over \$1.4 trillion in 2001 (14% of the gross domestic product), with hospital spending accounting for the largest portion. Hospitals are under constant pressure to provide more efficient care with limited resources. As hospitalists provide cost-effective inpatient care, they increasingly act as coordinators of care and resources in the hospital setting. Among the factors that make patients vulnerable to inequitable health care are race, ethnicity, and socioeconomic status. While disparity in care exists in United States hospitals, hospitalists are positioned to identify such disparities, optimize care for all patients, and advocate for equitable and cost-effective allocation of hospital resources.

KNOWLEDGE

Hospitalists should be able to:

- Define the concepts of equity and cost-effectiveness.
- Identify patient populations at risk for inequitable health care.
- Recognize health resources that are prone to inequitable allocations.
- Distinguish between decision analysis, cost-effectiveness analysis, and cost-benefit analysis.
- Explain how cost-effectiveness may conflict with equity in health care policies.
- Discuss how stereotypes impact the allocation of health resources.
- Demonstrate how equity in health care is cost effective.
- Illustrate how disparities in health care are related to quality of care.

SKILLS

Hospitalists should be able to:

- Measure patient access to hospital resources.
- Incorporate equity concerns into cost-effectiveness analysis.
- Triage patients to appropriate hospital resources.
- Construct cost-effective care pathways that allocate resources equitably.
- Monitor for equity in health care among hospitalized patients.
- Practice evidence based, cost-effective care for all patients.

ATTITUDES

Hospitalists should be able to:

- Listen to the concerns of all patients.
- Advocate for every patient's needed health services.
- Influence hospital policy to ensure equitable health care coverage for all hospitalized patients.
- Act on cultural differences or language barriers during patient encounters that may inhibit equality in health care.
- Recognize that over utilization of resources including excessive test ordering may not promote patient safety or patient satisfaction, or improve quality of care.
- Lead, coordinate or participate in multidisciplinary teams, which may include radiology, pharmacy, nursing and social services to decrease hospital costs and provide evidence based, cost effective care.
- Collaborate with information technologists and health care economists to track utilization and outcomes. Lead, coordinate or participate in quality improvement initiatives to improve resource allocation.
- Advocate using cost-effectiveness analysis, cost benefit analysis, evidence based medicine and measurements of health care equity to mold hospital policy on the allocation of its resources.
- Advocate for cross-cultural education and interpreter services into hospital systems to decrease barriers to equitable health care allocations.
- Lead, coordinate, or participate in multidisciplinary hospital and community efforts to ensure proper access to care for all individuals.