

# TeleHealth Hospitalist Program

## 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 communities<sup>1</sup>. 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 Health 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+ 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 Hospitalist Benefits

In 2019, a centralized Medical Command Center was established to unify Intermountain's patient placement, transfer services, and telehealth hospitalist operations. This integration improves real-time collaboration between telehealth specialists and on-site emergency staff, aiding in efficient patient admissions and placements. Telehealth hospitalists also handle night-time admission orders, expediting treatment and enhancing healthcare quality.

Telehealth hospitalists offer "cross-coverage" to assist local night staff with care-related queries and assess hospitalized patients experiencing clinical changes. This proactive approach reduces the risk of patient deterioration and relieves the burden on local healthcare providers. The centralization and accessibility of telehealth services lead to increased satisfaction among patients, families, and medical staff.

## **Economic Benefits**

Hiring enough board-certified hospitalists and support staff for round-the-clock care in rural communities is both challenging and costly. Telemedicine offers a practical solution by allowing specialized physicians to provide remote care without the need for a full-time, in-person team. The TeleHealth Hospitalist Program can specifically handle night shifts, freeing up local doctors to continue their regular clinic hours and provide other essential medical services.

This telehealth approach also instills confidence in emergency room providers, as they know that complex cases will receive timely and expert evaluation from remote hospitalists. This not only helps retain overnight patient admissions but also preserves revenue streams from diagnostic imaging, lab tests, medications, and procedures. Moreover, by treating patients locally through telemedicine, they remain integrated with their community healthcare providers, reducing the likelihood of transferring care to urban medical facilities.

## **Patient and Community Benefits**

Patients and their families prefer high-quality healthcare that is both affordable and close to home. Localized care tends to be more cost-effective, eliminating the additional expenses families might incur for travel, lodging, and meals when treatment is sought at distant, larger facilities. Keeping patients within their communities also aids the local economy and ensures the financial viability of community hospitals, all without compromising the quality of healthcare provided.

Collaborating with Intermountain Health, an internationally recognized organization known for its excellence in healthcare, signals a strong commitment to delivering top-notch medical services to local providers, patients, and the broader community. This partnership not only enhances healthcare access but also bolsters the reputation and financial stability of local healthcare institutions.

## **Working in Collaboration with Local Teams to Keep Patients Closer to Home**

The Intermountain Health 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 Health**

Intermountain Health is a team of nearly 60,000 caregivers who serve the healthcare needs of people across the Intermountain West, primarily in Utah, Idaho, Nevada, Colorado, Montana, Wyoming, and Kansas. We are an integrated, non-profit health system based in Salt Lake City, with clinics, a medical group, affiliate networks, hospitals, homecare, telehealth, health insurance plans, and other services, along with wholly owned subsidiaries including SelectHealth, Saltzer Health, Castell, Tellica, and Classic Air Medical.

## 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](http://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.

<b>MS_DRG</b>	<b>MS_DRG_DSC</b>
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