

Recent Literature Worth Noting

From the *Journal of the American Medical Association* **The Hospitalist Movement 5 Years Later**

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jama.ama-assn.org/issues/current/abs/jrv10099.html

Context

We originally described the hospitalist model of inpatient care in 1996; since then, the model has experienced tremendous growth. This growth has important clinical, financial, educational and policy implications.

Objectives

To review data regarding the effect of hospitalists on resource use, quality of care, satisfaction, and teaching; and to analyze the impact of hospitalists on the health care system and frame key issues facing the movement.

Data Sources and Study Selection

We searched MEDLINE, BIOSIS, EMBASE, and the Cochrane Library from 1996 to September 2001 for studies comparing hospitalist care with an appropriate control group in terms of resource use, quality, or satisfaction outcomes.

Data Extraction

We extracted information regarding study design, nature of hospitalist and control groups, analytical strategies and key outcomes.

Data Synthesis

Most studies found that implementation of hospitalist programs was associated with significant reductions in resource use, usually measured as hospital costs (average decrease, 13.4%) or average length of stay (average decrease, 16.6%). The few studies that failed to demonstrate reductions usually used atypical control groups. Although several studies found improved outcomes, such as inpatient mortality and readmission rates, these results were inconsistent. Patient satisfaction was generally preserved, while limited data supported positive effects on teaching. Although concerns about inpatient-outpatient information transfer remain, recent physician surveys indicate general acceptance of the model.

Conclusions

Empirical research supports the premise that hospitalists improve inpatient efficiency without harmful effects on quality or patient satisfaction. Education may be improved. In part catalyzed by these data, the clinical use of hospitalists is growing rapidly, and hospitalists are also assuming prominent roles as teachers, researchers, and quality leaders. The hospitalist

field has now achieved many of the attributes of traditional medical specialties and seems destined to continue to grow.
JAMA, Vol. 287 No. 4, January 23/30, 2002

From the *British Medical Journal*

Getting more for their dollar: A comparison of the NHS with California's Kaiser Permanente

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<http://bmj.com/cgi/content/abstract/324/7330/135>

Objective: To compare the costs and performance of the NHS with those of an integrated system for financing and delivery health services (Kaiser Permanente) in California.

Methods: The adjusted costs of the two systems and their performance were compared with respect to inputs, use, access to services, responsiveness, and limited quality indicators.

Results: The per capita costs of the two systems, adjusted for differences in benefits, special activities, population characteristics, and the cost environment, were similar to within 10%. Some aspects of performance differed. In particular, Kaiser members experience more comprehensive and convenient primary care services and much more rapid access to specialist services and hospital admissions. Age adjusted rates of use of acute hospital services in Kaiser were one third of those in the NHS.

Conclusions: The widely held beliefs that the NHS is efficient and that poor performance in certain areas is largely explained by underinvestment are not supported by this analysis. Kaiser achieved better performance at roughly the same cost as the NHS because of integration throughout the system, efficient management of hospital use, the benefits of competition, and greater investment in information technology.
BMJ 2002; 324: 135-143 (19 January)

From the *Annals of Internal Medicine*

Pharmacist Scope of Practice

American College of Physicians–American Society of Internal Medicine
<http://www.annals.org/issues/v136n1/abs/200201010-00014.html>

This paper explores the increased scope of practice of U.S. pharmacists. It presents background information on the pharmacy profession and outlines how the medical profession

can work with pharmacists to enhance patient safety and quality of care. The paper calls for further research on the effects of pharmacy automation and the move to the Doctor of Pharmacy degree on pharmacy practice. Other positions include support for patient education and hospital rounds, opposition to independent pharmacist prescriptive privileges and initiation of drug therapy, increased use of the pharmacist as immunizer (as allowed by state law), and continued support for the American College of Physicians–American Society of Internal Medicine 1990 therapeutic substitution position.

Ann Intern Med. 2002;136:79-85.

Web Exclusives from *Health Affairs*:

Health Affairs periodically publishes peer-reviewed articles exclusively on its Web site. These articles are selected based on their timeliness and relevance to the contemporary policy debate. They are available in either HTML or PDF format; access is free to

all site visitors. See www.healthaffairs.org

The Sad History of Health Care Cost Containment As Told In One Chart

Managed care is not alone in its failure to solve the health care cost problem.

Drew E. Altman and Larry Levitt, January 23, 2002

With Responses By: Henry J. Aaron, Thomas Bodenheimer, Helen Darling

The Impact of Terrorism and The Recession On Americans' Health Priorities

This is the second in a series of brief essays about how Americans' health and health care priorities have changed since September 11th.

Robert Blendon et al., January 16, 2002

Medicare+Choice: Doubling or Disappearing?

A proposal to change the focus of this troubled program and use it to reward private plans that improve quality and help manage the care of Medicare beneficiaries with chronic diseases.

Robert A. Berenson, November 28, 2001

With Responses By: Joseph Antos, John Bertko, Ron Klar, Murray Ross, Patricia Salber and Bruce Bradley

Americans' Health Priorities Revisited After September 11

The threat of bioterrorism has increased concern about a range of serious diseases, in a poll conducted October 17-22 and November 1-4.

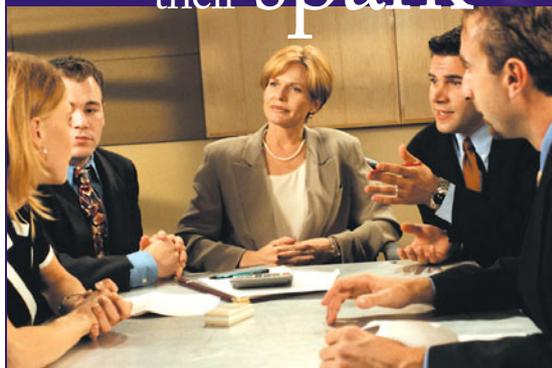
Robert Blendon et al., November 13, 2001

Reforming Medicare: Impacts On Federal Spending And Choice Of Health Plans

Reductions in Medicare spending are likely to occur only if beneficiaries' premiums go up.

Kenneth E. Thorpe and Adam Atherly, October 10, 2001

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