

Hospitalists: Scourge or salvation?



It is hard to believe that hospitalists were only first well-described in 1996, given the prominent role these physicians currently play. Of course, many groups had physicians take turns doing hospital care, at least on the weekends and holidays. And training programs often employed individuals who served as inpatient attendings on a regular basis.

Initially associated with the managed care movement, particularly on the West coast, proponents claimed hospitalists cut costs and ensured quality. Detractors countered that important aspects of continuity and communication were lost. Unlike some of the trappings of the managed care movement (how many of you still serve as gatekeepers?), hospitalists appear to be here to stay.

As Family Medicine looks toward the future, will we remain a linchpin in care of hospitalized patients? How do we maintain continuity and enhance communication with our hospitalized patients? What cost shifts occur between hospital and outpatient care? Are the promises of the hospitalist movement being kept?

Many of you undoubtedly have strong opinions about this issue, and Dr Ann Scheck McAlearney's interesting review ("Hospitalists and family physicians: Understanding opportunities and risks," pages 473-481) in this issue of *JFP* will likely spur further debate.

What have been your experiences as clinicians in practice? Do you have stories to share? How have some of you successfully maintained a hospital practice? What efficiencies have you found in referring to a hospitalist? Are you comfortable with hospitalists now that this arrangement is more common? Whether you view hospitalists as a scourge or salvation, let me know how the hospitalist movement has touched you and your patients.

Jeffrey L. Susman, MD
jfp@fammed.uc.edu

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EDITORIAL OFFICE
Health Professions Building, Department of
Family Medicine, PO Box 670582,
Cincinnati, OH 45267-0582. Telephone:
(513) 558-4021.

PUBLISHING OFFICES
Dowden Health Media, Inc.,
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Fax: (201) 505-5890