Good afternoon and thanks for joining us. I'm Judy Simpson. Our focus this afternoon is on the medical program that is widely known and used by healthcare professionals across the United States and Canada. But it is just beginning to be understood by patients. We're going to learn about Physicians who are known as hospitalists. Joining me to explore this field of medicine is Dr. Heather Smith who is the medical director of the hospital list program at Rutland regional medical center and Michelle Cordeiro the hospital list staff director at Rutland regional. Welcome to both of you. Dr. Smith let's start off by talking about what a hospital list is and does.

Dr. Smith.: A hospital list is a specialist in inpatient care specifically of adults. We take care of acute illnesses which require hospitalization and work to make the patient well and return them back to their primary care providers expeditiously.

Judy.: How does the work of a hospitalist conform with what patients might be expecting?

Dr. Smith.: Essentially what our goal is to help the patient get urgent consultations with in the hospital lab work that needs to be completed diagnostic studies completed and get treatment initiated so we can get them back to the community well and continue to maintain their health in that regard.

Judy.: Sort of medical quarterback?

Dr. Smith.: Absolutely.

Judy.: So Michelle what are some of the advantages of being treated by a hospitalist?

Michelle.: I think the biggest advantage to the patient is that it allows their primary care Physician to focus primarily on their outpatient clinic and their outpatient patients and not have to close the practiced during the day to come into the hospital. The trust the hospital is to take care of the patients while they're in the hospital and keep them updated. We have hospital is there 24/7 so if something happens while you're inpatient the hospital list can respond immediately.
Judy.: Also as far as the patient is concerned give the information to their primary care Physician when it is needed so the primary care Physician is up to speed but does not have to be at the bedside.

Michelle.: Exactly.

Judy.: What are some of the questions that you get from patients when you say under hospital list?

Dr. Smith.: I think probably the most common question I will receive from a patient who was new to our system is why can’t I see my primary care provider? In what are the obstacles so that? It's a point of entry for education and we let the patient know that this is an established plan to rein primary care providers and the hospitalist program. We work to educate patients prior to them having to come in. We have a Brochure that's distributed to the clinics and we have an outreach program as well. I think once a patient if there on fortunate to have an illness which is relapsing and they need to come back to the hospital they do become uncomfortable with the system and understand that for example management of chronic pulmonary disease which may have multiple recurrent trips to the hospital that we are in fact the primary care provider within the hospital setting.

Judy.: Tell me a little bit about how the program works as far as Rutland regional is concerned. More than one hospitalist obviously works there?

Michelle.: Throughout the day we have a total of seven Physicians who are there. There's one Physician who stays all night in the hospital what we have is called four team. And each team has its own case manager and its own Physician. When the patient comes into the hospital they would be assigned to that teen and that hospitalist and case manager would take care of that patient while they're there. Now sometimes the Physician may change depending on hours or a for instance the Physician has been there for 14 days it may be a change and their schedule with the new Physician comes on but the case manager stays consistent so you have that consistency.

Judy.: Do patients get the feeling that there's this continuity of care as far as are concerned?

Dr. Smith.: We hope so. That is a goal of ours for sure. We hope that they do and that's the aim of the way we've designed our scheduling. As Michelle stated we have four rounding Physicians daily and that's Monday through Sunday on going. We have an admission specialist who comes in middle of the morning and helps to work when there's a surge of admissions through the emergency room. There's an additional support Physician. We're still trying to better understand their role as we grow as a program. We may at some point move to five Physicians it's a little unclear. And it knocked Ernest a night time Physician comes in and handles the urgent issues that do occur at night and we also help to reprieve some of our local Physicians during those hours of the night and were able to take care of their patients overnight and help them with the admissions process as well.

Judy.: It sounds like this is sort of and of all things science?
Dr. Smith.: Absolutely. With this evolution I think what surprising to patients this to learn when we have a discussion with them that this is now how their care will be delivered is that the hospitalist model has been out across United States and Canada since the early 1990s and in 1996 Dr. Walker an Dr. Goldman coined the term hospitalist in an article in the New England journal of medicine. We've had this program in place for several years.

Michelle.: For about 10 years at Rutland regional we've had a hospitalist program and it's been growing. I think probably I'd say three years ago it took another big leap in growth as our PCP or primary care Physicians within the community declined. The number declined they needed more and more support than the hospital in order to see their patients out of the hospital.

Judy.: We've had a lot of news stories about the fact that a lot of people coming out of med school go into specialties as opposed two primary care Physicians.

Michelle.: Exactly.

Dr. Smith.: It does make it hard for the patient if there's a lack of a provider in the community I think the primary care providers that continue to have a conventional outpatient practice it makes their practice that much easier to give enough care and spend enough time with those patients.

Judy.: Which in turn will help hopefully keep them out of the hospital.?

Dr. Smith.: Absolutely and keep them out of the hospital.

Judy.: When people come in obviously they're pretty sick. I know I haven't spent a whole lot of time in hospitals fortunately but I do know from visiting people that there's the sense that I don't know when my doctors going to come back or I'm waiting to see somebody and so this program sounds like it helps to alleviate some of those issues.

Dr. Smith.: I would agree. Basically we do some times have to deal with very emotional issues for lack of a better word. A change in care or we are dealing with a chronic illness which is relapsing and we've reached a point of which we're not going to have an active treatment plan but more of one of comfort. In the hospital we of social work services that we have palliative care. We have our case managers we have the number of very vibrant registered nurses spend the time at the bedside as well as above and beyond what the Physicians can deliver and as our program grows we are seeing the need for more support services to help with these bigger issues. That being said we have a collaborative approach where the primary care provider with whom we work and if there's a patient comes in and is very uneasy just placing a call that primary care provider and discussing it and on occasion the primary care provider will come in and make a visit and we really try to keep it in a home time feel. The patient will feel abandoned by their primary care provider. It really boils down to communication and collaboration with our primary care providers.

Judy.: It's interesting home because when you think about the medical profession and how specialize it has become and all the tests and all the machines in the equipment they can be very overwhelming for a
patient and for a family to understand exactly what is going on and what's going to happen next. Do you find patients are more apt to ask more questions now about their Health Care?

Dr. Smith.: Absolutely absolutely. I think that's status quo that we do our best to answer those questions and with this team were talking about specially during the day when we have multiple Physicians on live reasonably sized patient loads approximately 12 patients a day. We have a very reasonably sized patient load so we can address serious problems but also have some time with the patient at the bedside. In addition to that case manager there's a nurse with extra skill and experience working through some of these difficult problems. Getting back to technology absolutely people expect answers more thorough answer is more quickly and we continue to figure out how we will bulls has a program and implement services to address them.

Judy.: Do have some advice for people who may have a loved one in the hospital or maybe in the hospital themselves or anticipate that as far as what they should do as a patient as far as being an advocate for themselves or some of the questions that they should feel comfortable asking about?

Michelle.: I think that the patients should feel comfortable asking anything. Certainly if they are expecting to be in a hospital they can talk to their primary care Physician and find out what the plan will be as far as whether they will be attending in the hospital or if the hospital is swell. I encourage them if they're going to Rutland regional but I'm sure if other hospitals throughout the area would encourage them to contact the hospitalist program home in the hospital they're going to find out who will be attending while they're there so that they have an idea a name and we can provide more information about the Dr.

Judy.: It sounds good it sounds that communication is vitally important to people who are in the hospital and the families. I keep saying family's 'cause 11 persons in the hospital it affects a lot more people.

Dr. Smith.: I would totally agree. I believe Michelle mention this but just to drive this point home when the patient comes to the hospital the provider will receive a notification they've been admitted and any additional information that we may need to get will be transferred whether that's done through an auto facts or actually through a phone call. Then during the course of hospitalization if there's a major change in status terminal illness or going to a nursing home or the queue are from some illness that's been troubling them for some time we will be in touch with the primary care provider or a member of that team. Realistically there are groups of Physicians working in outpatient practices as well and then at the conclusion of their stay they get a discharge notification and a thorough discharge summary from us. To summarize the course and be ready for the next interaction with a Physician which ideally will be healthy follow-up from hospitalization. But we do deal with a number of patients who have chronic illness that will require ongoing interactions with our hospitalist service and we get to become their primary care providers as well at a higher level of acuity.

Judy.: Even though people don't see their primary care Physicians as soon as they want to in the hospital or even at all in the hospital they know that there's that constant communication going on that their primary care Physician is aware of what's going on in their care and when they've been discharged.

Dr. Smith.: Absolutely. To be completely honest constant communication we do reach out and speak with a primary care provider as situations merit. We do also try to reassure to the patient that we have control of the situation and we will communicate with a primary care provider when it is appropriate. But
I think ongoing communications are important in such a small community as Rutland. It's pretty easy to do. Passing primary care providers in the parking lot. The small community where the clinics are pretty close and were able to keep that ongoing communication where it's clear that we're staying in touch and with the patient being in our primary outfit.

Michelle.: I think it's important to understand as well that hospitalist Saar not just at Rutland regional hospitalist are actually I think in every hospital within Vermont as well as throughout the country so it's a specialty that is here to stay and will continue to grow and develop.

Judy.: It's interesting I think it's fascinating to understand that this is a program that can grow and develop depending on where you see in the to fill that and as things continue to evolve.

Dr. Smith.: Absolutely

Judy.: I want to thank you both for joining us today. Before we go get more information on the hospitalist program at Rutland regional medical center you can go to the hospital's website which is listed on your screen rrmc.org you can also call the number which is (802)-775-7111. Thank you both for joining me today that's our program for today I'm Judy Simpson will see you again next time on across the fence.

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