Hospital Medicine Viewed Through Practice Management Dictums

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In the spring of 1998 at the Society of Hospital Medicine’s (SHM) (then known as the National Association of Inpatient Physicians) first annual meeting, Dr. John Eisenberg asked, “If the hospitalist model of practice were a drug, do we have enough evidence about its risks and benefits to support its use?” His question is only one of many often-repeated dictums and phrases regarding how the hospitalist model of practice is organized and performs. These can serve as useful lenses to assess the past and future of the field.

Data and opinions used to answer Dr. Eisenberg’s question continue to evolve. Many studies and opinions of its effects on costs and quality have appeared in the peer-reviewed literature, including the *Journal of Hospital Medicine*, which has become a principal home for studies of the hospitalist model of care. In 1998, hospital medicine’s impact on outcomes and costs was only beginning, and descriptions of the hospitalist’s role in implementation of new programs, such as team-based rounding models, geographic assignment of hospitalists, or the costs of interruptions, were not even on our radar. Effective management of these and other operational concerns will help ensure we are able to answer Dr. Eisenberg’s question with an increasingly confident yes.

Early in the history of hospital medicine, it became common to speak of the *voltage drop* of information loss as a patient’s care transitions to and from hospitalists and other caregivers. This term remains in common use today and encourages a focus on handoff communication. As of April 2015, the *Journal of Hospital Medicine* has published 15 articles that mention handoffs in the title, and many more that address the topic more peripherally. Collectively, these provide thoughtful strategies to mitigate a voltage drop and its risks, even though it persists and more work is needed to overcome it.

Referring to work as a hospitalist, many have said that this is a young doctor’s game; one cannot do it for a whole career. The field is young enough that one can—

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Additional Supporting Information may be found in the online version of this article.

Received: April 8, 2015; Revised: May 22, 2015; Accepted: May 27, 2015

2015 Society of Hospital Medicine DOI 10.1002/jhm.2413

Published online in Wiley Online Library (Wileyonlinelibrary.com).
the SHM, may have said this first. By embracing both of these goals, hospitalists have the opportunity to achieve much on behalf of individual patients and the healthcare system as a whole.

New dictums and sayings are sure to arise, and there is ample room for optimism that they will increasingly highlight the successes and vital role of hospital medicine.

Disclosure: Nothing to report.

References