

Primer: Oncology Hospitalists

Oncology Hospitalists: Who Are They?

Recently, many organizations have migrated away from using general hospitalists to specialist hospitalists in an attempt to improve quality and reduce costs. In addition to hospitalists dedicated to neurology and psychiatry, some programs have dedicated oncology hospitalists. According to our 2016 Medical Oncology Clinic Volumes, Staffing, and Operations Survey only about 16% of Oncology Roundtable members have dedicated hospitalists. These oncology hospitalists typically have an internal medicine background with an interest in oncology. Less often, oncology hospitalists are oncologists that want a change in practice setting. Regardless of their background, oncology hospitalists work with oncologists to co-manage patients and often take over tasks, such as admitting cancer patients, rounding, and discharge. The extent to which oncologists are involved in the inpatient setting varies by institution. Some oncologists might only pay a cursory visit to the patient and provide feedback on an ad-hoc basis, while others work more closely with the oncology hospitalist and may round with the inpatient team.

Two Models and Early Stories



Health system dedicates hospitalist to oncology

Description: hospitalist group identifies team member(s) to take primary responsibility for admitted oncology patients


Strategic imperatives: mitigate costs of providing ED call coverage, improve performance on inpatient quality metrics, provide inpatient quality leadership, increase oncology expertise in the inpatient setting, provide better coordination across inpatient and outpatient teams



Cancer program employs the oncology hospitalist

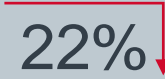
Description: cancer program hires physician to serve as dedicated oncology hospitalist; a physician practice hospitalist will travel to all hospital sites where practice has patients

Strategic imperatives: increase oncologist capacity, increase continuity of care in inpatient setting, improve inpatient-outpatient transitions



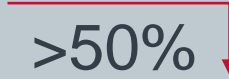
Case in Brief:
North Shore University Hospital

- 806-bed teaching hospital based in Manhasset, New York; part of Northwell Health
- Hospitalist group took on more responsibilities for the management of cancer patients
- One hospitalist expressed interest in treating oncology patients; she serves as dedicated hospitalist




22%

decrease in length of stay



>50%

decrease in patient excess days



Case in Brief:
New Hampshire Oncology and Hematology

- Community oncology practice with four sites based in Hooksett, New Hampshire
- Hired an oncology hospitalist to improve continuity of care and free up oncologists' time by taking over management of patients at three hospitals
- The oncology hospitalist handles admissions, rounds, and discharges; also serves as main point of contact for hospital staff, patients, and families

\$86,000

generated through time savings and efficiencies gained after calculating in program expenses

Source: Maguire P, "Taking on Oncology Comanagement," *Today's Hospitalist*, May, 2014; "Hospitalist Enhances Continuity of Care for Oncology Patients," New Hampshire Oncology and Hematology, Hooksett, NH; 2016 Oncology Roundtable Infusion Center Volumes, Staffing, and Operations Survey. Oncology Roundtable interviews and analysis.

Assessing the Opportunity

Despite the benefits, oncology hospitalists are a costly investment. Below are key considerations to help you assess whether this is the right model for your organization.

Assessment Questions

Do you have the inpatient volumes to justify this position?

How much time are your oncologists spending in the inpatient setting?

Is there a premium on urgent availability in the inpatient setting?

Have you considered other staff for rounding (i.e., navigators or advanced practitioners)?

Are outpatient staff dissatisfied with inpatient care?

How uncomfortable are inpatient staff with managing cancer patients?

Is care in the inpatient setting highly variable?

Are there opportunities to improve transitions by shoring up communication and standardizing the discharge process?

Is there an opportunity to partner with health system to fund this position?

Does the hospitalist group at your organization have other specialist hospitalists (e.g., neurology, ob-gyn)?

Operational Considerations

If you decided to use an oncology-hospitalist model, you will need to take into account a number of operational considerations. You can use the questions below as a starting point.

Operational Questions

How will you ensure communication across providers?

What will be the breakdown of responsibilities?

What training will you provide to the oncology hospitalists?

What hours will the oncology hospitalist keep?

What background and skills will the ideal candidate possess?

What will the reporting structure be?

What patients will the oncology hospitalist see?