



HOSPITALIST

TeleHealth Hospitalists provide admission, treatment, and transfer support for medical patients in rural hospitals

PROBLEM

Rural hospitals in the United States are in crisis. More than 130 rural hospitals have closed since 2010, and nearly 700 more are at risk, according to researchers at the University of North Carolina. Physician shortages associated with hospital closures restrict access to medical services in rural communities¹. Yet rural Americans have increased rates of chronic disease and reduced life expectancy compared to their urban counterparts. Acute and chronically ill patients deserve dedicated physicians and access to safe, high-quality treatment close to home.

SOLUTION

The Intermountain Healthcare TeleHealth Hospitalist Program began in 2018 as part of Intermountain's investment in telehealth services to improve access to quality healthcare. Program physicians are board-certified internal medicine hospitalists who specialize in the evaluation and treatment of hospitalized medical patients. Nocturnists (night-shift hospitalists) provide overnight assistance, 12 hours a day, 365 days a year, in admission, evaluation, and, if needed, transfer of medical patients. The goal of the program is to alleviate the burden on local physicians and ensure patients get the care they need closer to home.

RESULTS

Since its inception in November 2018, our dedicated team of hospitalists has facilitated over 700 admissions and treated 2,000 plus patients in rural hospitals. Providing overnight coverage and admission support to acutely ill medical patients helps reduce unnecessary transfers from rural hospitals. Providing medical care locally and reducing transfers during the COVID-19 pandemic ensured that the sickest patients received treatment at urban hospitals designed for higher acuity patients.

TELEHEALTH HOSPITALISTS BENEFITS

A medical command center was established in 2019 to integrate the Intermountain patient placement, transfer center, and telehealth hospitalists into a single location. This centralized command center allows telehealth hospitalists to efficiently confer with onsite emergency department providers to assist with admission, facility, and unit placement or, if necessary, transfer. The telehealth hospitalist will evaluate the patient with a video visit, write a comprehensive consultation note, and assist with admission orders at night. Those orders accompany patients to the treatment unit, which improves time to treatment and promotes safe, efficient, and quality healthcare.

The telehealth hospitalists provide “cross coverage” by providing guidance and answering care questions for the local night staff. They also evaluate hospitalized patients who have a change in clinical status and place appropriate orders to reduce the chance of further clinical decompensation. Direct access to telehealth providers leads to greater satisfaction for patients and loved ones, as well as clinical staff and physicians who are freed from the demands of night coverage.

TELEHEALTH PROGRAM ECONOMIC BENEFITS

It's expensive and difficult, if not impossible, to hire enough board-certified hospitalists, along with support caregivers, in rural communities for safe coverage. Telemedicine is an effective way to provide specialized services without hiring a team of full time physicians. The TeleHealth Hospitalist program can cover the night shift, a nocturnist, to allow local physicians to maintain their clinic schedules, provide emergency department coverage, or other medical services needed in the community.

Emergency room providers feel confident that complicated patients will be safely and promptly evaluated by the telehealth hospitalist. This leads to retention of more night admissions and retained revenue from imaging, labs, medications, and procedures. Patients treated locally stay connected to their community medical providers rather than potentially being lost to their urban counterparts.

PATIENT AND COMMUNITY BENEFITS

Patients, families, and their loved ones want the best possible care, close to home, at the lowest possible cost. Healthcare costs are lower when patients receive care locally and avoid treatment in larger centers. Families and loved ones avoid expenses associated with travel, e.g., mileage, lodging, and meals, as well as potentially lost wages when the patient is transferred to a distant site. Community benefits consist of increased access to health care services and improved financial solvency of the community access hospital without a decrease in the quality of care. Partnering with Intermountain Healthcare, an internationally recognized organization known for high-quality healthcare, demonstrates your commitment to the delivery of healthcare services to your providers, patients, and community.

WORKING IN COLLABORATION WITH THE LOCAL TEAM TO KEEP PATIENTS CLOSER TO HOME

The Intermountain Healthcare Telehealth hospitalists can provide a range of services adapted to the specific needs of the community hospital. The telehealth hospitalists have access to Intermountain care process models and protocols, which can bring evidence-based high-level care directly to rural hospitals. Intermountain's physicians and nurses strive for collaborative, cooperative, and open communication to build trusting relationships.

ABOUT INTERMOUNTAIN HEALTHCARE

Intermountain Healthcare is a not-for-profit system of 25 hospitals, 225 clinics, a Medical Group with 2,800 employed physicians and advanced practice clinicians, a health insurance company called SelectHealth, and other health services throughout the Intermountain West. Intermountain is widely recognized as a leader in transforming healthcare using evidence-based best practices to consistently deliver high-quality outcomes and sustainable costs. For more information, see intermountainhealthcare.org. Intermountain TeleHealth Services has been working with multiple clinical groups since 2014 and currently collaborates with over 35 clinical services to improve care, reduce costs and improve clinical outcomes throughout eight states in the Intermountain West and Alaska.

References:

1. Germack, H.D., R. Kandrack, and G.R. Martsof, When Rural Hospitals Close, The Physician Workforce Goes. *Health Affairs*, 2019. 38(12): p. 2086-2094.
2. Eilrich, F.C., G.A. Doeksen, and C. St Clair, The Economic Impact of Recent Hospital Closures on Rural Communities. National Center for Rural Health Works. [www.ruralhealthworks.org (August 2015)], 2015.

Appendix 1

These codes represent the top ten diagnoses by volume admitted to Intermountain medical units managed by the hospitalist team. Altogether, these cases represent approximately 50% of all medical admissions. Together they form the basis of conditions managed in a community or rural hospital.

MS_DRG	MS_DRG_DSC
189	Pulmonary edema & respiratory failure
193	Simple pneumonia & pleurisy w mcc,
194	Simple pneumonia & pleurisy w cc
203	Bronchitis & asthma w/o cc/mcc
641	Misc disorders of nutrition, metabolism, fluids/electrolytes w/o mcc
202	Bronchitis & asthma w cc/mcc
683	Renal failure w cc
917	Poisoning & toxic effects of drugs w mcc
918	Poisoning & toxic effects of drugs w/o mcc
690	Kidney & urinary tract infections w/o mcc
638	Diabetes w cc,
639	Diabetes w/o cc/mcc
603	Cellulitis w/o mcc

