

# The Key Principles and Characteristics of an Effective Hospital Medicine Group:

*An Assessment Guide for Hospitals and Hospitalists*

Updated Edition

Satisfaction

Engaged Hospitalists

Adequate Resources

Quality, Safety and Efficiency

Effective Leadership

Management Infrastructure

# Contributors

**Patrick J. Cawley, MD, MBA**  
Chief Executive Officer  
Medical University of South Carolina  
Charleston, South Carolina

**Steven Deitelzweig, MD**  
System Department Chair  
of Hospital Medicine  
Ochsner Health System  
New Orleans, Louisiana

**Leslie A. Flores, MHA, SFHM**  
Nelson Flores Hospital Medicine  
Consultants  
La Quinta, California

**Joseph A. Miller, MS**  
Senior Vice President  
Society of Hospital Medicine  
Philadelphia, Pennsylvania

**John Nelson, MD, MHM**  
Overlake Medical Center  
Hospitalist Practice  
Nelson Flores Hospital Medicine  
Consultants  
Bellevue, Washington

**Scott Rissmiller, MD**  
President, Carolinas Hospitalist Group  
Chief Medical Director, Adult Acute Care  
Carolinas Healthcare System

**Laurence Wellikson, MD, SFHM**  
Chief Executive Officer  
Society of Hospital Medicine  
Philadelphia, Pennsylvania

**Winthrop F. Whitcomb, MD, MHM**  
Chief Medical Officer  
Remedy Partners  
Darien, Connecticut

# Background

**W**ith the continuing growth of the specialty of hospital medicine, the capabilities and performance of Hospital Medicine Groups (HMGs) vary significantly. There are few guidelines that HMGs can reference as tools to guide self-improvement. To address this deficiency, the Society of Hospital Medicine (SHM) Board of Directors authorized a process to identify the key principles and characteristics of an effective HMG in February 2012.

In guiding to this effort, the SHM Board felt that the principles and characteristics should be directed at both hospitals and hospitalists, addressing the full range of management, organizational, clinical and quality activities necessary to achieve effectiveness. Furthermore, the Board defined effectiveness as consisting of two components. First, the HMG must assure that the patients managed by hospitalists receive high-quality care that is sensitive to their needs and preferences. Second, the HMG must understand that the central role of the hospitalist is to coordinate patient care and foster interdisciplinary communication across the care continuum to provide optimal patient outcomes.

The SHM Board appointed an HMG Characteristics Workgroup consisting of individuals who have experience with a wide array of HMG models and who could offer expert opinions on the subject. Over a three-year period, these experts developed two related documents, both entitled ***The Key Principles and Characteristics of an Effective Hospital Medicine Group: An Assessment Guide for Hospitals and Hospitalists***. Both documents outline 47 key characteristics of an effective HMG, organized into 10 key principles, but differ somewhat in their content:

- **Basic (Version 1):** Published as part of a manuscript in the February 2014 issue of the *Journal of Hospital Medicine*, the document lists the 47 key characteristics and 10 key principles, with a rationale for each element of the framework.
- **Expanded (Version 2):** This document is scheduled for publication at the SHM Annual Meeting in March 2015. This expanded document includes substantial additional material (Definition and Requirements; Suggested Approaches to Demonstrating the Characteristic) for each characteristic that will allow an HMG to conduct a comprehensive self-assessment.

A high-level time line for the development of the Key Principles and Characteristics is outlined below:

- February 2012: SHM Board of Directors appoints the HMG Characteristics Workgroup
- May 2012: Workgroup develops first draft framework (83 characteristics; three domains) which is circulated for review and comment
- November 2012: SHM Board of Directors directs Workgroup to streamline and reorganize the framework based on broad-based feedback received from hospitalist leaders
- January 2013: Workgroup develops revised framework (47 characteristics; 10 principles) which is circulated for additional review and comment
- September 2013: SHM Board of Directors approves submission of a manuscript to the *Journal of Hospital Medicine* (containing the Basic, Version 1 of the framework)
- February 2014: Publication of the manuscript in the *Journal of Hospital Medicine*
- May 2014: Completion of the Expanded, Version 2 of the framework and initiation of a pilot to get feedback from a broad sample of HMGs
- January 2015: Based on feedback from the pilot, the SHM Board of Directors approves publication of the Key Principles and Characteristics (Expanded, Version 2) and release at SHM's 2015 Annual Meeting

# Background

## How to Use this Document

*The Key Principles and Characteristics of an Effective Hospital Medicine Group* have been designed to be aspirational, helping to “raise the bar” for the specialty of hospital medicine. These principles and characteristics are designed to provide a framework for HMGs seeking to conduct self-assessments, outlining a pathway for improvement and better defining the central role of hospitalists in coordinating team-based, patient-centered care in the acute care setting.

HMGs are encouraged to use this framework to conduct a self-assessment and to develop self-improvement plans. One approach is as follows:

- Have one or more of key following stakeholder groups (HMG leadership, HMG hospitalists, hospital leadership) review each of the 47 Key Characteristics using the following ratings: exceeds basic requirements, meets basic requirements, improvement needed, unsatisfactory
- For one or more of the Key Characteristics rated as needing improvement, the HMG could assemble the suggested documentation outlined in this document
- Upon analysis of the documentation, the HMG could develop a “self-improvement plan” for the Key Characteristic(s)

SHM anticipates the development of resources and programs for its members, using the *Key Principles and Characteristics of an Effective Hospital Medicine Group* as a framework.

# The Key Principles and Characteristics of an Effective Hospital Medicine Group (HMG)

## Principle 1:

### The HMG has effective leadership .....7

- **Characteristic 1.1** – The HMG has one or more designated hospitalist practice leaders with appropriate dedicated administrative time.
- **Characteristic 1.2** – The HMG has an active leadership development plan that is supported with appropriate budget, time and other resources.
- **Characteristic 1.3** – The HMG’s hospitalist practice leader has a key role within the hospital and medical staff leadership.

## Principle 2:

### The HMG has engaged hospitalists ..... 11

- **Characteristic 2.1** – The HMG conducts regularly scheduled meetings to address key issues for the practice and the hospitalists actively participate in such meetings.
- **Characteristic 2.2** – The HMG’s hospitalists receive regular, meaningful feedback about their individual performances and contributions to the HMG and the hospital/health system.
- **Characteristic 2.3** – The HMG’s vision, mission and values are clearly articulated and understood by all members of the HMG team.
- **Characteristic 2.4** – Hospitalists in the HMG know the performance status of the hospital.

## Principle 3:

### The HMG has adequate resources ..... 16

- **Characteristic 3.1** – The HMG has defined its needs for non-clinician administrative management and clerical support and is adequately staffed to meet these needs.
- **Characteristic 3.2** – All HMG team members (including physicians, nurse practitioners, physician assistants and ancillary staff) have clearly defined, meaningful roles.
- **Characteristic 3.3** – The HMG has followed an objective approach to determine the HMG’s staffing needs.

# The Key Principles and Characteristics of an Effective Hospital Medicine Group (HMG)

## Principle 4:

### The HMG has an effective planning and management infrastructure .....20

- **Characteristic 4.1** – The HMG prepares an annual budget with adequate financial and administrative oversight.
- **Characteristic 4.2** – The HMG generates periodic reports that characterize its performance for review by HMG members and other stakeholders.
- **Characteristic 4.3** – The HMG has a current set of written policies and procedures that are readily accessible by all members of the HMG team.
- **Characteristic 4.4** – The HMG has a documentation and coding compliance plan.
- **Characteristic 4.5** – The HMG is supported by appropriate practice management information technology, clinical information technology and data analytics.
- **Characteristic 4.6** – The HMG has a strategic business plan that is reviewed and updated at least every three years.

## Principle 5:

### The HMG is aligned with the hospital and/or health system .....29

- **Characteristic 5.1** – The HMG develops annual goals which align with the goals of the hospital(s) it serves and the goals of the hospitalists' employer (if different).
- **Characteristic 5.2** – The HMG's compensation model aligns hospitalist incentives with the goals of the hospital and the goals of the hospitalists' employer (if different).
- **Characteristic 5.3** – The HMG collaborates with hospital patient relations and/or risk management to implement practices that reduce errors and improve the patient's perception of the hospital.
- **Characteristic 5.4** – The HMG periodically solicits satisfaction feedback from key stakeholder groups, which is shared with all hospitalists and used to develop and implement improvement plans.

## Principle 6:

### The HMG supports care coordination across care settings .....34

- **Characteristic 6.1** – The HMG has systems in place to ensure effective and reliable communication with the patient's primary care physician and/or other provider(s) involved in the patient's care in the non-acute care setting.
- **Characteristic 6.2** – The HMG contributes in meaningful ways to the hospital's efforts to improve care transitions.

# The Key Principles and Characteristics of an Effective Hospital Medicine Group (HMG)

## Principle 7:

**The HMG plays a leadership role in addressing key clinical issues in the hospital and/or health system: teaching, quality, safety, efficiency and the patient/family experience.....39**

- **Characteristic 7.1** – The HMG’s hospitalists are committed to teaching other members of the clinical team.
- **Characteristic 7.2** – The HMG actively seeks to maximize effectiveness of care by consistently implementing evidence-based practices and reducing unwarranted variation in care.
- **Characteristic 7.3** – The HMG’s hospitalists champion and model behaviors intended to promote patient safety.
- **Characteristic 7.4** – The HMG contributes in meaningful ways to hospital efficiency by optimizing length of stay and improving patient flow.
- **Characteristic 7.5** – The HMG contributes in meaningful ways to improving the patient and family experience.
- **Characteristic 7.6** – The HMG contributes in meaningful ways to optimizing clinical resource utilization and cost per stay.
- **Characteristic 7.7** – The HMG’s hospitalists demonstrate a commitment to continuous quality improvement (CQI) and actively participate in initiatives directed at measurably improving quality and patient safety.

## Principle 8:

**The HMG takes a thoughtful and rationale approach to its scope of clinical activities. ....50**

- **Characteristic 8.1** – The HMG has a well-defined, annually reviewed plan for evolving the scope of hospitalist clinical activities to meet the changing needs of its institution.
- **Characteristic 8.2** – The respective roles of hospitalists and physicians in other specialties in treating patients, including patients who are co-managed, are clearly defined with a clear mechanism to address disagreements about scope and responsibilities.
- **Characteristic 8.3** – The HMG uses appropriate references to define the clinical responsibilities of hospitalists.

# The Key Principles and Characteristics of an Effective Hospital Medicine Group (HMG)

## Principle 9:

### The HMG has implemented a practice model that is patient- and family-centered, team-based, and emphasizes effective communication and care coordination .....54

- **Characteristic 9.1** – The HMG’s hospitalists provide care that respects and responds to patient and family preferences, needs and values.
- **Characteristic 9.2** – The HMG’s hospitalists have access to and regularly use patient/family education resources.
- **Characteristic 9.3** – The HMG actively participates in inter-professional, team-based decision-making with members of the clinical care team.
- **Characteristic 9.4** – The HMG has effective and efficient internal hand-off processes for both change of shift and change of responsible provider.
- **Characteristic 9.5** – When serving as attending physician, the HMG’s hospitalists (in coordination with other clinicians as appropriate) assure that a coordinated plan of care is implemented.

## Principle 10:

### The HMG recruits and retains qualified clinicians.....60

- **Characteristic 10.1** – Hospitalist compensation is market competitive.
- **Characteristic 10.2** – The HMG’s hospitalists have valid and comprehensive employment or independent contractor agreements.
- **Characteristic 10.3** – The HMG’s hospitalists are actively engaged in sourcing and recruiting new group members.
- **Characteristic 10.4** – The HMG has a comprehensive orientation process for new clinicians.
- **Characteristic 10.5** – The HMG provides its hospitalists with resources for professional growth and enhancement, including access to continuing medical education (CME).
- **Characteristic 10.6** – The HMG measures, monitors and fosters its hospitalists’ job satisfaction, well-being and professional development.
- **Characteristic 10.7** – The medical staff has a clear mechanism to credential and privilege hospitalists, and the hospitalists hold unrestricted staff privileges in the applicable medical staff department.
- **Characteristic 10.8** – The HMG has a documented method for monitoring clinical competency and professionalism for all clinical staff and addressing deficiencies when identified.
- **Characteristic 10.9** – A significant proportion of full-time hospitalists in the HMG demonstrate a commitment to a career in hospital medicine.
- **Characteristic 10.10** – The HMG’s full-time and regular part-time hospitalists are board certified or board eligible in an applicable medical specialty or subspecialty.

# Principle 1:

The HMG has effective leadership.

- **Characteristic 1.1:** The HMG has one or more designated hospitalist practice leaders with appropriate dedicated administrative time.
- **Characteristic 1.2:** The HMG has an active leadership development plan that is supported with appropriate budget, time and other resources.
- **Characteristic 1.3:** The HMG's hospitalist practice leader has a key role within the hospital and medical staff leadership.

Effective  
Leadership

# Principle 1: Characteristic 1.1 - HMG Practice Leader

**CHARACTERISTIC STATEMENT:** THE HMG HAS ONE OR MORE DESIGNATED PHYSICIAN PRACTICE LEADERS WITH APPROPRIATE DEDICATED ADMINISTRATIVE TIME.

## Rationale

Physician leaders are critical to effective physician practices. Leaders provide vision, engineer consensus, interface with hospital executives, motivate and coach other clinicians, resolve conflicts and assume major responsibility for the business and financial aspects of the practice. Depending on the size of the HMG, there may be more than one physician with leadership responsibility. To carry out these responsibilities, the HMG physician leader(s) must have administrative time set aside, distinct from their clinical time spent seeing patients.

## Definition and Requirements

### In an effective HMG:

- There are formal, annually updated job descriptions for the HMG's physician leaders that document their roles and responsibilities.
- The job description is the basis of determining the amount of administrative time required by the physician practice leader to carry out his/her responsibilities. (NOTE: The administrative time should recognize a corresponding reduction in the physician leader's clinical time.)
- The HMG leader's administrative time is determined by his/her supervisor.
  - In a hospital-employed or academic HMG, the leader's supervisor may be a hospital CMO or equivalent.
  - In a multi-specialty group, private practice HMG or management company HMG, the leader's supervisor may be a physician executive from the "parent" organization.

## Suggested Approaches to Demonstrating the Characteristic

### The HMG provides the following documentation:

- A description of the HMG leadership structure, including to whom the physician leader reports.
- The most recent version of the HMG physician practice leader's job description.
- A narrative statement prepared by the HMG physician practice leader describing how his/her responsibilities have changed over the past year (referencing the job description).
- A review of this narrative statement by the practice leader's supervisor indicating how much administrative time has been set aside for the HMG physician practice leader and why this time commitment is sufficient to carry out his/her HMG leadership responsibilities.

# Principle 1: Characteristic 1.2 - Leadership Development Plan

**CHARACTERISTIC STATEMENT:** THE HMG HAS AN ACTIVE LEADERSHIP DEVELOPMENT PLAN THAT IS SUPPORTED WITH APPROPRIATE BUDGET, TIME AND OTHER RESOURCES.

## Rationale

The leadership needs of each HMG are unique, and these needs change over time. It is the joint responsibility of the HMG employing organization and the HMG leader(s) to define the HMG's leadership requirements and to develop a plan to assure that these requirements are met. An effective leadership development plan will contribute to the HMG's ability to grow and evolve, meet its goals and achieve high levels of performance.

## Definition and Requirements

The process of preparing an HMG leadership development plan consists of the following elements:

Element	Considerations
Define the HMG's leadership requirements	<ul style="list-style-type: none"><li>• Can vary by employing organization (hospital, medical school, multi-specialty group, private practice HMG or management company), by the size of the HMG, by the maturity/sophistication of the HMG, etc.</li><li>• At a minimum, should include a definition of the HMG's leadership team (i.e., roles) and the HMG's leadership competencies.</li></ul>
Assess the HMG's current leadership	<ul style="list-style-type: none"><li>• Compares the HMG's current leadership capabilities and performance against the HMG's defined leadership needs, identifying gaps in roles and competencies.</li></ul>
Develop a plan to address the gaps in HMG leadership	<ul style="list-style-type: none"><li>• Plan may include the recruitment of additional leadership talent and the improvement of existing HMG leadership skills (through training, coaching, mentoring, etc.).</li><li>• Plan needs to be supported by appropriate budget, time and other resources.</li></ul>

## Suggested Approaches to Demonstrating the Characteristic

The HMG provides the following documentation:

- Documentation of the HMG's current leadership development plan, addressing the elements described in the above table. The documentation should include a description of who is involved in developing the plan (e.g., hospital CMO, hospitalist leaders, etc.).
- At least two examples of leadership development activities conducted by the HMG in the past two years and how they fit into the overall leadership development plan for the HMG. Examples might relate to performance review of existing leadership, identification of a new leadership role or training to improve current leaders' skills.

## Principle 1: Characteristic 1.3 - Leader's Role in the Hospital

**CHARACTERISTIC STATEMENT:** THE HMG'S HOSPITALIST PRACTICE LEADER HAS A KEY ROLE WITHIN THE HOSPITAL AND MEDICAL STAFF LEADERSHIP.

### Rationale

*From the hospital's perspective:* With the advent of healthcare reform, hospitals are being asked to be accountable for multiple dimensions of performance including cost effectiveness, quality improvement, patient safety and the patient/family experience. Because hospitalists typically treat a significant proportion of the hospital's patients, hospitals often look to their HMG to take a leadership role in addressing these performance issues.

*From the HMG's perspective:* If hospitalists are going to have an impact on their hospital and/or the medical staff, the HMG physician practice leader needs to be recognized as a leader within these institutions. In an effective HMG, the hospitalist practice leader is included in both the development and the implementation of key hospital and/or medical staff strategies.

### Definition and Requirements

**Physician leadership in the hospital setting has both an informal and formal component:**

- From an informal perspective, the HMG physician practice leader needs to communicate effectively with and command the respect of other constituencies in the hospital – hospital leadership (the C-suite), other physician specialties, nursing and other support departments.
- From a formal perspective, the HMG physician practice leader can assume a range of leadership roles within the hospital. Examples include participation on the hospital's executive leadership team or the Medical Executive Committee, leadership of key hospital committees, leadership of performance improvement initiatives, responsibility for the hospital's quality/safety efforts (e.g., Chief Quality Officer) and serving as a representative of the hospital to external organizations.

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- A narrative statement prepared by the HMG practice leader describing his/her informal and formal leadership roles in the hospital, including at least one formal leadership responsibility outside the HMG. The statements should be reviewed and signed by a member of the hospital leadership, either:
  - An administrative leader (CEO, COO, CFO, etc.)
  - A physician leader (CMO/VPMA, chief of staff, or department chair)
  - A nursing leader (CNO)
- A list of HMG achievements that relate to the overall performance of the hospital (e.g., improvements in length of stay, quality metrics, patient experience, physician satisfaction, etc.).

# Principle 2:

The HMG has engaged hospitalists.

- **Characteristic 2.1:** The HMG conducts regularly scheduled meetings to address key issues for the practice and the hospitalists actively participate in such meetings.
- **Characteristic 2.2:** The HMG's hospitalists receive regular, meaningful feedback about their individual performances and contributions to the HMG and the hospital/health system.
- **Characteristic 2.3:** The HMG's vision, mission and values are clearly articulated and understood by all members of the HMG team.
- **Characteristic 2.4:** Hospitalists in the HMG know the performance status of the hospital.



Engaged  
Hospitalists

## Principle 2: Characteristic 2.1 - Hospitalist Participation

**CHARACTERISTIC STATEMENT:** THE HMG CONDUCTS REGULARLY SCHEDULED MEETINGS TO ADDRESS KEY ISSUES FOR THE PRACTICE AND THE HOSPITALISTS ACTIVELY PARTICIPATE IN SUCH MEETINGS.

### Rationale

In effective HMGs, the hospitalists are active participants in the practice. They seek to have an influential role in defining and implementing their HMG. HMGs that create this sense of practice ownership schedule regular meetings, in which the hospitalists actively participate. The meetings provide a forum for updates on recent activities, discussions of issues/concerns and decision making.

### Definition and Requirements

**There are many issues that hospitalists might discuss at their HMG meetings. Examples include:**

- Scheduling and work allocation among the HMG clinicians (e.g., shift length, definition of a full-time hospitalist, night/weekend work, consecutive days worked, etc.).
- Decisions as to whether and how to use nurse practitioners/physician assistants in the HMG.
- Performance reporting and incentive compensation models.

An HMG may establish a threshold (e.g., 80 percent) for the proportion of meetings that a hospitalist can reasonably be expected to attend.

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- Minutes of two recent HMG meetings that include topics discussed and decisions made.
- If the minutes do not indicate which hospitalists attended the meetings, provide that information on a separate spreadsheet.

## Principle 2: Characteristic 2.2 - Individual Hospitalist Performance

**CHARACTERISTIC STATEMENT:** THE HMG'S HOSPITALISTS RECEIVE REGULAR, MEANINGFUL FEEDBACK ABOUT THEIR INDIVIDUAL PERFORMANCES AND CONTRIBUTIONS TO THE HMG AND THE HOSPITAL/HEALTH SYSTEM.

### Rationale

Hospitalists in an HMG, just as employees who work for a business organization, need feedback on how they are doing. Reviewing performance can provide important input to hospitalists on their growth and professional development. The dialogue should lead to a better understanding of each hospitalist's needs and each hospitalist's unique contributions to the practice – what they are doing well and where they need to improve. Furthermore, the review of individual performance provides an opportunity for a hospitalist to communicate with the physician practice leader about key issues facing the HMG.

### Definition and Requirements

**Hospitalist performance has many dimensions:**

- Some aspects of performance can be measured objectively, for example metrics related to production, utilization, costs, quality/safety and satisfaction.
  - Objective measurement allows comparisons to other hospitalists in the HMG.
  - Comparisons to other clinicians may need to take case mix into consideration.
  - Even though there are objective measures for these domains, assigning accountability may be difficult. Multiple clinicians are often involved in the care process, so there is no simple, clean method for assigning a clinical outcome, a cost per case or a patient satisfaction score to a specific hospitalist. Each HMG needs to determine how to address this issue of “attribution.”
- Other aspects of performance are more difficult to measure objectively, for example teamwork, leadership and clinical expertise.
- Performance evaluation needs to recognize differences among hospitalists – for example, early career hospitalists are likely to need different feedback than later career hospitalists.
- Models designed to measure and improve individual hospitalist performance include:
  - Annual reviews or appraisals in which performance to existing goals is evaluated and new individual goals are established for the next year.
  - Incentive compensation approaches in which the individual hospitalist's compensation is tied to performance.

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- A list of the five most important dimensions used to evaluate/review the individual performance of hospitalists in the HMG; for each dimension, describe why they were chosen and how they are measured.
- A description of any formal HMG programs (e.g., annual performance reviews, incentive compensation schemes) related to individual hospitalist performance.
- Documentation that all hospitalists have accountable goals and have had their performance reviewed over the past one year.
- A description of one change made to the hospitalist performance review criteria over the past one year and an explanation of why the change was made.

## Principle 2: Characteristic 2.3 - Vision, Mission and Values

**CHARACTERISTIC STATEMENT:** THE HMG'S VISION, MISSION AND VALUES ARE CLEARLY ARTICULATED AND UNDERSTOOD BY ALL MEMBERS OF THE HMG TEAM.

### Rationale

Defining an HMG's vision, mission and values can provide the answers to "what, why and how?" for the group. These statements provide a context for making decisions, both strategic and operational. The vision, mission and values statements can provide a common sense of identity for the leaders and all members of the HMG. They also can help others both inside and outside of the hospital, including patients, understand the HMG.

### Definition and Requirements

**One way to define these concepts is as follows:**

- The *Vision* statement defines "what is possible" for the HMG, creating a guide to creating the future. The *Vision* statement addresses "why the HMG is doing what it is doing." Given an HMG is focused on patient care, the *Vision* statement should address that reality in some way.
- The *Mission* statement turns the *Vision* statement into practice. It defines "what work the HMG has to do in order make the *Vision* statement into reality."
- The *Values* statement addresses "how to do the work of the HMG." It puts into words the HMG's shared sense of what is important. A *Values* statement can be important when the HMG makes tough decisions and the decision-makers consider how they want others to view the HMG.

It is unlikely that an HMG (or any organization) would prepare all three of these statements. What is most important is that an HMG reflect on the fundamental questions as to why they exist and how they want to manage their organization.

**NOTE:** In most HMGs, the hospitalists are employed by a larger organization (hospital, medical school, multi-specialty group or management company). In these situations, the *Vision*, *Mission* and *Values* statements should be prepared in collaboration with the parent organization and/or reflect the parent organization's statements.

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- Copies of the HMG's vision, mission, value statements or documents that describe the HMG's approach to addressing these issues (i.e., why the HMG exists and how the HMG wants to manage its organization).
- Documentation that all hospitalists have received and/or understand the HMG's vision, mission, value statements or similar documents.

## Principle 2: Characteristic 2.4 - Hospitalists' Knowledge of Performance Indicators

**CHARACTERISTIC STATEMENT:** HOSPITALISTS IN THE HMG KNOW THE PERFORMANCE STATUS OF THE HOSPITAL.

### Rationale

Multiple dimensions of performance define the “health” of the hospital. In effective HMGs, hospitalists are familiar with the status of their hospital’s performance indicators. They are proud of positive performance and take ownership for improving the situation when performance is problematic. This type of physician engagement and accountability can lead to higher levels of motivation and innovation, resulting in improved performance.

### Definition and Requirements

Hospitalists in effective HMGs should try to view their hospital from the perspective of the institution’s CEO and other members of the C-suite. A tool that many hospital executives use is the “balanced scorecard,” which identifies several key “domains” of performance and metrics within each domain. One example of a balanced scorecard for a hospital is as follows:

- CLINICAL QUALITY AND SAFETY
  - Adverse Events
  - Clinical Outcomes
  - Risk-adjusted Mortality and Complications
  - Hospital-acquired Conditions
- CUSTOMER LOYALTY
  - HCAHPS (Value-based Purchasing)
  - Patient Experience
  - Staff Loyalty/Turnover
  - Provider Satisfaction/Engagement Surveys
- FINANCIAL STABILITY
  - Net Revenue
  - Performance to Budget
  - Volume
  - Growth/New Business
  - Average Daily Census
  - Provider Turnover
- OPERATIONAL EFFECTIVENESS
  - Accreditation Readiness
  - Readmission Rate (Targeted Conditions)
  - Length of Stay
  - Throughput

### Suggested Approaches to Demonstrating the Characteristic

#### The HMG provides the following documentation:

- Describe the mechanism by which information on the performance of the hospital (or hospital system) is communicated to the hospitalists, indicating if it is a formal or informal mechanism. Examples of formal mechanisms include meetings with hospital leadership, the distribution and review of a performance scorecard, etc.
- List five metrics of hospital performance with which most of the hospitalists in the HMG would be familiar.

# Principle 3:

The HMG has adequate resources.

- **Characteristic 3.1:** The HMG has defined its needs for non-clinician administrative management and clerical support and is adequately staffed to meet these needs.
- **Characteristic 3.2:** All HMG team members (including physicians, nurse practitioners, physician assistants and ancillary staff) have clearly defined, meaningful roles.
- **Characteristic 3.3:** The HMG has followed an objective approach to determine the HMG's staffing needs.

Adequate  
Resources

## Principle 3: Characteristic 3.1 - Administrative and Clerical Support

**CHARACTERISTIC STATEMENT:** THE HMG HAS DEFINED ITS NEEDS FOR NON-CLINICIAN ADMINISTRATIVE MANAGEMENT AND CLERICAL SUPPORT AND IS ADEQUATELY STAFFED TO MEET THESE NEEDS.

### Rationale

Hospitalists are medical professionals with specialized training that enables them to provide patient care, improve quality and to perform other clinical work. Having hospitalists do unnecessary administrative or clerical work reduces their productivity and can have a negative impact on their job satisfaction. Ensuring appropriate administrative and clerical support for hospitalists is one way that these clinicians can “practice at the top of their license.”

### Definition and Requirements

**The non-clinical work in an HMG can be segmented into two categories:**

- **Administrative work:** which includes business operations, financial management, human resources, information management, risk management and grants management. It also includes coordination and support of projects related to patient care and quality improvement. The individual responsible for this work is often called a “practice administrator.” Within some organizations, the practice administrator may have responsibility for more than one physician specialty practice (e.g., hospital medicine and cardiology).
- **Clerical work:** which includes completing/processing forms, preparing reports, analyzing data, responding to inquiries, scheduling meetings/other activities, taking messages, maintaining supplies/equipment, etc. The individual responsible for this work is often called an “administrative assistant.” Within some organizations, the administrative assistant may support more than one physician specialty practice.
  - **NOTE:** Some clerical work impacts the workflow of physicians and patient care (e.g., home health certifications, death certificates, prescription refills, lab result follow up post-discharge). An HMG needs to take care to assure that clerical work is appropriately monitored.

In an effective HMG, the requirements for administrative and clerical work have been defined, capable individuals have been recruited in those roles and the physicians in the HMG are satisfied that they have a sufficient level of support.

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- Job description(s) for the practice administrator(s) and/or administrative assistants (or similar positions within the HMG), including the FTE value of each position.
- Two examples of how the non-clinician responsibilities have changed over the past one to two years.
- Objective evidence (e.g., an annual survey) that the HMG physicians feel satisfied that they have a sufficient level of administrative and clerical support. If objective evidence is not available, a narrative should be prepared that subjectively characterizes the perspectives of the HMG physicians with regard to the sufficiency of administrative and clerical support.

## Principle 3: Characteristic 3.2 - Clearly Defined Roles

**CHARACTERISTIC STATEMENT:** ALL HMG TEAM MEMBERS (INCLUDING PHYSICIANS, NURSE PRACTITIONERS, PHYSICIAN ASSISTANTS AND ANCILLARY STAFF) HAVE CLEARLY DEFINED, MEANINGFUL ROLES.

### Rationale

The members of an HMG can represent a range of disciplines: physicians, nurse practitioners, physician assistants, administrators, clerical staff, etc. In an effective HMG, the roles and responsibilities of each member of the team have been well thought out and documented. By engaging in this type of “practice planning,” an HMG should be able to improve its overall performance (efficiency, effectiveness, clinician satisfaction, etc.) and its ability to recruit quality clinicians to work for the HMG.

### Definition and Requirements

There are several dimensions to be considered when defining the roles of individual team members working in a physician practice:

Dimension	Considerations
Organizational requirements	<ul style="list-style-type: none"><li>• What services are expected of the hospitalists (e.g., doing procedures, seeing critical care patients, operating a post-discharge clinic)?</li><li>• What type of coverage is needed for nights/weekends?</li><li>• What are the expectations for clinician participation in non-patient care activities (e.g., teaching, research, quality improvement, IT, committees)?</li><li>• What are the expectations for clinicians with regard to administrative requirements (e.g., completing documentation, attending meetings, etc.)?</li></ul>
Vision/philosophy	<ul style="list-style-type: none"><li>• Does the practice believe in a specific teamwork model (e.g., physician and NP/PA)?</li><li>• Does the practice support the use of part-timers to supplement the work of full-timers?</li><li>• Does the practice support a major leadership role for the practice administrator?</li></ul>
Individual preferences	<ul style="list-style-type: none"><li>• How does the practice address and incorporate the individual preferences and abilities of hospitalists in the group (e.g., with regard to practice style, responsibilities, training, etc.)?</li></ul>

A job description is the vehicle for documenting and communicating the defined roles of the members of an HMG practice.

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- A narrative describing the vision/philosophy of the HMG with regard to the respective roles of the members of the HMG team (both clinical and non-clinical).
- Sample job descriptions for each of the key roles in the HMG – physician hospitalist, NP/PA (if applicable), practice administrator and clerical staff.

**NOTE:** The above materials should include a description of the practice expectations for clinicians with regard to non-patient care activities, administrative requirements, etc.

## Principle 3: Characteristic 3.3 - Staffing

**CHARACTERISTIC STATEMENT:** THE HMG HAS FOLLOWED AN OBJECTIVE APPROACH TO DETERMINE THE HMG'S STAFFING NEEDS.

### Rationale

Determining how many clinicians are needed to staff an HMG is critical to its effectiveness. Understaffing can lead to excessive workload for the hospitalists, the potential for burnout and back-ups in the flow of patient care. Overstaffing can lead to excess expenses and inefficiencies. However, determining an appropriate level of HMG staffing is not an easy exercise. Significant swings in patient demand can occur from day to day and week to week. In an effective HMG, the leadership of the HMG develops an objective and thoughtful approach to determining staffing requirements. This methodology is then modified and improved over time, incorporating feedback from frontline providers. Appropriate HMG staffing can result in quality patient care, hospitalist satisfaction, cost effectiveness and credibility with the hospital leadership.

### Definition and Requirements

**Developing a staffing model for an HMG should address the following four components:**

- Project the patient volume
  - This includes unassigned patients through the emergency department, referrals from community physicians, co-management with other specialties, procedures performed and other services. Historical trends, including seasonal variation, should be examined.
- Determine the patient care capacity of the clinicians
  - Contributing factors include benchmark data from validated sources, number of days worked, length of shift (or other scheduling factors) and staffing mix/work allocation models (e.g., use of nurse practitioners/physician assistants, admitting teams, etc.).
- Adjust for other clinician responsibilities
  - This includes projects (e.g., quality improvement, EHR implementation), committee participation and administrative responsibilities.
- Adjust for local patient, team and hospital characteristics
  - This includes average patient acuity and complexity, patient geographical localization and other hospital characteristics (ancillary services, social work, case management resources, etc.).

Based on this information, the HMG should develop an objective, systematic and disciplined framework for resource allocation decisions such as when to increase or decrease staffing levels, or adjust staffing mix.

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- A narrative description of the approach used by the HMG to determine clinician staffing, addressing all four of the above staffing model components.

# Principle 4:

The HMG has an effective planning and management infrastructure.

- **Characteristic 4.1:** The HMG prepares an annual budget with adequate financial and administrative oversight.
- **Characteristic 4.2:** The HMG generates periodic reports that characterize its performance for review by HMG members and other stakeholders.
- **Characteristic 4.3:** The HMG has a current set of written policies and procedures that are readily accessible by all members of the HMG team.
- **Characteristic 4.4:** The HMG has a documentation and coding compliance plan.
- **Characteristic 4.5:** The HMG is supported by appropriate practice management information technology, clinical information technology and data analytics.
- **Characteristic 4.6:** The HMG has a strategic business plan which is reviewed and updated at least every three years.

Management  
Infrastructure

## Principle 4: Characteristic 4.1 - Established Budget

**CHARACTERISTIC STATEMENT:** THE HMG PREPARES AN ANNUAL BUDGET WITH ADEQUATE FINANCIAL AND ADMINISTRATIVE OVERSIGHT.

### Rationale

A budget is an accounting of all HMG projected expenses and revenues used as a financial plan. A budget is constructed in order to: 1) forecast a model of how the HMG might perform financially if planned strategies, initiatives and events are carried out; and 2) enable the actual financial performance of the HMG to be measured against the forecast.

The budgeting process allows HMG leaders to consider how conditions might change and what steps should be taken now to maintain or improve performance. It may also help to coordinate the activities of the HMG by examining relationships between the HMG and those of other departments. The budgeting process can also be helpful in addressing the following:

- To identify operational problems.
- To assess the impact of new initiatives.
- To plan staffing and other resource allocation.
- To communicate plans to other key players with which the HMG interacts.
- To evaluate the performance of hospitalists in the HMG.
- To provide visibility of the HMG's performance.

### Definition and Requirements

- In some organizations (e.g., large academic medical centers, multi-specialty group practices, hospitalist management companies) the HMG's budget may be incorporated into an aggregate budget that covers multiple departments or units.
- For an HMG that does not have its own self-contained budget, there still should be mechanisms to annually develop a financial plan, compare it to previous financial performance and monitor financial performance against the plan over the course of the year.
- Budgets are not prepared in a vacuum. Typically there are ground rules, assumptions and/or templates prepared by an administrative or financial department to support HMGs in the budgeting process. Furthermore, there is some type of formal review and approval process for proposed budgets.

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- Current year budget (precise numbers can be obscured).
- A document that describes the HMG's annual budgeting/financial planning process that includes:
  - The "players" responsible for developing the budget/financial plan.
  - Key ratios used in developing the plan (e.g., revenue per RVU, expense per discharge).
  - The review and approval process for the proposed budget.
  - How the budget/financial plan is used to benchmark actual financial performance.

## Principle 4: Characteristic 4.2 - HMG Performance Reporting

**CHARACTERISTIC STATEMENT:** THE HMG GENERATES PERIODIC REPORTS THAT CHARACTERIZE ITS PERFORMANCE FOR REVIEW BY HMG MEMBERS AND OTHER STAKEHOLDERS.

### Rationale

The measures of performance for each HMG are likely to vary. In any case, effective HMGs have methods for monitoring their own performance and for communicating performance to stakeholders through periodic reports. By reporting on their performance, hospitalists demonstrate their value to the affected stakeholders and engage them in a collaborative dialogue on how to improve performance.

**NOTE:** The choice of stakeholders who review the HMG performance report will depend on the performance measures. For example, financial metrics can be reviewed by the CFO while PCP satisfaction measures might be reviewed by PCPs.

### Definition and Requirements

**Performance reporting has the following five dimensions:**

1. **Periodicity:** addresses how often the report is generated and how often it is shared with members of the group and/or with stakeholders.  
- **NOTE:** Effective HMGs generate reports at least every six months.
2. **Metrics:** the choice of metrics can vary from year-to-year and depends on the goals and targets of the HMG and the hospital. Ideally these metrics are developed and agreed upon in collaboration with hospital administration. The performance domains might include financial, utilization, quality and satisfaction. Another framework that the HMG may consider is the TRIPLE AIM promulgated by the Institute for Healthcare Improvement – 1) improving the patient experience of care; 2) improving the health of populations; and 3) reducing the per capita costs of healthcare.
3. **Audience:** lists the key stakeholders that review the report.
4. **Presentation:** addresses the report formats and how the data is reviewed/discussed.
5. **Action:** addresses the process by which the HMG identifies opportunities for improvement based on reports and develops/implements improvement plans.

Generating accurate and timely reports may require accessing multiple data sources and using sophisticated analytics.

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- A description of the approach to performance reporting used by the HMG. The description should address each of the five dimensions cited above: periodicity, metrics, audience, presentation and action.
- Sample performance report templates used by the HMG.
- One example of how the performance reports have led to performance improvement efforts by the hospitalists.

## Principle 4: Characteristic 4.3 - Policies and Procedures

**CHARACTERISTIC STATEMENT:** THE HMG HAS A CURRENT SET OF WRITTEN POLICIES AND PROCEDURES THAT ARE READILY ACCESSIBLE BY ALL MEMBERS OF THE HMG TEAM.

### Rationale

Effective HMGs document and maintain their policies and procedures, keeping them up to date. In that way, they avoid confusion, set expectations and increase the likelihood that every member of the HMG operates in an effective, efficient manner. Furthermore, documented policies and procedures can help the HMG bring on board new staff (clinical and non-clinical) and assure that consistent definitions are used in various reports used within the practice (including performance reports). In summary, documented policies and procedures provide the HMG with a framework and structure that assures that the practice operates in a consistent way, as agreed to by the hospitalists in the group.

### Definition and Requirements

Typically, HMG policies and procedures are documented in a manual. Topics covered in the manual might include:

- HMG meetings
- Staffing, scheduling and work allocation
- Scope of clinical activities
- Billing and documentation
- Computer applications
- Performance reporting
- Practice model(s)
- Communications with PCPs
- Academic/teaching responsibilities (if applicable)

An HMG manual often references other documented policies and procedures relevant to the hospitalists (e.g., the hospital's employee handbook, the IT Department's policies and procedures, the requirements of the Medical Staff office/credentialing department, etc.). The manual also may include a map of the hospital, a hospital organization chart, copies of sample forms and reports, a list of hospital committees and other reference information.

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- A copy of the table of contents for the HMG's Policy and Procedure Manual.
- A short description of the process used to update, maintain and distribute the HMG's Policy and Procedure Manual (i.e., who has responsibility, how often is it updated, how are HMG clinicians informed of changes, etc.).
- Two examples of how the HMG's Policy and Procedure Manual was changed/updated over the past year.

## Principle 4: Characteristic 4.4 - Documentation and Coding

**CHARACTERISTIC STATEMENT:** THE HMG HAS A DOCUMENTATION AND CODING COMPLIANCE PLAN.

### Rationale

Hospitalists exist in an increasingly complex environment with regard to billing and reimbursement. Challenges include recovery audit contractors (RACs), observation vs. inpatient vs. critical care status, hospital-acquired conditions, prolonged services, palliative care, nurse practitioner/physician assistant billing, etc.

Effective HMGs develop and implement a documentation and coding compliance plan to assure that the HMG and the hospital receive the revenue they deserve and to avoid fraudulent billing. This applies to both 1) professional fee billing (CPT and ICD-9 coding), and 2) facility billing (diagnosis/DRG coding).

**NOTE:** Special considerations with regard to professional fee billing exist because hospitalists may have different billing patterns from community physicians. Office-based physicians only come to the hospital for short periods to treat their inpatients. Because hospitalists are in the hospital throughout the day, they may spend more time with patients, their families, consulting physicians, nursing staff and other healthcare professionals in the inpatient environment. As a result, hospitalists may deliver a more intensive level of service. These differences must be documented and the services must be coded accurately. Accordingly, hospitalists can receive a more appropriate and often higher level of reimbursement for the services they render.

### Definition and Requirements

Hospitalists are responsible for two types of documentation and coding – Hospital/Facility and Physician:

- Historically, Hospital/Facility documentation and coding focused on assuring that hospitals get paid for the correct DRG by Medicare and other payers. More recently, the concept of “clinical documentation improvement” (CDI) has received a lot of attention. CDI is a process that employs “clinical documentation specialists” to review the medical record and collaborate with the physician to create specificity in documentation. Inaccurate documentation can affect a patient’s severity of illness and risk of mortality, and can also adversely impact hospital reimbursement. CDI is a growing activity at hospitals across the country. Another development that will impact Hospital/Facility documentation will be the implementation of ICD-10 diagnosis codes.
- Physician documentation and coding impacts the revenue of the HMG. It is critical that hospitalists accurately document the work that they do so that they can submit the correct CPT code. Diagnosis coding is also important to physician billing as it helps support the medical necessity for the service being rendered. For example, a critical care charge would need to have one or more appropriate diagnoses to support the intensity of that service.

## Principle 4: Characteristic 4.4 - Documentation and Coding *(continued)*

The Office of the Inspector General (OIG) has identified seven components that provide a solid basis upon which a physician practice can create a voluntary documentation and coding compliance program:

- Conducting internal monitoring and auditing.
- Implementing compliance and practice standards.
- Designating a compliance officer or contact.
- Conducting appropriate training and education.
- Responding appropriately to detected offenses and developing corrective action.
- Developing open lines of communication.
- Enforcing disciplinary standards through well-publicized guidelines.

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- Indicate if the HMG has been involved in a clinical documentation improvement (CDI) program. If so, describe the impact of the CDI on the HMG.
- Provide a copy of or a summary description of the HMG's documentation and coding compliance program. Summarize major changes implemented in the past one to two years and/or any changes contemplated in the next one to two years.

## Principle 4: Characteristic 4.5 - Practice Management and Clinical Information Technology

**CHARACTERISTIC STATEMENT:** THE HMG IS SUPPORTED BY APPROPRIATE PRACTICE MANAGEMENT INFORMATION TECHNOLOGY, CLINICAL INFORMATION TECHNOLOGY AND DATA ANALYTICS.

### Rationale

Effective HMGs have automated aspects of their workflow, financial management, patient care processes and reporting/analytics function. These information technology (IT) systems can help the HMG improve their practice, for example:

- Better scheduling and work allocation
- Better hand-offs and care transitions
- More complete and accurate charge capture
- Implementation of clinical and administrative best practices
- Clinical Decision Support
- The ability to construct dashboard reports
- More accurate and timely reporting of quality metrics
- More effective hospitalist incentive compensation schemes
- The ability to address Meaningful Use requirements
- Improved data sources for analysis and research
- Efficient practice communication

### Definition and Requirements

While a hospitalist group may not independently purchase or build all of its IT infrastructure, an HMG must assemble an array of automated and manual tools to support these functions. The elements of an HMG IT infrastructure may include vendor-based practice management systems, hospital-based systems (e.g., the EHR, financial systems, Admission-Discharge-Transfer applications, etc.), home-grown applications (perhaps using EXCEL spreadsheets or database applications) and other IT tools (email, wikis, mobile technology, etc.).

With regard to clinical information technology, the Healthcare Information Management and Systems Society (HIMSS) has developed a 7-stage EHR Adoption Model which can be applied to all acute care hospitals in the U.S. HIMSS reports that 186 U.S. hospitals have reached the most mature level of EHR implementation, Stage 7. As frequent users of the hospital EHR, the HMG is often pivotal in the adoption of its use across the HIMSS stages.

In terms of Clinical Decision Support (CDS), the HMG may utilize tools, such as alerts, built into the workflow of the EHR. Alternatively, CDS tools may be accessed in applications outside the EHR, or the applications may be integrated partially or fully into the EHR.

With regard to data analytics, HMGs seeking to improve operational or clinical effectiveness may use the hospital's analytics capabilities to measure performance in a selected domain before and after interventions aimed at improving quality. For example, analytics could measure the percent of discharge summaries performed on the day of discharge or the percent of heart failure patients receiving all CMS reported quality measures.

## Principle 4: Characteristic 4.5 - Practice Management and Clinical Information Technology *(continued)*

HMGs are dependent on the hospital's data analytics sophistication. HIMSS has adopted an industry-neutral framework (the "D.E.L.T.A. Powered Certification" model) which measures data analytics maturity (Beginner, Localized, Aspiring, Capable and Leader) across five competencies:

- **Data** – breadth, integration, quality, timeliness
- **Leadership** – passion and commitment
- **Analysts** – professionals and amateurs
- **Enterprise** – approach to managing analytics
- **Targets** – first deep, then broad

The D.E.L.T.A. model is cited as one example of a framework for evaluating the data analytics of a healthcare organization.

Finally, with regard to Practice Management, an HMG's information system could support the following functions:

- Financial Management
  - Charge capture
  - Coding/documentation
  - Billing/claims scrubbing and submission
  - Revenue/accounts receivable management
  - PQRS quality measure capture
- Patient Care Coordination
  - Patient flow (census management and electronic communication)
  - Electronic sign-out and provider/care transition communication
- Practice/Group Administration
  - Scheduling/work allocation
  - Communication: email/mobile technology/wiki

### Suggested Approaches to Demonstrating the Characteristic

The HMG provides the following documentation:

- Describe and characterize the HMG's information systems infrastructure by completing the table below:

Domain	Application	Source (Hospital-based, vendor, homegrown, other)	Strengths	Weaknesses
Practice Management	Financial Management			
	Patient Care Coordination			
	Staffing/Scheduling			
	Communication			
	Other PM			
Data Analytics	Data Analytics			
Clinical	EHR			
	Clinical Decision Support			
	Other Clinical			

- What one major improvement would have the most significant positive impact on the HMG's information systems infrastructure?

## Principle 4: Characteristic 4.6 - Strategic Business Plan

**CHARACTERISTIC STATEMENT:** THE HMG HAS A STRATEGIC BUSINESS PLAN WHICH IS REVIEWED AND UPDATED AT LEAST EVERY THREE YEARS.

### Rationale

Just as builders should not begin construction of a building without a blueprint, HMG leaders should not manage the operation of their practice without a strategic business plan. An effective plan defines the HMG's goals and the resources/capabilities needed to address these goals. A plan can help an HMG leader allocate resources properly, handle unforeseen complications and make good management decisions. The assumptions in the plan provide a multi-year roadmap for the HMG, including projections of its financial performance. Additionally, the plan informs the hospitalists in the group and other stakeholders about the HMG's vision and initiatives.

### Definition and Requirements

A strategic business plan typically has a long-term (three to five year) horizon. It may address questions like the following:

- What is the history of the HMG?
  - Possible topics: Origin; Evolution; Key players; Milestones; Accomplishments.
- What is the current status of the HMG?
  - Possible topics: Size; Structure; Responsibilities; Capabilities; Performance; Hospitalist satisfaction; Stakeholder satisfaction; Infrastructure.
- What internal factors (within the hospital) might impact the HMG?
  - Possible topics: Patient demand; Scope of practice; EHRs; Hospital financial performance; C-suite expectations/priorities; Internal competitors to the HMG.
- What external factors might impact the HMG?
  - Possible topics: Environmental scan; Government regulations; Health plan activities; Hospital competition; Economic conditions; External competitors to the HMG.
- What is the HMG's vision over the next three to five years?
  - Possible topics: Assessment of strengths and weaknesses; Responses to opportunities and threats.
- What is the HMG's strategy over the next three to five years?
  - Possible topics: Management/clinical philosophy; Short- and long-term goals; Themes; Keys to success; Alliances/partnerships; Critical decisions.
- How does this strategy translate into projected financial performance and requirements?
  - Possible topics: Assumptions; Staffing projections; Revenue/expense projections; Capital requirements; Sensitivity analysis.

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- Rate your HMG's engagement in a strategic business planning activity on a scale of 1 to 3 (3 – significant engagement; 2 – some engagement; and 1 – little or no engagement). Include an explanation for the rating.
- If the HMG does have a strategic business plan:
  - Describe how it was developed.
  - Summarize three important elements from the most recent plan.

# Principle 5:

The HMG is aligned with the hospital and/or health system.

- **Characteristic 5.1:** The HMG develops annual goals which align with the goals of the hospital(s) it serves and the goals of the hospitalists' employer (if different).
- **Characteristic 5.2:** The HMG's compensation model aligns hospitalist incentives with the goals of the hospital and the goals of the hospitalists' employer (if different).
- **Characteristic 5.3:** The HMG collaborates with hospital patient relations and/or risk management to implement practices that reduce errors and improve the patient's perception of the hospital.
- **Characteristic 5.4:** The HMG periodically solicits satisfaction feedback from key stakeholder groups, which is shared with all hospitalists and used to develop and implement improvement plans.

Effective  
Alignment

## Principle 5: Characteristic 5.1 - Linkage to Hospital's Goals

**CHARACTERISTIC STATEMENT:** THE HMG DEVELOPS ANNUAL GOALS WHICH ALIGN WITH THE GOALS OF THE HOSPITAL(S) IT SERVES AND ITS EMPLOYER (IF DIFFERENT).

### Rationale

HMGs typically care for a significant proportion of the hospital's patients. Thus hospitalists can have a dramatic impact on the "triple aim" performance (experience, cost and quality of care) of the hospital. At effective HMGs, the group's leadership recognizes this opportunity for hospitalists to attain the triple aim and assures that the HMG is focused on aligning with and achieving these critical institutional goals.

### Definition and Requirements

An HMG should periodically undertake a structured process by which its goals are developed in alignment with the goals of its employer and the hospital(s) it serves (i.e., how the goals are linked). The process should include feedback from hospital and medical staff leaders about the HMG's proposed goals. If the hospital does not have formal annual goal statements, the HMG must still explain how its goals reflect an understanding of the hospital's goals.

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- Description of the HMG's annual goal-setting process, including how key stakeholder input is obtained.
- Description of how the HMG's goals align with the hospital's goals. At least two examples must be cited.

## Principle 5: Characteristic 5.2 - Compensation Incentives

**CHARACTERISTIC STATEMENT:** THE HMG'S COMPENSATION MODEL ALIGNS HOSPITALIST INCENTIVES WITH THE GOALS OF THE HOSPITAL AND THE GOALS OF THE HOSPITALISTS' EMPLOYER (IF DIFFERENT).

### Rationale

For most office-based physician practices, the compensation model is based on the amount of work that the physicians do. Compensation is more complex for hospitalists as they practice within the hospital, and the HMG has some responsibility for helping the hospital achieve its strategic goals. There is no “one size fits all” compensation model for HMGs. Each HMG needs to develop and implement an incentive compensation plan that takes into consideration the goals of three constituencies: 1) the hospitalists; 2) the HMG; and 3) the hospital.

- **NOTE 1:** One approach would be to align the goals for all three of those constituencies with the triple aim (improve the patient experience, improve population health and reduce per capita cost).
- **NOTE 2:** For the majority of HMGs, the hospital is the employer. However, for a significant proportion of HMGs, the employer is the medical group (the HMG itself, a multi-specialty group or a hospitalist management company). In any case, for effective HMGs, the incentive compensation plan reflects the goals of all three of the cited constituencies.

### Definition and Requirements

A well-constructed incentive compensation model for an HMG is easy to understand, easy to defend and compliant with pertinent laws and regulations. An HMG incentive scheme may address the following elements:

- **Fixed vs. variable compensation:** How much of the hospitalist's compensation is fixed and how much is subject to performance-based incentives?
- **Basis of incentives:** What metrics are used as the basis of incentive compensation? At what level is the incentive threshold set (easy, average or hard to achieve)? Is the incentive based on the overall performance of the HMG or the individual performance of the hospitalist?
- **Special situations:** How does the HMG address compensation for night/weekend coverage, incentives for the HMG physician practice leader, etc.?

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- A description of the HMG incentive compensation scheme, including how the scheme addresses:
  - Fixed vs. variable compensation
  - Basis of incentives
  - Special situations
- An example explaining how and why the HMG incentive compensation scheme has been recently changed to address the goals of the hospital and/or the goals of the employing organization.

## Principle 5: Characteristic 5.3 - Patient Relations and Risk Management

**CHARACTERISTIC STATEMENT:** THE HMG COLLABORATES WITH HOSPITAL PATIENT RELATIONS AND/OR RISK MANAGEMENT TO IMPLEMENT PRACTICES THAT REDUCE ERRORS AND IMPROVE THE PATIENT'S PERCEPTION OF THE HOSPITAL.

### Rationale

Hospitalists are often responsible for a great deal of the inpatient care delivered at the hospital and therefore can be at risk of errors and/or creating or contributing to a patient relations issue. A hospital's patient relations staff and risk management staff have oversight and administrative responsibilities for those problems. In effective HMGs, the hospitalists have developed positive and constructive relationships with these departments. By working with patient relations and risk management staff, hospitalists can prevent some problems from occurring and/or ameliorate some of the concerns of patients who are dissatisfied with their care. By working with these departments, hospitalists may reduce the possibility of malpractice lawsuits.

### Definition and Requirements

The hospital's patient relations department serves in an advocacy role between patients/families and clinicians and other hospital staff. The responsibilities of the department include:

- Assessing and improving the overall satisfaction and experience of patients.
- Responding to questions by patients/families about care, hospital policies, etc.
- Responding to complaints/grievances from patients/families.
- Complying with federal and state laws and regulations related to patient rights (e.g., advance directives).

The hospital's risk management department seeks to enhance the safety of patients, visitors and staff through risk detection, evaluation and prevention. The responsibilities of the department include:

- Educating hospital clinicians and staff with regard to risk and adverse event management.
- Identifying the sources of risk or loss.
- Maintaining an incident reporting/management system.
- Investigating adverse events.
- Assuring compliance with pertinent federal and state requirements.

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- Specific details of grievance and risk management protocols documented in the HMG policy and procedure manual, including:
  - Interfaces with the hospital's patient relations and/or risk management departments.
  - Reporting systems and/or metrics tracked.
- Two examples of how the HMG worked with patient relations and/or risk management to address one of the following issues:
  - Manage an adverse event.
  - Identify and ameliorate a risk to patients/families or employees.
  - Address a patient grievance.
  - Participate in educational or training programs.

## Principle 5: Characteristic 5.4 - Stakeholder Satisfaction

**CHARACTERISTIC STATEMENT:** THE HMG PERIODICALLY SOLICITS SATISFACTION FEEDBACK FROM KEY STAKEHOLDER GROUPS, WHICH IS SHARED WITH ALL HOSPITALISTS AND USED TO DEVELOP AND IMPLEMENT IMPROVEMENT PLANS.

### Rationale

An effective HMG recognizes that it is part of a patient-care team and that to be effective the HMG needs to solicit and act on feedback from other team members. Through a better understanding of the perspectives and concerns of these other stakeholders, the HMG can strengthen collaboration, coordination, communication and teamwork, which can lead to improved levels of performance.

### Definition and Requirements

There are a wide range of other key stakeholders that interact with hospitalists on a consistent basis. Critical relationships include:

- The referring physician (e.g., PCP)
- Nurses
- Emergency physicians

Other key stakeholders include: 1) specialists/surgeons that co-manage patients with hospitalists; 2) case managers and discharge planners; 3) pharmacists; 4) other clinicians (specialist consultants, occupational/physical therapy, social work, dietitians, etc.); and 5) administrative staff.

There are few validated survey tools for measuring the satisfaction with hospitalists of these other key stakeholders. An HMG can either obtain the feedback informally (through meetings) and/or administer a satisfaction survey.

In addition to measuring stakeholder satisfaction, HMGs must use this stakeholder feedback to address problems that are identified and to improve the program (e.g., through performance reviews, process improvements, stakeholder meetings, etc.).

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- Two examples of how the HMG obtains satisfaction feedback from key stakeholder groups (i.e., vehicle and frequency for collecting feedback).
- Two examples of how the HMG used the feedback to improve the HMG and improve relationships with the other stakeholders.

# Principle 6:

The HMG supports care coordination across care settings.

- **Characteristic 6.1:** The HMG has systems in place to ensure effective and reliable communication with the patient's primary care physician and/or other provider(s) involved in the patient's care in the non-acute care setting.
- **Characteristic 6.2:** The HMG contributes in meaningful ways to the hospital's efforts to improve care transitions.

Supports Care  
Coordination

## Principle 6: Characteristic 6.1 - Communication with the Patient's Physician

**CHARACTERISTIC STATEMENT:** THE HMG HAS SYSTEMS IN PLACE TO ENSURE EFFECTIVE AND RELIABLE COMMUNICATION WITH THE PATIENT'S PRIMARY CARE PHYSICIAN AND/OR OTHER PROVIDER(S) INVOLVED IN THE PATIENT'S CARE IN THE NON-ACUTE CARE SETTING.

### Rationale

The coordination of care across settings (hospital, office, nursing home, etc.) is vital to the delivery of quality healthcare services. When care is not coordinated—with poor, inaccurate or untimely transmission of information—patients are at risk of poor outcomes including medication errors, complications, hospital readmissions and avoidable emergency department visits. It is important that HMGs develop and implement systems to ensure effective and reliable communication with:

- PCPs and other physicians involved in the patient's care in the ambulatory setting.
- Post-acute care facilities for patients discharged to/admitted from these providers.

### Definition and Requirements

Most patients are in the ambulatory setting prior to admission and are discharged to home after the hospitalization. Typically, their key point of contact is a primary care physician (PCP), although there are circumstances in which a specialist could be the key point of contact. However, some patients are admitted from or discharged to a post-acute care facility (e.g., Skilled Nursing Facility, Rehabilitation Facility or Long-term Acute Care Hospital).

There are three distinct opportunities for a hospitalist to initiate communication with these providers: 1) at admission; 2) during the hospitalization; and 3) at discharge.

- At admission, there is a need to let the physician know that the patient is in the hospital and optimally, for the hospitalist to obtain vital information about the patient from his/her physician or from the transferring facility.
- During the hospitalization, there may be a need to let the physician and or facility know about significant changes in the patient's status or care plan and/or seek input on the choice of specialists.
- At discharge, there is a need to generate and transmit a timely discharge summary for the ambulatory physician or post-acute-care facility and, if discharged home, potentially to schedule a follow-up visit with the patient's physician. In some circumstances direct contact is necessary through a phone call or other methods to relay important information. In effective HMGs, there is a method of identifying high-risk patients and defining the level of contact necessary for each risk level.

Sometimes, there also may be a need to communicate with the referring clinician post-discharge, for example when pending test results or other information about the patient need to be conveyed to the physician or facility.

Finally, HMGs should consider touching base with their high-volume PCPs in order to assess how well the communication process is going.

## Principle 6: Characteristic 6.1 - Communication with the Patient's Physician *(continued)*

### Suggested Approaches to Demonstrating the Characteristic

The HMG provides the following documentation:

- A description of the approach used by the HMG to assure effective and reliable communication with the patient's physician and/or post-acute care facility, specifically addressing the HMG's policies and procedures for communicating: 1) on admission; 2) during the hospitalization; 3) at discharge.
- The types of metrics maintained by the HMG that characterize the effectiveness and/or reliability of communication with the patient's physician or post-acute care facility, for example:
  - Percentage of patients for whom discharge summaries were completed and/or transmitted within 24 hours.
  - Percentage of patients for whom a post-discharge visit was scheduled in a defined period of time (e.g., one week).
  - Satisfaction of PCPs and/or post-acute care facilities with the hospitalists' communications.

## Principle 6: Characteristic 6.2 - Care Transitions

**CHARACTERISTIC STATEMENT:** THE HMG CONTRIBUTES IN MEANINGFUL WAYS TO THE HOSPITAL'S EFFORTS TO IMPROVE CARE TRANSITIONS.

### Rationale

The term “care transitions” refers to the movement of patients between healthcare providers and/or settings as their condition and care needs change. Examples of care transitions include admissions to and discharges from a hospital or other healthcare facility. Any care transition represents an opportunity for harm to occur and can yield poor outcomes for patients. Care transition processes can fail for many reasons, including:

- Information is often fragmented in silos with poor communication across settings.
- Patients and/or their family caregivers may misunderstand how (and by whom) their care should be managed, or there may be an inability to understand or comply with the clinician’s instructions.
- Inaccurate or incomplete medication reconciliation can lead to medication errors and adverse events. Moreover, misunderstanding of medication instructions, lack of adherence, inability to fill prescriptions or drug-drug interactions all can harm patients.
- Post-hospital follow-up care by the “receiving” provider can be delayed or incomplete.
- The “sending” provider may not provide sufficient information to the receiving provider; e.g., discharge summary completion does not occur within 24 hours of hospital discharge or the summary lacks sufficient information.
- **NOTE:** Healthcare reform has implemented a new Medicare program that penalizes hospitals for excess readmissions. Hospitalists discharge a significant number of Medicare patients and are being asked to play a key role in reducing excess readmissions.

### Definition and Requirements

**One way to define these concepts is as follows:**

A 2011 article by Hansen, et. al., (*Ann Intern Med.* 2011;155:520-528) reviewed 43 articles for evidence on the effectiveness of interventions to improve care transitions. The article created the following taxonomy of 12 interventions in three domains:

Pre-discharge interventions

- Patient education
- Discharge planning
- Medication reconciliation
- Appointment scheduled before discharge

## Principle 6: Characteristic 6.2 - Care Transitions *(continued)*

### Post-discharge interventions

- Timely PCP communication
- Timely clinic follow-up
- Follow-up phone call
- Post-discharge hotline
- Home visit

### Interventions bridging the transition

- Transitions coach
- Patient-centered discharge instructions
- Provider continuity

## Suggested Approaches to Demonstrating the Characteristic

### The HMG provides the following documentation:

- A description of the interventions implemented by the HMG to optimize care transitions and reduce excess readmissions, referencing the taxonomy in the Hansen article.
- A summary of the results of the hospital's performance under CMS's Hospital Readmissions Reduction Program, including whether a penalty was assessed and the magnitude of the penalty, and an assessment of the effectiveness of interventions implemented to-date.

# Principle 7:

The HMG plays a leadership role in addressing key clinical issues in the hospital and/or health system: teaching, quality, safety, efficiency and the patient/family experience.

- **Characteristic 7.1:** The HMG's hospitalists are committed to teaching other members of the clinical team.
- **Characteristic 7.2:** The HMG actively seeks to maximize effectiveness of care by consistently implementing evidence-based practices and reducing unwarranted variation in care.
- **Characteristic 7.3:** The HMG's hospitalists champion and model behaviors intended to promote patient safety.
- **Characteristic 7.4:** The HMG contributes in meaningful ways to hospital efficiency by optimizing length of stay and improving patient flow.
- **Characteristic 7.5:** The HMG contributes in meaningful ways to improving the patient and family experience.
- **Characteristic 7.6:** The HMG contributes in meaningful ways to optimizing clinical resource utilization and cost per stay.
- **Characteristic 7.7:** The HMG's hospitalists demonstrate a commitment to continuous quality improvement (CQI) and actively participate in initiatives directed at measurably improving quality and patient safety.

Quality, Safety,  
Efficiency

## Principle 7: Characteristic 7.1 - Teaching

**CHARACTERISTIC STATEMENT:** THE HMG'S HOSPITALISTS ARE COMMITTED TO TEACHING OTHER MEMBERS OF THE CLINICAL TEAM.

### Rationale

In most hospitals, hospitalists are the attending or consulting physicians for the majority of hospitalized patients. As such, they play a leadership role in managing the patient's care and coordinating the care team. An important part of that leadership role is teaching. The teaching role of hospitalists applies whether or not there are formal clinical training programs at the hospital.

### Definition and Requirements

Hospitalists are often involved in two types of teaching:

- Serving as a formal faculty member with teaching and curriculum development responsibilities for residents and medical students, and other clinician learners.
- Serving as an informal teacher/mentor for other physicians, NP/PAs, pharmacists, nursing staff, case managers and other clinicians.

There are a number of barriers that can prevent effective teaching by hospitalists. For example:

- Lack of teacher experience, motivation or ability.
- Lack of learner receptivity.
- Realities of patient care (e.g., time pressure, interruptions, disengaged or disruptive patients).
- Organizational factors (e.g., lack of rewards, role models, provider expectations and/or teaching tools).

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- Rate your HMG's engagement in teaching on a scale of 1 to 3 (3 – significant engagement; 2 – some engagement; 1 – little or no engagement). Include an explanation for the rating.
- If teaching is an important goal of the hospitalists, provide a description of what the HMG has done to establish and promote the role of the hospitalist as a teacher. The description might address the following:
  - Specific teaching expectations (as formal faculty and/or informal teachers/mentors) that are documented (e.g., as part of the HMG mission statement or goals, as part of the hospitalist's job description, as part of a good citizenship compensation incentive, etc.).
  - Examples of how the HMG has addressed the barriers to teaching cited above.
  - Evaluations of hospitalists as teachers (ratings by residents/medical students, feedback by colleagues, Focused Professional Practice Evaluation (FPPE) or On-going Professional Practice Evaluation (OPPE) inclusions, etc.).
  - Examples of teaching "accomplishments" by the HMG (e.g., curriculum developed by or in conjunction with hospitalists).

## Principle 7: Characteristic 7.2 - Evidence Based Practices

**CHARACTERISTIC STATEMENT:** THE HMG ACTIVELY SEEKS TO MAXIMIZE EFFECTIVENESS OF CARE BY CONSISTENTLY IMPLEMENTING EVIDENCE-BASED PRACTICES AND REDUCING UNWARRANTED VARIATION IN CARE.

### Rationale

The most common definition of evidence-based practice is taken from Dr. David Sackett, a pioneer in the field. According to Sackett, evidence-based practice is “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research.” Implementing evidence-based practice in an HMG should reduce unwanted variation in care and improve the outcomes of care delivered by hospitalists.

### Definition and Requirements

Evidence-based practice integrates the following three components into clinical decision-making with the goal of enhancing clinical outcomes: 1) best research evidence; 2) clinical expertise; and 3) patients’ values and preferences.

In choosing where to apply evidence-based practices, effective HMGs examine the characteristics of the patient population they serve (e.g., high frequency DRGs, socio-economic factors, etc.). In addition, HMGs should provide individual clinicians with access to clinical decision support resources to facilitate evidence-based practice on a patient-by-patient basis.

When addressing evidence-based practice for a particular condition, the HMG should review/summarize literature to identify best practices, analyze care patterns and identify care variation, and develop a formal plan for reducing clinical variation where appropriate. Examples of plan elements might include:

- Standardized order sets and pathways.
- Discussion of specific care variation issues at regular HMG meetings or with individual hospitalists when appropriate.
- Standardized formats/content for history and physicals, progress notes and discharge summaries.
- Collaborative teams to address specific opportunities to reduce variation within the HMG (e.g., VTE prophylaxis or glucose management protocols).
- Development of guidelines regarding what types of patients to accept vs. transfer (for smaller hospitals) or how to facilitate acceptance of clinically appropriate transfers (for larger hospitals).
- Structured feedback of individual and group performance information related to clinical care variation (e.g., via dashboard or report card) offered on a regular basis (e.g., quarterly, annually).

## Principle 7: Characteristic 7.2 - Evidence Based Practices *(continued)*

### Suggested Approaches to Demonstrating the Characteristic

#### The HMG provides the following documentation:

- Hospital performance on publicly reported hospitalist-relevant inpatient measures (heart failure, pneumonia, myocardial infarction, venous thromboembolism and stroke).
- A description of one example of how the HMG has sought to apply evidence-based practice in treating patients, including:
  - The reasons the problem was chosen.
  - The approach to assessing variation in care practices and the plan for reducing variation.
  - The challenges and barriers faced in the implementation.
  - An assessment of the results of the initiative (e.g., ease of use, patient feedback, clinical outcomes, etc.).
- A description of clinical decision support resources available to hospitalists.

## Principle 7: Characteristic 7.3 - Demonstrate Patient Safety Behaviors

**CHARACTERISTIC STATEMENT:** THE HMG'S HOSPITALISTS CHAMPION AND MODEL BEHAVIORS INTENDED TO PROMOTE PATIENT SAFETY.

### Rationale

In 1999 the Institute of Medicine (IOM) published a report, *To Err is Human: Building a Safer Health System*, which was a call to action for the American health system to address preventable medical errors. The report estimated that between 44,000 and 98,000 people die each year as a result of these preventable errors and thousands more suffer additional morbidity and/or disability. The IOM report spawned the "patient safety movement" in the U.S.

### Definition and Requirements

Patient safety covers a broad array of clinical topics. One source for defining the spectrum of patient safety issues is The Joint Commission which publishes annual National Patient Safety Goals (NPSGs). There are seven categories of NPSGs for hospitals in 2014:

- Identify patients correctly.
- Improve staff communication (e.g., deliver test results to the right person).
- Use medications safely.
- Prevent infections.
- Identify patient safety risks (e.g., patients at risk of falling or suicide).
- Prevent mistakes in surgery.
- Use alarms safely.

Also, there are a range of "tools" used to identify and address patient safety issues:

- *Incident or event reporting systems* provide documentation on the prevalence and nature of patient safety events and allow all staff to proactively identify safety problems or errors for the organization.
- *Case reviews* in which preventable or potentially preventable medical errors/safety problems are discussed. Such reviews can occur in the following organizational formats:
  - *Peer Review* is a process by which a single or small group of physicians not involved in the index case review the event to objectively assess the systems of care and individual clinical judgment to ascertain whether or not there were opportunities for improvement.
  - *Morbidity and Mortality (M&M) Conferences* are an educational forum in which cases are presented that highlight unexpected outcomes and participants openly discuss lessons learned and opportunities for systems and individual improvement.
- *Root Cause Analysis (RCA)* is a retrospective problem-solving method that attempts to identify the factors that contributed to an error with the goal of identifying opportunities for system improvement to avoid similar events in the future.
- *Failure Mode and Effects Analysis (FMEA)* is a proactive, systematic method for evaluating a process to determine when and how it might fail. FMEAs typically focus on the most frequently occurring safety problems in an organization.

## Principle 7: Characteristic 7.3 - Demonstrate Patient Safety Behaviors (continued)

### Suggested Approaches to Demonstrating the Characteristic

The HMG provides the following documentation:

- A list of any patient safety initiatives (e.g., those related to National Patient Safety Goals or other institution-specific patient safety priorities) that the HMG is involved in and the role of the HMG or specific hospitalists in the initiatives.
- A description of any patient safety tools that the HMG regularly uses (e.g., incident reporting systems) or participates in (e.g., Peer Review, M&M Conferences, RCA or FMEA).
- A list of hospitalists in leadership positions in patient safety (e.g., chair of medication safety committee, patient safety officer or director, director of quality and safety etc.).

## Principle 7: Characteristic 7.4 - Length of Stay/Patient Flow

**CHARACTERISTIC STATEMENT:** THE HMG CONTRIBUTES IN MEANINGFUL WAYS TO HOSPITAL EFFICIENCY BY OPTIMIZING LENGTH OF STAY AND IMPROVING PATIENT FLOW.

### Rationale

With the advent of reimbursement based on diagnostic related groups (DRGs), hospitals became focused on length of stay (LOS). Over the years, the issue of managing LOS became more sophisticated, emphasizing patient flow through the hospital. Consider the following:

- Each patient, with his/her unique medical problems, must move through different levels of care within a hospital. Each of these levels of care (emergency department, observation status, medical/surgical beds, intensive care units, discharge status) must meet specified standards and criteria.
- As patients move through the hospital, they can experience potential bottlenecks, waits, delays and cancellations. These flow problems can increase costs, extend length of stay and cause poorer outcomes.

In today's hospital, patient flow is often a high priority issue for the C-suite executives and clinical leadership.

### Definition and Requirements

Examples of patient flow issues that impact hospitalists include:

- Potential waits for inpatient admission through the emergency department.
- Timely and efficient transfers of patients from the intensive care unit (ICU) to medical/surgical units.
- Timely discharges of patients to home or to post-acute-care facilities.

To improve patient flow and reduce LOS, hospitals (and hospitalists) must: 1) view the delays as the product of an interdependent system rather than caused by individual departments; and 2) accept that patient flow is a function of the inherent variation found in the demand for inpatient services (rather than being a product of the randomness or unpredictability of patient demand). A key to improving patient flow is to reduce the variation in processes within the affected departments.

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- A description of one patient flow initiative that the HMG has participated in. This might include the following elements:
  - The patient flow problem addressed.
  - The members of the inter-professional team and the hospitalist's role on the team.
  - The approach(es) used to analyze the problem.
  - The intervention(s) introduced to improve patient flow.
  - The metrics used to measure improvement in patient flow.
  - A summary of the data analysis (results) demonstrating the impact of the intervention on patient flow.

## Principle 7: Characteristic 7.5 - Patient and Family Experience

**CHARACTERISTIC STATEMENT:** THE HMG CONTRIBUTES IN MEANINGFUL WAYS TO IMPROVING THE PATIENT AND FAMILY EXPERIENCE.

### Rationale

Although current measurement and reward systems are evolving, the patient and family experience is an important dimension of performance for hospitalists and hospitals. Its importance has increased with the implementation of Hospital Value-based Purchasing (HVBP) program under the Affordable Care Act. Under HVBP, a hospital has a proportion (starting at 1 percent in FY2013 and increasing to 2 percent in FY2017) of its Medicare reimbursement at risk based on the hospital's performance on specified quality metrics. Patient satisfaction is weighted at 30 percent of those metrics for FY2013 and FY2014. Thus, this performance element is not only a reflection of how the hospital is perceived by its patients but also has a financial impact on the institution.

### Definition and Requirements

There is both a "narrow" and a "broad" perspective on the patient and family experience:

- The narrow perspective addresses patient experience as measured by publicly reported surveys. The survey used by Medicare to assess a hospital's patient satisfaction is called HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems). It consists of the following seven dimensions: Nurse communication; Doctor communication; Cleanliness and quietness; Responsiveness of hospital staff; Pain management; communication about medications; Discharge information; and an Overall rating. There are several consulting companies that focus on patient satisfaction and an extensive literature on innovations and best practices.
- The broad perspective looks at creating a positive experience for both the patient and the entire care team. It addresses elements such as effective communication, patient trust and the depth of a patient's feelings about his/her healthcare condition. Patients and families are engaged as active participants in the patient's healthcare and are truly incorporated as part of the healthcare team.

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- Performance on measures of patient experience under the influence of the HMG. This may include results of physician-specific surveys or results of the doctor communication domain of the HCAHPS survey.
- A description of two improvements implemented by the HMG directed at improving patient and family experience including:
  - Who were the project owners/drivers and who were the key stakeholders that were engaged?
  - What support was garnered from the hospital leadership and how was it acquired?
  - Which aspect(s) of the patient and family experience was the focus, potentially including but not limited to one of the seven HCAHPS dimensions?
  - What type of analysis was conducted to identify the source of the problem?
  - What types of changes were made to improve the patient and family experience?
  - What was the approach to evaluation?

## Principle 7: Characteristic 7.6 - Clinical Resource Utilization

**CHARACTERISTIC STATEMENT:** THE HMG CONTRIBUTES IN MEANINGFUL WAYS TO OPTIMIZING CLINICAL RESOURCE UTILIZATION AND COST PER STAY.

### Rationale

Cost pressures driven by an aging population, increasing technology and intensity, and healthcare payment reforms are requiring hospitals and healthcare systems to redouble efforts to optimize use of clinical resources and cost per stay. Hospitalists are in an ideal position to identify and address unnecessary testing or care, service duplication and other forms of waste and inefficiency. Effective HMGs have mechanisms and data systems in place to measure and facilitate the use of clinical resources, resulting in reductions in cost per stay.

### Definition and Requirements

Hospitalists can impact elements of clinical resource utilization along all three dimensions of quality – structure, process, and outcomes – as follows:

- **Structure:** by participation in hospital committees or teams that review measures of clinical resource utilization such as pharmacy, laboratory and imaging utilization, appropriateness of level of care and overall cost per case.
- **Process:** by participation in initiatives that have a goal of designing (or redesigning) processes that address resource utilization and/or cost per stay (e.g., evidence-based pathways and order sets, the design and implementation of EHR flags and alerts, etc.).
- **Outcomes:** by measuring/analyzing clinical resource utilization and objectively demonstrating that hospitalists have positively impacted clinical resource utilization. Measurement should include some dimension of comparison (e.g., against non-hospitalists, against objective benchmarks or for the HMG over time) and should consider “balancing measures” (e.g., how reductions may negatively impact other performance measures like readmissions, patient experience, etc.).

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- Rate your HMG’s engagement in clinical resource utilization on a scale of 1 to 3 (3 – significant engagement; 2 – some engagement; and 1 – little or no engagement). Include an explanation for the rating, which might include the HMG’s goals, tools, sample reports and accomplishments with regard to clinical resource utilization.
  - **NOTE:** The key dimensions of quality (structure, process and outcomes) may be a useful framework in the explanation.

## Principle 7: Characteristic 7.7 - Quality Improvement

**CHARACTERISTIC STATEMENT:** THE HMG'S HOSPITALISTS DEMONSTRATE A COMMITMENT TO CONTINUOUS QUALITY IMPROVEMENT (CQI) AND ACTIVELY PARTICIPATE IN INITIATIVES DIRECTED AT MEASURABLY IMPROVING QUALITY AND PATIENT SAFETY.

### Rationale

As the physician specialty most responsible for inpatient care, hospitalists have intimate knowledge of hospital operating procedures and familiarity with hospital departments and clinicians. Accordingly, the executive leaders of hospitals are increasingly turning to hospitalists to be the physician leaders of quality improvement/patient safety initiatives within their institutions. Furthermore, since its inception, SHM has strived to define quality improvement/patient safety as the domain of hospitalists.

### Definition and Requirements

There are three dimensions to this characteristic:

1. The HMG's level of **commitment and involvement** to quality improvement/patient safety (i.e., Are these topics a priority for the HMG? What types of resources has the hospital/HMG committed to quality/safety? Does the hospital recognize hospitalists as quality/safety leaders? Does the HMG try to disseminate its work in this domain outside of the hospital?). In looking at an HMG's commitment to and involvement in quality/safety, there are two different "levels" of projects that hospitalists may be engaged in:
  - A **LEVEL ONE** project is of smaller scope, more time limited and typically does not require an interdisciplinary team. Examples might include increasing the consistent application of evidence-based practices within the HMG or developing/implementing a new order set within the HMG.
  - A **LEVEL TWO** project would have a broader scope, involvement across multiple disciplines, a long-term sustainable impact and major visibility within the hospital. Examples might include reducing readmissions, improving glycemic control or reducing hospital-acquired infections.
2. The HMG's **approach** to quality/safety (e.g., with regard to the hospitalists' role on interdisciplinary teams, the use of quality improvement tools/methods and the use of data to measure the impact of interventions).
3. The **results** of quality/safety initiatives that hospitalists have been involved in. This is the most important dimension as an effective HMG clearly and objectively demonstrates that it has achieved measurable improvement.

## Principle 7: Characteristic 7.7 - Quality Improvement *(continued)*

### Suggested Approaches to Demonstrating the Characteristic

#### The HMG provides the following documentation:

- Rate your HMG's engagement in quality improvement on a scale of 1 to 3 (3 – significant engagement; 2 – some engagement; and 1 – little or no engagement). Include an explanation for the rating
- If quality/safety is a priority for the HMG, provide a description of the HMG's commitment or involvement in quality/safety. This might include the following elements:
  - The number of hospitalists in the HMG that have participated in LEVEL ONE quality/safety initiatives at the hospital over the past two years.
  - The number of hospitalists in the HMG that have participated in LEVEL TWO quality/safety initiatives at the hospital over the past two years.
  - Hospitalists that have specific roles or responsibilities in the hospital with regard to quality/safety.
  - Hospitalists who sit on hospital-wide task forces or committees addressing key quality/safety issues for the hospital.
  - Hospitalists that have been provided special training in quality/safety.
  - Hospitalists that have received external recognition for their work in quality/safety (e.g., published a manuscript, presented to broader groups, etc.).
- If quality/safety is a priority for the HMG, describe two LEVEL TWO quality/safety initiatives that the HMG has participated in. This might include the following elements:
  - The quality/safety topic that the initiative addressed.
  - The members of the interdisciplinary team and the hospitalist's role on the team.
  - The approach used to analyze the problem (e.g., LEAN).
  - The intervention(s) introduced to improve quality/safety.
  - The metrics used to measure improvement.
  - A summary of the data analysis (results) demonstrating the impact on quality/safety.
  - Dissemination of information about the intervention/results outside of the hospital.

# Principle 8:

The HMG takes a thoughtful and rational approach to its scope of clinical activities.

- **Characteristic 8.1:** The HMG has a well-defined, annually reviewed plan for evolving the scope of hospitalist clinical activities to meet the changing needs of its institution.
- **Characteristic 8.2:** The respective roles of hospitalists and physicians in other specialties in treating patients, including patients that are co-managed, are clearly defined with a clear mechanism to address disagreements about scope and responsibilities.
- **Characteristic 8.3:** The HMG uses appropriate references to define the clinical responsibilities of hospitalists.

Rational  
Approach  
to Clinical  
Activities

## Principle 8: Characteristic 8.1 - Scope of Clinical Activities

**CHARACTERISTIC STATEMENT:** THE HMG HAS A WELL-DEFINED, ANNUALLY REVIEWED PLAN FOR EVOLVING THE SCOPE OF HOSPITALIST CLINICAL ACTIVITIES TO MEET THE CHANGING NEEDS OF ITS INSTITUTION.

### Rationale

An established HMG in a hospital is often asked by hospital administration and/or other physician specialties to take on additional services and responsibilities. Examples include:

- Co-managing surgical patients.
- Co-managing medical specialty patients.
- Seeing critical care patients.
- Performing additional procedures.
- Leading cardiac resuscitation (code blue) teams and/or rapid response teams.
- Seeing patients in post-acute care facilities (e.g., SNFs).
- Seeing patients in the outpatient environment (e.g., post-discharge clinics).

These additional services and responsibilities represent both an opportunity and a risk for the HMG. On one hand, the additional services can demonstrate the additional “value” of hospitalists to the institution and produce more revenue for the HMG. On the other hand, hospitalists may be pushed to perform services that are beyond the scope of their training and/or outside their job expectations resulting in potential patient safety risks and/or hospitalist job dissatisfaction.

### Definition and Requirements

There is no clear consensus as to what clinical services an HMG should provide. Ultimately the HMG needs to determine its scope of clinical activities in a rational and responsive manner. In an effective HMG, the hospitalists themselves “own” responsibility for defining the group’s scope of clinical activities. They track the requests and identify the needs of the various stakeholders in their hospital community (both administrative and clinical). In a thoughtful fashion, they identify which new responsibilities/services they should take on, plan for their implementation and explain their rationale to the other stakeholders.

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- A description of the approach used by the HMG to make decisions about its scope of clinical activities.
- A description of a recent expansion of the HMG’s scope of clinical activities, including:
  - An explanation of the factors that caused the HMG to consider this expansion of services (e.g., performance, safety, financial considerations, service).
  - Listing of the hospital departments that were affected by the expansion of scope.
  - Identification of the team members (including non-hospitalists) that were responsible for implementing the new service.
  - Summary of the issues or problems that arose during the implementation of the new service.
  - Current status of the recently implemented new service.
  - A statement by one of the stakeholders most affected by the hospitalists’ expansion of their services describing the impact on their work.

## Principle 8: Characteristic 8.2 - Hospitalists' Work with Other Physicians

**CHARACTERISTIC STATEMENT:** THE RESPECTIVE ROLES OF HOSPITALISTS AND PHYSICIANS IN OTHER SPECIALTIES IN TREATING PATIENTS, INCLUDING PATIENTS THAT ARE CO-MANAGED, ARE CLEARLY DEFINED WITH A CLEAR MECHANISM TO ADDRESS DISAGREEMENTS ABOUT SCOPE AND RESPONSIBILITIES.

### Rationale

Hospitalists must consistently work with medical and surgical specialists in a manner that promotes safe, efficient and cost-effective patient care.

Hospitalists increasingly admit or co-manage patients with diagnoses (e.g., intracranial hemorrhage, bowel obstruction, orthopedic injuries) that were historically managed by medical and surgical specialists. (SHM's 2014 *State of Hospital Medicine Survey* reported that 87 percent of HMGs treating adults provide surgical co-management, while 89 percent of HMGs provide sub-specialty medicine co-management).

Failure to proactively define roles and responsibilities may jeopardize patient safety, degrade efficiency and promote needless confusion and complexity that adversely affects patients and families, hospital staff and colleagues.

### Definition and Requirements

While there is no single right way to manage these collaborative physician-to-physician relationships, effective relationships share similar characteristics. SHM's *A Guide to Hospitalist/Orthopedic Surgery Co-Management* identifies five elements that broadly apply to any hospitalist/specialist collaborative relationship:

1. Identify Obstacles and Challenges – review the goals of the collaboration (what are we trying to improve?); engage key stakeholders and understand their expectations and assumptions; identify the risks posed by implementation (what might get worse?).
2. Clarify Roles and Responsibilities – document the roles and responsibilities in a Service Agreement or Memorandum of Understanding.
3. Identify a Champion – The HMG and each specialty practice(s) should identify a physician champion to manage the relationship and troubleshoot problems.
4. Address Financial and Operational Issues – Proactively identify and resolve revenue/billing, expense and hospitalist staffing and training issues that may negatively impact long-term success.
5. Measure Performance – identify and report key metrics related to utilization, productivity, quality and satisfaction. Identify problems early and create mechanisms to address and solve them.

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- A description of one collaborative relationship between hospitalists in the HMG and another physician specialty at the hospital, addressing each of the five elements described above.
- An example of a conflict or issue that arose between hospitalists and a physician specialty and how it was resolved.
- A fully executed Service Agreement or Memorandum of Understanding as outlined above.

## Principle 8: Characteristic 8.3 - Core Competencies

**CHARACTERISTIC STATEMENT:** THE HMG USES APPROPRIATE REFERENCES TO DEFINE THE CLINICAL RESPONSIBILITIES OF HOSPITALISTS.

### Rationale

The term hospitalist was first coined in 1996. In the early years of the specialty, there was no authoritative reference that could be cited to define the competencies of a hospitalist. In 2006, the Society of Hospital Medicine (SHM) filled that void by publishing the *Core Competencies in Hospital Medicine*, which focused on hospitalists who treat adult patients. In 2010, SHM followed up with the publication of the *Pediatric Core Competencies in Hospital Medicine*. Other references can and should be used to address this characteristic, but the core competencies were explicitly developed for this purpose.

### Definition and Requirements

Examples of references that an HMG might use to define the clinical scope of practice for hospitalists include:

- SHM's *Core Competencies* which contains 51 chapters, divided into three sections: 1) Clinical Conditions; 2) Healthcare Systems; and 3) Procedures. Each chapter has an introduction followed by learning objectives categorized into knowledge, skills or attitudes. Some chapters have a fourth section, system improvement, that lists specific activities of a hospitalist to improve the system of care.
- The Maintenance of Certification Exam "Blueprint" developed by the ABIM Hospital Medicine Exam Writing Committee.
- Hospital-specific medical staff by-laws and/or credentialing requirements.
- Service agreements or "compacts" between hospitalists and doctors in another specialty (e.g., orthopedics). These agreements clarify which specialty does what (e.g., which is admitting/attending vs. consultant for specified types of patients).
- Content areas comprising recognized peer-reviewed paper-based or online hospital medicine textbooks or other references.

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- Does the HMG use any reference material to define the clinical responsibilities of a hospitalist?
  - If yes, provide a listing of the references the HMG used to define the clinical responsibilities of the HMG's hospitalists. For each reference, provide an example of how it was used.

# Principle 9:

The HMG has implemented a practice model that is patient- and family-centered, team based, and emphasizes effective communication and care coordination.

- **Characteristic 9.1:** The HMG's hospitalists provide care that respects and responds to patient and family preferences, needs and values.
- **Characteristic 9.2:** The HMG's hospitalists have access to and regularly use patient/family education resources.
- **Characteristic 9.3:** The HMG actively participates in inter-professional, team-based decision-making with members of the clinical care team.
- **Characteristic 9.4:** The HMG has effective and efficient internal hand-off processes for both change of shift and change of responsible provider.
- **Characteristic 9.5:** When serving as attending physician, the HMG's hospitalists (in coordination with other clinicians as appropriate) assure that a coordinated plan of care is implemented.

Effective  
Communication

## Principle 9: Characteristic 9.1 - Patient-Centered Care

**CHARACTERISTIC STATEMENT:** THE HMG'S HOSPITALISTS PROVIDE CARE THAT RESPECTS AND RESPONDS TO PATIENT AND FAMILY PREFERENCES, NEEDS AND VALUES.

### Rationale

When primary care physicians (PCPs) admit their patients to the hospital, they typically have the advantage of a long-term relationship with the patients and family. Hospitalists do not have this long-term relationship with their patients. For effective patient care, hospitalists must strive to establish a trusting and therapeutic relationship during the course of the stay.

### Definition and Requirements

An HMG can establish checklists or guidelines to reinforce patient-centered care during a hospitalist follow-up visit. There are several frameworks or models that HMGs may consider. All of them include the following elements:

- How the patient is greeted and acknowledged.
- How the clinician introduces himself/herself.
- How the clinician assures he/she is listening and is empathetic to the patient.
- How the clinician assures the patient understands the message and information conveyed.
- How the clinician assures that he/she has spent sufficient time with the patient.
- How the clinician concludes the encounter and thanks the patient.

### Suggested Approaches to Demonstrating the Characteristic

#### The HMG provides the following documentation:

- Two examples of how the HMG has taken concrete steps to provide care that respects and responds to patient and family preferences, needs and values. The description could include the following:
  - Any relevant background (e.g., why the effort was initiated).
  - Research or analysis conducted.
  - Description of intervention or improvement.
  - Implementation plan.
  - Measurement scheme.
  - Results and conclusions.

## Principle 9: Characteristic 9.2 - Patient/Family Education Resources

**CHARACTERISTIC STATEMENT:** THE HMG'S HOSPITALISTS HAVE ACCESS TO AND REGULARLY USE PATIENT/FAMILY EDUCATION RESOURCES.

### Rationale

Typically, hospitalized patients and their families have many questions about the patient's diagnoses, tests, procedures, medications and treatments. If patients and families are educated about the patient's health and healthcare, they are more likely to be active participants in their recovery. In effective HMGs, the hospitalists are familiar with the hospital's health education resources and are active users/prescribers of a wide range of health education materials, programming and courses.

### Definition and Requirements

Hospitalists are responsible for patient/family education, both during the hospital stay and post-discharge. Many hospitals have expanded beyond "classic" health education materials like handouts, pamphlets and classes. Patient/family health education can now be disseminated through a variety of communication vehicles:

- Resource nurses focused on specific chronic diseases (e.g., heart failure and COPD).
- Educational programming available on television in the patient's room.
- Computer-based interactive e-learning modules.
- Community support groups.
- Web portals at the nursing stations throughout the hospital.

Ultimately, the HMG needs to be concerned with whether the patient/family education is effective. The HMG's goals should be to have the patient/family understand the knowledge/information and act on it in an appropriate fashion.

### Suggested Approaches to Demonstrating the Characteristic

#### The HMG provides the following documentation:

- Does the HMG regularly use patient/family education resources?
  - If not, explain how patients and their families are educated on key issues.
  - If yes, describe: 1) how health education resources are disseminated to hospitalists in the HMG; 2) how hospitalists decide what educational materials they will use; and 3) how health education resources are incorporated into care plans for patients, using an example.

## Principle 9: Characteristic 9.3 - Team-Based Care

**CHARACTERISTIC STATEMENT:** THE HMG ACTIVELY PARTICIPATES IN INTER-PROFESSIONAL, TEAM-BASED DECISION-MAKING WITH MEMBERS OF THE CLINICAL CARE TEAM.

### Rationale

The complexity of healthcare is increasing at a breakneck pace. No single clinician can possess the skills or knowledge to diagnose and treat the entire range of medical problems. Physicians, nurses, physician assistants, advanced practice nurses, pharmacists, social workers, therapists, dietitians, technicians, administrators and other professionals all bring unique skills, training and experience, and they are essential members of a complete care team. Furthermore, specialization continues to grow rapidly within each of these disciplines, and the healthcare system is seeking greater efficiencies by optimizing the roles of individuals at all skill levels.

Effective, safe, high-quality patient care is a team endeavor. Every member of the team must rely on the knowledge and actions of others. The hospitalist is often the attending physician for hospitalized patients, or may serve as a consultant or as the provider of limited services such as code blue or rapid response support. As such, they must be able to participate in effective inter-professional team-based care, whether as a leader or as a reliable team member. Effective teams seek to educate and enhance the competencies of other team members and aim to create true inter-professional collaboration and coordination.

### Definition and Requirements

There is no one model for assuring inter-professional team-based care in the inpatient environment. Many HMGs conduct inter-professional rounds. Other HMGs have created systems, processes and protocols to maximize communication and effectiveness among team members. Some innovative HMGs have created “unit-based” hospitalists, or have built systems in which a high proportion of a hospitalist’s patients are geographically co-located on a general medical unit that is the preferred “home” for hospitalists. The goal is to foster improved communication, coordination of care and teamwork with nursing and other professional staff on that unit.

### Suggested Approaches to Demonstrating the Characteristic

#### The HMG provides the following documentation:

- A description of the approach used by the HMG to assure inter-professional team-based care, including:
  - The goals/purpose of the inter-professional team.
    - If available, include objective criteria that define a high performing team.
  - The types of healthcare professionals involved.
  - The mechanics of the approach.
  - The roles, responsibilities and expectations for each team member.
  - Policies, procedures or protocols adopted by the team.
  - Methods used to periodically assess performance and identify opportunities for improvement (both at the team and the individual level).

## Principle 9: Characteristic 9.4 - Internal Hand-offs

**CHARACTERISTIC STATEMENT:** THE HMG HAS EFFECTIVE AND EFFICIENT INTERNAL HAND-OFF PROCESSES FOR BOTH CHANGE OF SHIFT AND CHANGE OF RESPONSIBLE PROVIDER.

### Rationale

A hand-off from one provider to another during a hospitalization represents a critical transition point in patient care. Communication failures during the hand-off process, such as omitted or incomplete information, can lead to uncertainty for a clinician making decisions on patient care. These failures may result in inefficient or suboptimal care, leading to patient harm.

Standardizing the hand-off process may improve patient safety during care transitions, although different approaches may be warranted depending on the characteristics of the patient. In 2006, The Joint Commission issued a National Patient Safety Goal that required healthcare providers to adopt a “standardized approach for hand-off communications, including an opportunity to ask and respond to questions about a patient’s care.”

### Definition and Requirements

In 2009, the Society of Hospital Medicine (SHM) published the following recommendations for internal hand-offs made by hospitalists:

- A formally recognized hand-off plan should be instituted at the end of a shift or change in service.
- HMGs should specify the following for hospitalists engaged in hand-offs:
  - Time during the shift dedicated to verbal exchange of information.
  - Template or technology solution to be used for accessing or recording patient information during the hand-off.
  - Training for new users on hand-off expectations.
  - Tracking system to document the correct hospitalist caring for a specific patient after a service change.
- Hospitalists should include a verbal exchange of patient information characterized by the following:
  - Interactive process is used during verbal exchange.
  - Ill patients are given priority during verbal exchange.
  - Insight on what to anticipate or what to do is the focus of verbal exchange.
- Hospitalists should use a content exchange summary (i.e., sign-out or patient list) characterized by the following:
  - All patients who are handed off are included.
  - Available in central location.
  - All data is kept up to date.
  - Anticipated events for incoming hospitalist are clearly labeled.
  - Action items for incoming hospitalist are highlighted.

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- A description of the HMG’s process for hand-offs (change of shift and change of responsible provider), including:
  - Comments on how the process addresses the published recommendations of SHM’s task force.
  - Copies of any hand-off tool, template or checklist.
- A description of how new hospitalists are trained to comply with the HMG’s specified process for hand-offs.

## Principle 9: Characteristic 9.5 - Care Coordination Leadership

**CHARACTERISTIC STATEMENT:** WHEN SERVING AS ATTENDING PHYSICIAN, THE HMG'S HOSPITALISTS (IN COORDINATION WITH OTHER CLINICIANS AS APPROPRIATE) ASSURE THAT A COORDINATED PLAN OF CARE IS IMPLEMENTED.

### Rationale

The admission, evaluation, diagnosis, treatment and discharge of hospitalized patients require the coordination of the following:

- Hospital-based clinicians (e.g., hospitalists, specialist physicians, nurses, therapists, case managers, social workers, dietitians, etc.).
- Hospital services (laboratory, radiology, pharmacy, patient education, etc.).
- Non-hospital providers (e.g., family caregivers, post-acute care facilities, homecare services, community resources, etc.).

When care is effectively coordinated, better outcomes are achieved and the risks of gaps, delays or duplications in care are minimized. An important role of the hospitalist is to serve as a physician leader coordinating providers and services on behalf of the hospitalized patient.

### Definition and Requirements

Examples of the requirements for effective care coordination and the ways in which an HMG can address the requirements are outlined in the following table:

Sample Requirements	Ways Addressed
Familiarity with in-hospital, ambulatory, home-based, community and post-acute care services, capabilities and limitations	<ul style="list-style-type: none"><li>• Inclusion in hospitalist orientation</li><li>• Updates ("in-services") by appropriate subject matter experts and organizational representatives</li></ul>
Effective communication among team members	<ul style="list-style-type: none"><li>• Structured approaches (e.g., inter-professional rounds, standardized communication methods and templates for use with PCPs, consultants and other post-acute care providers)</li><li>• Use of systems, processes and technology</li><li>• Direct communication when necessary to ensure accountability</li></ul>
Consistent, evidence-based care	<ul style="list-style-type: none"><li>• Use of evidence-based protocols, guidelines, pathways and order sets</li></ul>

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- A description of two techniques used by the HMG to improve care coordination. The description could include the following:
  - Any relevant background (e.g., why the effort was initiated)
  - Research or analysis conducted
  - Description of intervention or improvement
  - Implementation plan
  - Measurement scheme
  - Results and conclusions

# Principle 10:

The HMG recruits and retains qualified clinicians.

- **Characteristic 10.1:** Hospitalist compensation is market competitive.
- **Characteristic 10.2:** The HMG's hospitalists have valid and comprehensive employment or independent contractor agreements.
- **Characteristic 10.3:** The HMG's hospitalists are actively engaged in sourcing and recruiting new group members.
- **Characteristic 10.4:** The HMG has a comprehensive orientation process for new clinicians.
- **Characteristic 10.5:** The HMG provides its hospitalists with resources for professional growth and enhancement, including access to continuing medical education (CME).
- **Characteristic 10.6:** The HMG measures, monitors and fosters its hospitalists' job satisfaction, well-being and professional development.
- **Characteristic 10.7:** The medical staff has a clear mechanism to credential and privilege hospitalists, and the hospitalists hold unrestricted staff privileges in the applicable medical staff department.
- **Characteristic 10.8:** The HMG has a documented method for monitoring clinical competency and professionalism for all clinical staff and addressing deficiencies when identified.
- **Characteristic 10.9:** A significant proportion of full time hospitalists in the HMG demonstrate a commitment to a career in hospital medicine.
- **Characteristic 10.10:** The HMG's full-time and regular part-time hospitalists are board certified or board eligible in an applicable medical specialty or subspecialty.

Satisfaction

## Principle 10: Characteristic 10.1 - Compensation

**CHARACTERISTIC STATEMENT:** HOSPITALIST COMPENSATION IS MARKET COMPETITIVE.

### Rationale

When an HMG hires a new hospitalist (physician, nurse practitioner, or physician assistant) and/or performs an annual review, the level of the hospitalist's compensation can set the tone for long-term satisfaction or disappointment. If an HMG pays below market compensation, it runs the risk of losing good talent and/or creating resentment. If an HMG pays above market compensation, it can create an entitlement mentality among some hospitalists, generate unnecessary expenses for the HMG and create potential compliance issues.

- **NOTE:** HMGs should consider the value of total compensation to the hospitalists, i.e., a summary of salary, performance incentives, benefits and other costs required to retain, train, support and reward a hospitalist.

### Definition and Requirements

Hospitalist compensation is evolving rapidly in terms of both compensation model and amounts. Effective HMGs must keep pace with market trends. Typically, HMGs view compensation in relationship to RVU production.

An effective HMG:

- Has a clearly defined compensation philosophy that reflects the values of the practice and its sponsoring organization.
- Periodically conducts sufficient research to assure that its compensation program continues to be market competitive.
  - **NOTE:** Good resources for hospitalist compensation levels are SHM, MGMA and AMGA.
- Has a compensation communication strategy and explains individual compensation decisions credibly.

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- A description of the HMG's compensation program, including:
  - The group's compensation philosophy.
  - The elements that comprise total compensation for hospitalists.
  - The compensation research conducted within the last two years.
  - How the compensation program was communicated to the hospitalists.

## Principle 10: Characteristic 10.2 - Employment/Contractor Agreements

**CHARACTERISTIC STATEMENT:** THE HMG'S HOSPITALISTS HAVE VALID AND COMPREHENSIVE EMPLOYMENT OR INDEPENDENT CONTRACTOR AGREEMENTS.

### Rationale

A formal contract is important to both the hospitalist and the employer. A contractual relationship requires the parties to think clearly about their expectations and obligations. The contracting process should allow the parties to articulate what they want out of the arrangement and to discuss important practical issues. Furthermore, even the best of relationships may change. The parties may change their minds about the type of contract terms to which they wish to be bound. A formal contract ensures that even during periods of disharmony, the parties will be required to abide by the agreed-upon contract terms.

### Definition and Requirements

A good reference to use in reviewing the content of a hospitalist employment/contractor agreement is the *Annotated Model Physician-Hospital Employment Agreement* published by the American Medical Association in 2011. It suggests that a physician-hospital agreement address the following topics:

1. Preliminary Considerations and Basic Agreements
2. Term
3. Duties of the Physician
4. Employer's Obligations
5. Physician Compensation
6. Reimbursement of Expenses
7. Employer-Paid Benefits and Time Off
8. Loyalty and Confidentiality Covenants
9. Termination
10. Disability or Death
11. Remedies
12. Miscellaneous

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- A table of contents for the HMG's standard employment and/or independent contractor agreement(s) with a hospitalist.
- Confirmation that every hospitalist in the group has a valid employment or independent contractor agreement.

## Principle 10: Characteristic 10.3 - Recruitment

**CHARACTERISTIC STATEMENT:** THE HMG'S HOSPITALISTS ARE ACTIVELY ENGAGED IN SOURCING AND RECRUITING NEW GROUP MEMBERS.

### Rationale

Having the hospitalists in an HMG involved with the sourcing and recruitment of new physicians can be valuable because:

- They might be able to identify additional sources of candidates.
- The common identity and engagement of the HMG's hospitalists are reinforced as they seek to identify and recruit physicians who would be a good fit with their practice.
- Physician candidates are better informed in that they meet their potential colleagues in person and can get an honest perspective on what it would be like to work in the HMG.
- Both parties, the HMG and the physician candidates, can make more informed decisions.

### Definition and Requirements

The sourcing and recruitment process can be described as consisting of the following seven steps:

1. Preparing a job description.
2. Defining the profile of a quality candidate.
3. Finding candidates.
4. Managing the application process.
5. Interviewing candidates.
6. Making selection decisions.
7. Making job offers.

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- For the past two new physician hires to the HMG, describe how hospitalists in the practice were involved in the seven steps of the sourcing/recruitment process.

## Principle 10: Characteristic 10.4 - Orientation

**CHARACTERISTIC STATEMENT:** THE HMG HAS A COMPREHENSIVE ORIENTATION PROCESS FOR NEW CLINICIANS.

### Rationale

An HMG orientation program for new clinicians provides an opportunity to:

- Convey the HMG vision, mission and values.
- Clarify job expectations and responsibilities.
- Welcome the new clinician.
- Make introductions to colleagues and key support staff.
- Familiarize the new clinician with the work environment.
- Mentor recent graduates of training programs.

An effective HMG orientation program will make a positive first impression on new clinicians, facilitate more rapid assimilation, contribute to job satisfaction and retention, and reflect feedback from hospitalists who have experienced the program.

### Definition and Requirements

Potential topics to address in a hospitalist orientation program:

- History and philosophy of the HMG.
- Hospitalist job description.
- Medical record standards.
- Key members of the medical and hospital staff.
- HMG policies and procedures.
- Compensation program, including incentives.
- The hospital's EHR system.
- Coding/documentation.

The hospitalist orientation "tour" might include:

- Hospital departments (emergency department, pharmacy, nursing, case management, etc.).
- Hospital administration.
- Key referring physicians (PCPs).
- Shadowing a hospitalist.

Other elements of a hospitalist orientation might include:

- A "welcome" meeting.
- An announcement in the local newspaper.
- An update of the HMG website and brochure.
- Printed business cards.
- A mentor from within the HMG for 60-90 days.

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- A description of the HMG orientation program for new hospitalists.
- A copy of the hospitalist orientation manual (if one exists).

## Principle 10: Characteristic 10.5 - Educational Opportunities

**CHARACTERISTIC STATEMENT:** THE HMG PROVIDES ITS HOSPITALISTS WITH RESOURCES FOR PROFESSIONAL GROWTH AND ENHANCEMENT, INCLUDING ACCESS TO CONTINUING MEDICAL EDUCATION (CME).

### Rationale

Professional education and development is a formal requirement of the profession of medicine, as specified by the American Medical Association (AMA), the various specialty boards, state licensing agencies and the Accreditation Council for Continuing Medical Education (ACCME). To maintain their licenses and/or specialty accreditations, physicians must obtain a sufficient number of CME credits over a specified period. ACCME and the AMA define CME as “educational activities that serve to maintain, develop, or increase the knowledge, skills and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession.” An effective HMG provides its hospitalists with the opportunity and support to obtain CME credits.

### Definition and Requirements

The *AMA PRA (Physician’s Recognition Award) Category 1 Credit™* system has become the CME standard for licensing boards and specialty organizations nationwide and is recognized by all U.S. jurisdictions. In order for an activity to be designated for *AMA PRA Category 1 Credit*, it must be certified by an accredited CME provider. A wide variety of educational activities qualify for CME certification, including, but not limited to:

- Lectures and Meetings – CME activities in which learners are physically or remotely present.
- Enduring Materials – CME activities based on recorded or published content (i.e., printed materials, CD-ROMs, audio CDs, DVDs, Internet presentations).
- Quality Activities – More recently the AMA has defined “Performance Improvement CME” in which physician involvement with quality improvement/patient safety projects qualifies for CME credit.

In addition to providing access to CME, HMGs may encourage other types of activities to promote the professional growth of its clinicians (e.g., organizing journal clubs, conducting clinical conferences, speaking in public settings, etc.)

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- A description of the HMG’s policy with regard to encouraging and financially supporting the continuing education and professional development of its hospitalists, including CME credits.
- Confirmation that all hospitalists in the group have participated in the CME program.

## Principle 10: Characteristic 10.6 - Hospitalist Job Satisfaction

**CHARACTERISTIC STATEMENT:** THE HMG MEASURES, MONITORS AND FOSTERS ITS HOSPITALISTS' JOB SATISFACTION, WELL-BEING AND PROFESSIONAL DEVELOPMENT.

### Rationale

Job stress and dissatisfaction among physicians can lead to “burnout” and a range of undesirable outcomes for an HMG. These outcomes include unplanned turnover, absenteeism, judgment/action errors and conflicts/alienation from professional colleagues. Furthermore, the potential for more tangible adverse outcomes such as accidents, litigation and increased worker’s compensation cases may exist. Research has documented that work stress and dissatisfaction also can lead to physical illness. Finally, job stress and dissatisfaction may lead to a poor balance between work and personal life and the reliance on maladaptive coping strategies (e.g., drug and alcohol abuse and dependence). Therefore, it is important that the leadership of an HMG assume responsibility for addressing the job satisfaction of the hospitalists in the practice.

- **NOTE:** Often hospitalists represent a younger generation than most other physician specialties (“gen Xers” and “millennials” rather than “boomers”). Addressing hospitalists’ job satisfaction should reflect those differences.

### Definition and Requirements

The Society of Hospital Medicine (SHM) published *A Challenge for a New Specialty: A White Paper on Hospitalist Career Satisfaction*. It outlines the following job stresses and/or dissatisfiers that hospitalists potentially face:

The Nature of the Work	The Nature of the Work Environment	Career/Organizational Issues
<ul style="list-style-type: none"> <li>• Transient relationships with patients</li> <li>• High acuity/complexity of illness/lack of predictability</li> <li>• Life and death implications of clinical decisions</li> <li>• Provider interdependency and communication</li> <li>• Limited patient information</li> <li>• Administrative and documentation requirements</li> <li>• Medical legal risk</li> <li>• Potential hostility from patient’s family</li> <li>• Frequent appraisal of performance</li> <li>• Emphasis on “transactions” rather than “relationships”</li> </ul>	<ul style="list-style-type: none"> <li>• Volume of work</li> <li>• Time pressure</li> <li>• Night and weekend coverage responsibilities</li> <li>• High census conditions</li> <li>• Intermittent demand (beeper always going off)</li> <li>• Workplace conflicts and interruptions</li> <li>• Workplace discrimination</li> <li>• Lack of understanding of the role of the hospitalist by hospital administrators</li> <li>• Hospitalists working on a temporary basis while waiting to pursue other career plans</li> <li>• Medical staff conflicts</li> <li>• Inadequate attention to personal preferences and capabilities</li> <li>• Inadequate adoption of strategies to accommodate women and families in the workplace</li> <li>• Lack of organizational “fairness” and consistency</li> <li>• Ergonomics (poorly designed workspace and/or equipment)</li> <li>• Limited workspace</li> </ul>	<ul style="list-style-type: none"> <li>• Reimbursement based on office model</li> <li>• No established track for promotion</li> <li>• Little control over key issues (workload, schedule, case types)</li> <li>• Conflict between service mission and other equally important responsibilities</li> <li>• Limited professional recognition and funding for scholarly activities</li> <li>• Leadership structure within the hospital (not “at the table”)</li> </ul>
<p><b>Personal Issues</b></p> <ul style="list-style-type: none"> <li>• Professional advancement</li> <li>• Financial pressures</li> <li>• Pressures from spouse/family</li> <li>• Unrealistic job expectations</li> <li>• Inability to say “no”</li> <li>• Changes in personal priorities through phases of career</li> </ul>		<p><b>External Influences</b></p> <ul style="list-style-type: none"> <li>• Impact of ACGME work rules on patient care/teaching</li> <li>• Legal and regulatory concerns</li> <li>• Financial pressures from payers</li> </ul>

## Principle 10: Characteristic 10.6 - Hospitalist Job Satisfaction *(continued)*

Effective HMGs will systematically monitor job satisfaction and well-being (at least yearly). This can be done through meetings with individual hospitalists and/or anonymous surveys.

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- A description of the HMG's process for monitoring job satisfaction.
- A description of how the HMG identifies and acts on issues related to hospitalist job stress, dissatisfaction and/or burnout (e.g., formal surveys, meetings or other methods).
- Two examples of initiatives undertaken by the HMG to address hospitalist job stress, dissatisfaction and/or burnout.

## Principle 10: Characteristic 10.7- Hospitalist Credentialing and Privileging

**CHARACTERISTIC STATEMENT:** THE MEDICAL STAFF HAS A CLEAR MECHANISM TO CREDENTIAL AND PRIVILEGE HOSPITALISTS, AND THE HOSPITALISTS HOLD UNRESTRICTED PRIVILEGES IN THE APPLICABLE MEDICAL STAFF DEPARTMENT.

### Rationale

The specialty of hospital medicine presents a unique challenge for most hospital credentialing and privileging programs. Although hospitalists have been trained within conventional specialty education programs (e.g., internal medicine, family medicine, pediatrics), they often assume expanded roles at their institutions. Currently, it is unusual for hospitals to have established a separate specialty track for credentialing and privileging hospitalists. Typically, the hospital's existing credentialing and privileging process must be amended to address the specific clinical roles and responsibilities that hospitalists have assumed at their institutions.

### Definition and Requirements

The Society of Hospital Medicine (SHM) has published a *Position Statement on Hospitalist Credentialing and Medical Staff Privileges* that provides an excellent reference on this subject. Examples cited in the Position Statement are:

- **Bedside Procedures and Practices** – There are proficiencies that are not required by ABIM or other Board certifications for which a hospital may want to grant privileges to hospitalists. Examples include Advanced Cardiovascular Life Support (ACLS), Pediatric Advanced Life Support (PALS), vascular access, paracentesis, lumbar puncture and thoracentesis.
- **Critical Care** – SHM's *2014 State of Hospital Medicine Report* indicates that 70 percent of adult medicine HMGs and 20 percent of pediatric HMGs see patients in the ICU. Hospitals in which this is the case may want to assess and grant privileges to hospitalists for the following critical care competencies: ventilator management, airway management, treatment of sepsis and shock, and emergent bedside vascular access.

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- A description of the hospital's credentialing and privileging requirements for hospitalists:
  - If there is a separate specialty track for hospitalists, indicate when it was implemented and the requirements for hospitalists and how they were determined.
  - If hospitalists are credentialed under an existing specialty framework which has been modified, describe the unique requirements for hospitalists and how they were determined.

**NOTE:** The HMG may want to reference its On-going Professional Practice Evaluation (OPPE) and/or Focused Professional Practice Evaluation (FPPE) criteria, as required by The Joint Commission.

# Principle 10: Characteristic 10.8 - Deficiencies in Clinical Competency and Professionalism

**CHARACTERISTIC STATEMENT:** THE HMG HAS A DOCUMENTED METHOD FOR MONITORING CLINICAL COMPETENCY AND PROFESSIONALISM FOR ALL CLINICAL STAFF AND ADDRESSING DEFICIENCIES WHEN IDENTIFIED.

## Rationale

Patients and the public in general expect their healthcare providers to be clinically competent and to act professionally. Clinicians can make one or more significant errors, exhibit poor judgment, behave poorly with patients or other clinicians, or demonstrate a pattern of poor or unsafe care. HMG leadership is accountable for the care delivered by the physicians and other providers in the practice. The HMG must be able to identify and address these problems.

## Definition and Requirements

An effective HMG establishes and communicates clear expectations for its members regarding both clinical and behavioral performance.

Clinician competency and professionalism should be addressed in the following ways:

- It should address the issue at three points in time:
  - When clinicians are initially recruited to the practice (this may include — but should not be limited to — the medical staff credentialing and privileging process).
  - Periodically on an ongoing basis, as part of a routine performance review process.
  - When an issue (deficiency) is identified related to current clinical competence, practice behavior or interpersonal interaction.
- It should monitor clinicians to identify deficiencies in care or professional behavior.
- It should implement appropriate remedies for healthcare providers found to be deficient (e.g., counseling, remedial training, proctoring, reassignment, disciplinary action and/or termination from the HMG).
- It should be formalized through established policies and procedures.

## Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- Position descriptions or other documentation of performance expectations for each type of clinical staff.
- A document that describes how the HMG monitors and addresses deficiencies in clinical competencies and provider professionalism that includes:
  - A description of the periodic performance review and feedback process.
  - The process by which incompetent, unsafe or unprofessional practices are identified.
  - How the HMG process integrates with the hospital medical staff's peer review process.
  - Remedies employed for hospitalists with identified deficiencies in clinical competencies and/or professionalism.
- Summary statistics for the last two years that show:
  - Total number of clinicians in the HMG (including number at beginning of the period, number added, number departed and number at the end of the period).
  - Number of clinicians for which deficiencies were identified; specification of remedies employed for each deficient clinician and disposition if applicable (e.g., demonstration of improved performance, termination, etc.).

## Principle 10: Characteristic 10.9 - Commitment to Hospital Medicine

**CHARACTERISTIC STATEMENT:** A SIGNIFICANT PROPORTION OF FULL-TIME HOSPITALISTS IN THE HMG DEMONSTRATE A COMMITMENT TO A CAREER IN HOSPITAL MEDICINE.

### Rationale

The specialty of hospital medicine has grown rapidly, from 1,000 physicians in 1996 when the term “hospitalist” was coined to 44,000 in 2014. The demand for hospitalists remains strong, and the specialty continues to grow at the rate of 5 to 10 percent annually. If U.S. hospitals are going to be able to staff their HMGs and individual HMGs are going to maintain a stable practice of hospitalists, a growing number of physicians will need to demonstrate a commitment to a career in hospital medicine.

### Definition and Requirements

There are several ways that a hospitalist can demonstrate a commitment to a career in the specialty of hospital medicine, including:

- Participation in specialty professional activities – The Society of Hospital Medicine (SHM) is the only professional society that is solely focused on hospitalists. There also are a range of specialty societies for internal medicine, family medicine, pediatrics and their associated sub-specialties. Many of them have special activities or interest groups for their members interested in hospital medicine. A hospitalist could: 1) join one of these specialty societies and take advantage of their educational programs, resources and meetings directed at hospitalists; and/or 2) seek a leadership role in these societies through participation in committees, task forces and/or the Board of Directors.
- Fellowship in Hospital Medicine (FHM) – SHM has established this program to recognize hospitalists who have committed to the specialty. There are three levels of recognition – Fellows, Senior Fellows and Masters. Criteria include: 1) Five years as a practicing hospitalist, 2) no disciplinary action which resulted in the suspension/revocation of credentials or license, and 3) endorsement by two active SHM members. Additional criteria demonstrate personal dedication in any or all of the following three disciplines: 1) teamwork, 2) quality improvement and 3) leadership.
- Focused Practice in Hospital Medicine (FPHM) – The American Board of Internal Medicine (ABIM) and the American Board of Family Medicine (ABFM) established these programs as part of their Maintenance of Certification (MOC) processes. The FPHM program “assesses, recognizes and sets standards for the specific knowledge, skills and attitudes of general internists who focus their practice in the care of hospitalized patients.” The FPHM MOC program does not result in a subspecialty designation; it provides recognition to internal medicine or family medicine physicians who practice as hospitalists.

## Principle 10: Characteristic 10.9 - Commitment to Hospital Medicine (continued)

### Suggested Approaches to Demonstrating the Characteristic

#### The HMG provides the following documentation:

- A list of 10 randomly chosen physicians in the HMG (or all of the physicians if the group has less than 10) indicating the following information for each one:
  - Their working status (full-time, regular part-time, other).
  - The number of years they have been practicing in the HMG.
  - Which professional societies they have joined.
  - Whether they participate in any professional society programs, committees or meetings related to hospitalists.
  - Whether they have achieved SHM Fellowship recognition.
  - If they are eligible for FPHM MOC recognition from ABIM and if so, whether they have obtained this recognition.
  - Other indicators that they are committed to a career in hospital medicine (e.g., projects, research, lectures, etc.).

## Principle 10: Characteristic 10.10 - Board Certification

**CHARACTERISTIC STATEMENT:** THE HMG'S FULL-TIME AND REGULAR PART-TIME HOSPITALISTS ARE BOARD CERTIFIED OR BOARD ELIGIBLE IN AN APPLICABLE MEDICAL SPECIALTY OR SUBSPECIALTY.

### Rationale

Certification by a medical specialty board has become an accepted structural measure of physician quality. The process of becoming board certified and maintaining board certification is intended to demonstrate the competence of physicians.

### Definition and Requirements

In the U.S., there are 24 medical specialty boards which certify physicians in various specialties and subspecialties. To become board certified, a physician must receive supervised, in-practice training for several years after medical school. In addition, specialty boards require passage of a written exam. The exams are intended to assess medical knowledge and clinical judgment.

Medical board certifications are time limited, typically for 10 years. Doctors whose certificates are time-limited must successfully complete re-certification requirements under a program called "Maintenance of Certification." The policy of the American Board of Medical Specialties (ABMS) states that "maintenance of competence should be demonstrated throughout the physician's career by evidence of lifelong learning and ongoing improvement of practice." Each specialty board implements this policy in its own way, but all are committed to a program that requires that the physician:

- Maintain a license in good standing with state licensing boards.
- Periodically do surveys of patients and of peers.
- Periodically show evidence of knowledge and judgment.
- Show evidence of a commitment to lifelong learning and involvement in a periodic self-assessment process.
- Periodically show evidence of self-evaluation of performance in practice.

### Suggested Approaches to Demonstrating the Characteristic

**The HMG provides the following documentation:**

- A list of all of the physicians in the HMG, their working status (full-time, regular part-time, other), their specialty and the status of their board certification (i.e., certified, eligible, not certified).



