

# Baptist Hospital Inpatient Medicine Program

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# Baptist Hospital of Miami

- Opened in 1960
- 680 Beds
- 35,000 Inpatient Admissions Annually
- 100 Bed Emergency Department
- Over 100,000 ED Visits Annually
- 31 Bed Dedicated Observation Unit
- 8 Bed Dedicated Chest Pain Center
- Baptist Cardiac & Vascular Institute Center of Excellence
- Hospital Employed Hospital Inpatient Medicine Program 24/7



# Where We Were

- Two Managed Care Intermediaries With Over 100 Patients Each
- Unacceptable LOS
- Unacceptable Patient Satisfaction
- Unacceptable Care Quality
- Phone Admission Orders
- Frustrated Administration, Specialists, MEC and BOD



# Our Conclusion

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Third party compensation for inpatient services does not support the service, quality or efficiency demanded by our organization.



# Employ versus Contract?



# Reasons to Contract

## Pros

- Forego costly start up & compensation/billing plan
- Forego recruitment & staffing issues
- National benchmarker of data
- Standardized transitions of care programs

## Cons

- Forego collections
- Resources do not all stay in program
- Physician compensation may not be aligned with organizational goals
- Slow adaption to local market forces



# Reasons to Employ

## Pros

- Culture and alignment
- Adaption
- Partnership
- Collections stay internal to organization

## Cons

- Costly
- Recruitment
- Physician management issues
- Billing structure





# Solution:

## Employed Group Set Up to Succeed

- 18:1 Ratio of Patients to Physician
- 7-On/7-Off Schedule
- Board Certified Internal Medicine Specialists
- Competitive Compensation
- Bonus to Align Incentives with Our Strategic Goals





# Facts about the Group

- All Board Certified in Internal Medicine
- 50% Women
- 24% of us are Double Boarded (Palliative Care, Nephrology or Geriatrics)
- One of us is Triple Boarded (Palliative Care and Geriatrics)
- 50% have greater than 4 years experience as a hospitalist
- Average Patient to Physician ratio of 18:1
- 51 physicians at one site



# BHM Hospitalist Program Goals

- Improve patient safety
- Improve throughput
- Reduce unnecessary variation in care via evidence-based resource utilization
- Improve patient/employee/physician satisfaction
- 100% National Quality Measures compliance
- Reduce costs
- Attention to correct level of care
- Improve physician E/M coding compliance
- Minimize physician turnover



# Unique Program Features

- First 24/7 non academic Hospitalist Program in Miami-Dade County
- Lowest turnover of physicians in the South Florida area (less than 10% compared to industry norm of 20%)
- Only program in Florida with a clinical unit based deployment of physicians
- Only program that staffs ED with Hospitalists 24/7
- Only program with a Scripted Quality Program in Crucial Conversations





# Why a Geographical Model?

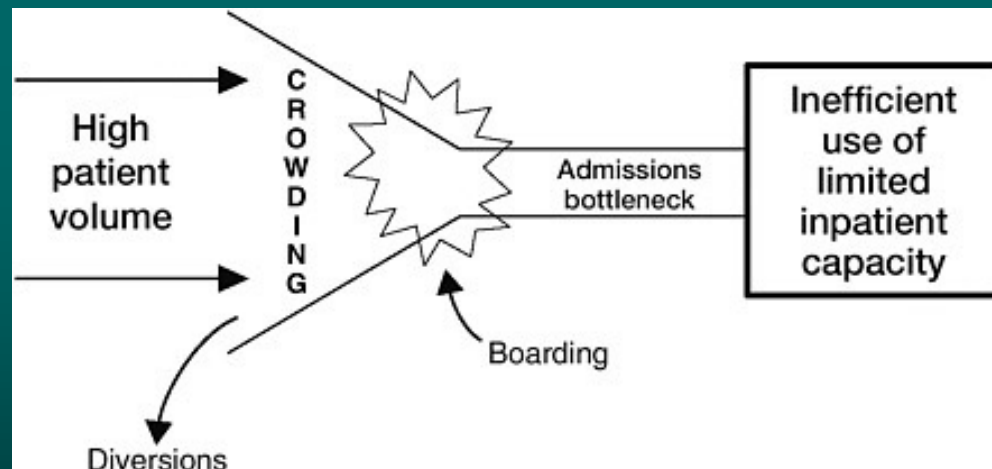
- Real time exchange of clinical information
- Communication among all caregivers of therapeutic plans to ensure continuity of care, safety and efficiency
- Reducing barriers to direct physician to physician communication
- Prudent use of physicians time
- Multidisciplinary rounds!
- Opportunity to use guidelines, order sets and appropriate documentation
- Individualization of unit needs





# Addresses ED Overcrowding

- Boarding of admitted patients is a significant root cause
  - 73% reported boarding in 2004



# ROI of Having HM in the ED

- Face to face handoff with EDP
- Appropriate level of care determination
- Appropriate use of resources
- Resource management
- Eliminates phone orders based on incomplete information



# Unit Based Program

## Clinical Unit Deployed Hospitalist:

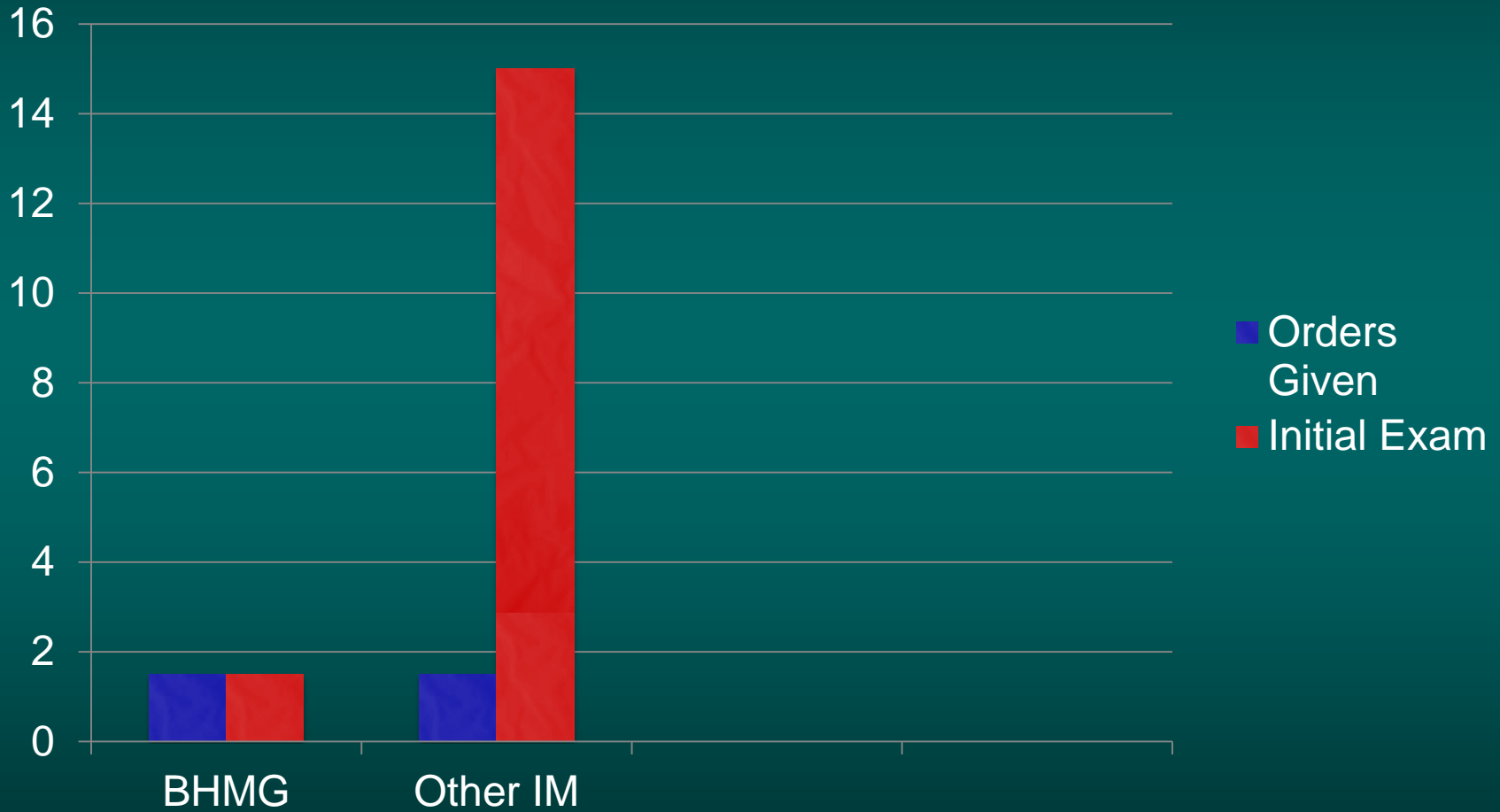
- Emergency Department
- Chest Pain Center
- Dedicated Medical/Surgical Floors
- Cardiovascular
- Respiratory
- Neuroscience
- Rehabilitation

Presently 13 out of 15 Units have  
unit base physicians



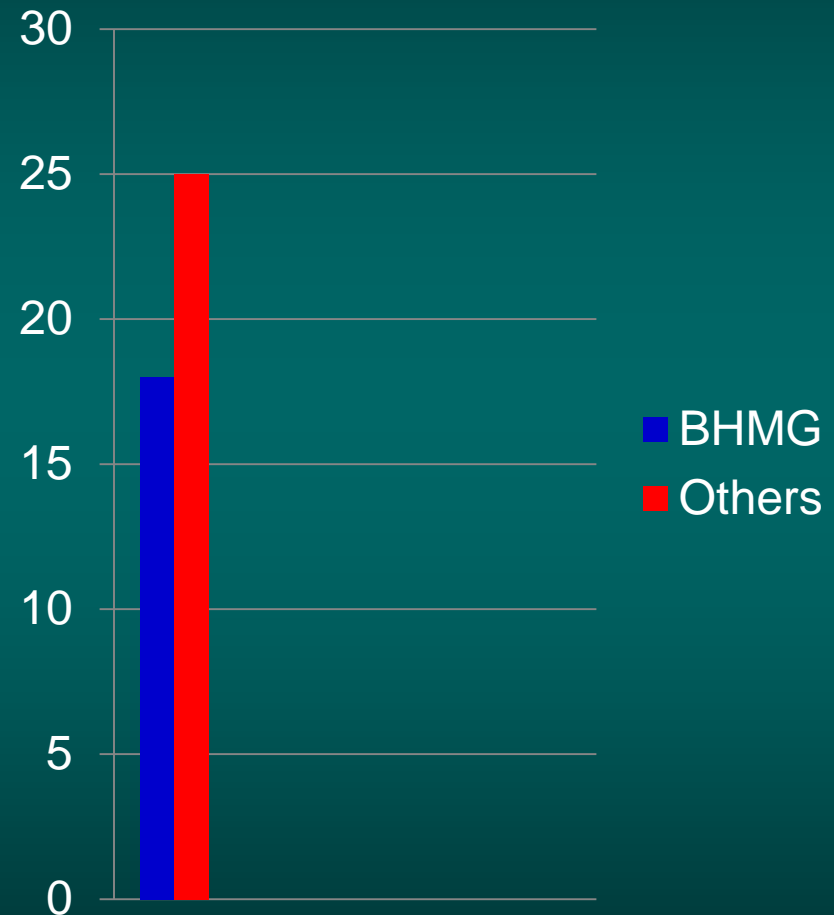
# ED Processes

Hours



# Patient to Physician Ratio

- BHMG - 18:1
- BHM Others - 25:1
- Industry norm - 16:1
- High ratios associated with higher ALOS and costs
- High ratios associate with greater physician turnover



[Increasing Hospitalist Physician-Patient Ratios Leads To Decreased Efficiency](#)

S. Hoxhaj, MD; L. Hearne, PhD; and A. Bacon, MD, FACP; Christiana Care Health System, Wilmington, DE



# Service

- **Gallup poll**
  - Grand mean 4.7/5.0
  - Overall Satisfaction Q oo 5.0/5.0
- **Physician Satisfaction Survey**
  - 94% among PCPs
- **>90<sup>th</sup> percentile for Q1 & Q2 FY 2012**





# Press Ganey FY 2012

- Q1 >90<sup>th</sup> percentile
- Q2 89<sup>th</sup> percentile
- Q3 >90<sup>th</sup> percentile
- Q4



# Consistency with Service

- AIDET
- Scripting: Crucial Conversations

Relay bad diagnostic news, Relay an error in care

Dealing with comments that question competency of experience

Transfer of care conversations

Dealing with angry or frightened patient and family members

Learn to give and receive feedback from peers, nursing and clerical staff



# Quality

- **National Quality Measure compliance:**
    - Pneumonia 100%**
    - CHF 100%**
    - AMI 100%**
- Since 2007!**
- **Compliance with VTE prophylaxis: 100%**
  - **Compliance with use of basal insulin: 100% (FY'11)**
  - **Highest E/M Coding Compliance among Hospitalist according to audit by Pivot Health**



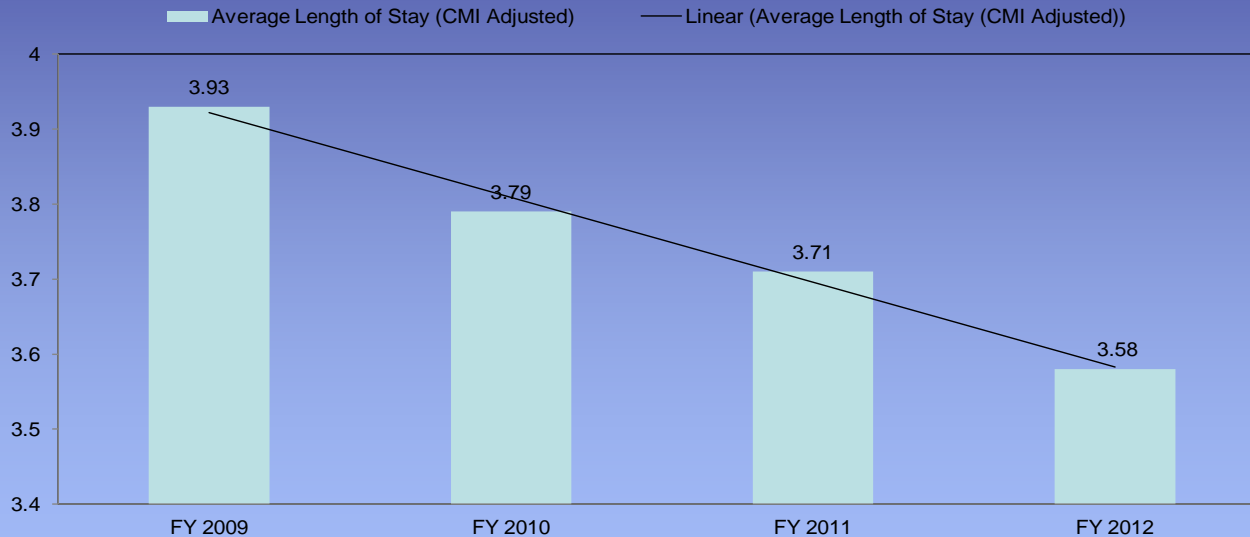
# Consistent ALOS Management



## BAPTIST HOSPITAL OF MIAMI Average Length of Stay – CMI Adjusted Year to Date

July 2012

### Average Length of Stay (CMI Adjusted)



# Estimated Overall Financial Impact FYE 9/30/2011

## Hospital

Estimated Savings (Inpatient)	<A>	4,659,811
Estimated Savings (Outpatient)	<A>	1,499,584
Estimated Overall Savings		\$ 6,159,394

## Professional Services

Cost of Practice		\$ 3,742,621
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<b>Estimated Overall Savings/(Losses)</b>		<b>\$ 2,416,773</b>
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Note: Cost analysis excluded Hospice, Rehab and cases with LOS > 10 days

<A> Estimated hospital savings calculated based on the overall weighted average direct cost of BHM Hospitalists Group vs. IPC, FLACS, and Other Hospitalists for the same period.



# Estimated ALOS Savings (days)

BHM Hospitalists Group	5.36
Other Hospitalists	<u>6.00</u>
<b>Estimated Savings in ALOS</b> <B>	<u><u>-0.64</u></u>

<B> ALOS savings calculated based on the overall weighted average ALOS for the BHM Hospitalists Group vs. Other Hospitalist groups for the same period. Hospice, Rehab and cases with LOS > 10 days were included.







BAPTIST  
HEALTH

# Baptist Hospital

Chest Pain Center Experience  
Low to Moderate Risk Patients



# HISTORY

- Escalating issues with moderate and low risk chest pain patients
- Chest Pain patient average LOS in ED was greater than 12 hours and greater than 33 hours in Observation
- No standardization in ED or in Observation
- Previous Chest Pain Center managed by ED



# PROCESS IMPROVEMENT

- Defined five levels for patient presentation
- Targeted moderate and low risk patients for observation
- ARNP 24/7
- Risk assessment methodology
- Hospitalist driven in collaboration ED and Cardiology
- Single cardiac marker
- Care is assumed once STEMI/NSTEMI and unstable angina has been ruled out
- Nuclear and stress test available 24/7
- Expanding CTA role

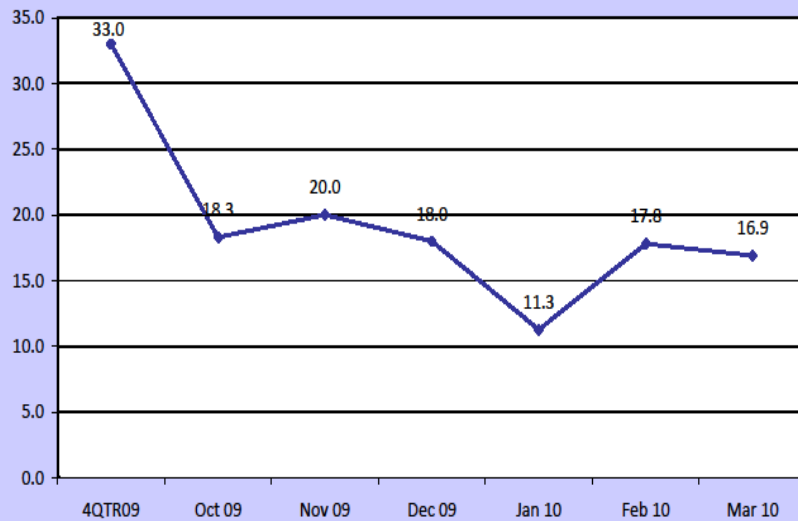
**Five Levels for Chest Pain**

LEVEL	DESCRIPTION
1	STEMI or new LBBB with ischemic symptoms
2	Non-STEMI or unstable angina, typical anginal symptoms with ST-segment depression, ischemic T-wave inversion, CHF or hemodynamic instability with chest pain
3	Moderate to high risk of ACS (TIMI > 2): anginal pain lasting < 20 minutes or atypical chest pain. ECG normal or nondiagnostic; cardiac enzymes negative.
4	Low risk of ACS (TIMI ≤ 2): anginal pain lasting < 20 minutes or atypical chest pain. ECG normal or nondiagnostic; cardiac enzymes negative.
5	Non-cardiac chest pain

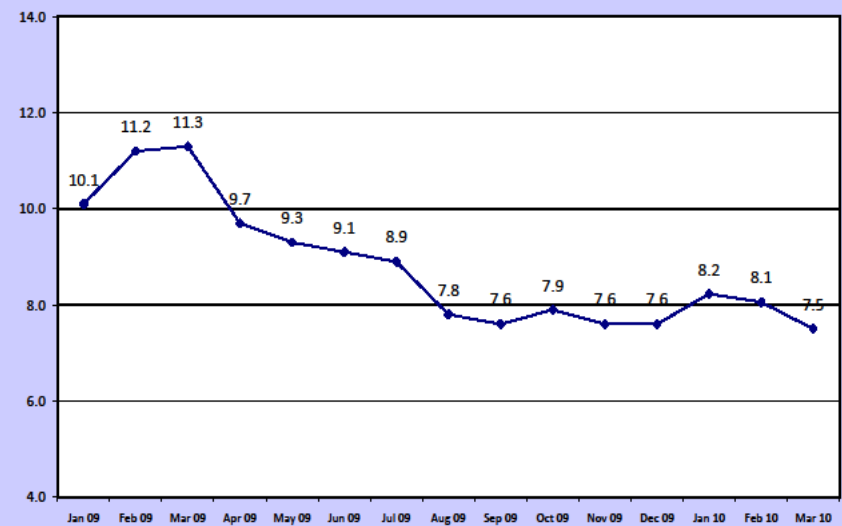


FY 2010 the cost difference was \$1000 per case  
FY 2011 the cost difference was \$786 per case

ALOS (Hours): Observation Unit



ALOS (Hours): Emergency Department



# CONCLUSION

- Hospitalist contracting companies cannot staff to meet our expectations
- Physician alignment is key in having a successful hospitalist program
- A hospitalist practice will lose money on the practice operations but pays for itself financially and in service, quality and efficiency organizationally

