2009 SENATE HUMAN SERVICES

SB 2323

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2323

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 02/10/2009

Recorder Job Number: 9086, 9124

Committee Clerk Signature Mary K Monson

Minutes:

Senator Lee Opened the hearing on SB 2323.

Senator Tim Mathern District 11. Introduced SB 2323. This bill is an attempt to make people aware of when hospitals have hospitalist programs.

Matt Schwarz Private Citizen. Spoke in support of 2323. See attachment #1.

Senator Dever In conversations with your regular doctor, was this program not discussed?

Schwarz We discussed this with our primary care physician many times, he supported the hospitalist program but he told us he couldn't do anything about it. The impression we got was that it was a mandatory program and he couldn't do anything about it.

Arnold Thomas President of ND Health Association. Spoke in opposition to 2323. See attachment #2.

Senator Heckaman How long has the hospitalist concept been used in our state?

Thomas I don't know, I can find that out for you. I just have usage numbers. This is not a new program, the rational that a primary care physician has a much different schedule today than 10-15 years ago.

Senator Heckaman Do other hospitals in the state use this concept too?

Thomas I just work with the 6 large facilities

Dr. Hyder Vice President of Medical Affairs St. Alexius Medical Center and has been providing oversight to the hospitalist program for the past two years. I am here to share what a hospitalist program does. I was not a part of the previous situation; I will only speak about the hospitalist program. It began in about 1999, there were about 100 physicians that were hospitalist, and there are now about 20,000. In the six large hospitals in ND, there are 5 hospitalist programs. The hospitalist has three responsibilities: 1) the patient's needs (ex/someone who needs 24/7 care 365 days a year) 2) the needs of the physician (working too long of hours and suffering from exhaustion) 3) administration (they are stuck in the middle providing for patients and physicians. The hospitalist program was begun as a solution to that problem. There are many merits to the hospitalist program but I also understand the concerns of the families. There needs to be good communications between primary physicians and hospitalists. Hospitalists are needed because fewer and fewer doctors are going into primary care; they are the experts for in-patient care. Studies have shown that hospitalists can provide proper patient care. Families do not want to bring their child to someone who is not their primary care physician but this is a part of an evolution in medicine that will become more accepted as time passes. These hospitalists do provide good care, they key is proper communication.

Senator Heckaman Could you give me an idea of how the shift system works?

Dr. Hyder Passed out a brochure, see attachment #3. The hospitalists work on 12 hr. shifts, during the day there are 2 teams working and there is 1 team working during the night. It is not a mandatory program. The industry standard is about 15 patients per hospitalist.

Brief discussion about other parts of the medical team that are involved with hospitalist programs

Dr. Hyder The goal of the hospitalist program is to provide excellent in-patient care from someone who works in the field on a daily basis.

There was no neutral testimony given.

Senator Lee Closed the hearing on SB2323

Job #9124

Senator Lee Opened the discussion on SB 2323. This seemed to be a challenge of communication rather than statute perhaps.

Senator Heckaman I think the premise of the bill is very good, everyone needs to know what is going on with their care. I don't know if this could go into the website program we heard about yesterday.

Discussed with Arnold Thomas the idea of sticking this into the proposed website described in a previous bill. Also discussed communication issues. Arnold Thomas promised to include hospitalist information in patient care packets; they do not want to be unclear about hospital treatment and process.

Matt Schwarz Discussed his concerns, it was not that they had a problem with what a hospitalist is but his biggest problem was that they didn't tell them it was mandatory until it was too late. He thinks the hospitalist program would help most people but in his case it was not helpful. The problem was the tension his personal care physician was feeling between the needs of the hospital and the needs of the patient. They are simply asking that if their hospitalist program is mandatory, that they notify the patients.

Senator Lee I cannot tell you how much empathy there is for you in this room. We can't rehash the lawsuit-I wish we could fix it. In each of the cases we have seen related to communication issues, there has been a dramatic recognition on the part of the "offending"

party of what the other side feels. I'm not sure statute will fix these problems; I think we will do the job much better if hospitals do a better job of communicating with their "consumers"

Discussion about Schwarz's concerns and the proper way of dealing with the problems, and communication issues.

Senator Dever It sound like since, and possibly because of, your situation communication has improved and I do think Arnold Thomas will do everything they can to make the communication clearer.

Schwarz I am concerned about the smaller hospitals; there is some friction between clinics/hospitals.

Discussion about personal experiences, and where is the best venue for dealing with the issue

Senator Dever I move **Do Not Pass**

Senator Erbele Second

The Clerk called the role on the motion to **Do Not Pass. Yes: 5, No: 0, Absent: 1 (Senator Marcellais).**

Senator Dever will carry the bill.

Date: 2-10-09

Roll Call Vote #: _____

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2323

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken ☐ Do Pass ☒ Do Not Pass ☐ Amended

Motion Made By Sen. Dever Seconded By Sen. Erbele

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V.Chair	✓		Senator Richard Marcellais		
Senator Dick Dever	✓		Senator Jim Pomeroy	✓	

Total (Yes) 5 No 0

Absent 1

Floor Assignment Senator Dever

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2323: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO NOT PASS** (5 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). SB 2323 was placed on the Eleventh order on the calendar.

2009 TESTIMONY

SB 2323

#1

SENATE BILL 2323

Human Services Committee

Testimony by Mathew C. Schwarz

February 10, 2009

Good morning Madam Chair Lee and members of the Human Services Committee.

My name is Matt Schwarz. I am here to speak in support of Senate Bill 2323 regarding public disclosure when a hospital implements a mandatory hospitalist program.

This bill is a direct result of my family's experience. Our daughter, Stephanie, age 29, died while under the care of a hospitalist whom we had never met until her death. I am passing around a couple of photos.

My wife Marcia and our daughter Jessica live in District 47, Bismarck. They both have Myotonic Muscular Dystrophy. Jessica is on life support and Marcia's health has also deteriorated where she has serious physical limitations and uses a wheelchair. Myotonic Muscular Dystrophy is a complex neuromuscular disease where the nerve endings do not properly conduct electrical signals to the muscle. This affects many functions including muscle strength, gastrointestinal, cardiac, and mental acuity. Stephanie was the healthiest of all, was our helper, and most important of all, mentor and best friend to her sister, Jessica. Stephanie died unexpectedly

on Valentines Day, 2004, three hours after we (Marcia, Jessica, and I) left her hospital room to have a Valentines dinner.

Because of her disease, Stephanie had issues involving muscle weakness in bowel motility and breathing. Our family physician was familiar with those concerns after we linked him with experts at the University of Minnesota – Fairview. We discussed the problems our family had with the hospitalist program with our family physician numerous times. We asked the mandatory requirement have an exception for patients with complex medical needs. He gave us the impression he understood our concerns but repeatedly told us administration "would not listen to him."

On several prior occasions our family had bad experiences with the hospitalists because they were not familiar with the complex needs of our family. Upon Stephanie's admission we had given clear instructions that we refused to have treatment by a hospitalist and that if we couldn't have our family physician treat Stephanie, then they should tell us and we would go elsewhere. We were under the impression that our primary doctor was the treating physician until, to our surprise, we found out differently. Subsequently, in trial testimony, it was discovered the hospital had a program that puts the authority to treat by a hospitalist, regardless of our clear instructions. A trial by jury found the medical facility (hospitalist) at fault in the care provided to Stephanie.

When a medical facility decides to implement a mandatory hospitalist program, there should be clear disclosure so the patient can make an advance decision whether it is in their best interests. Depending on the individual

program, the hospitalist concept can be good. Larger medical facilities often have a team of very experienced physicians that are available 24/7. But it depends on the experience and maturity of the hospitalists and a careful transfer of critical medical information by the primary physician. If that is not accomplished, grave consequences (no pun intended) are the result. Local community hospitals sometimes hire young inexperienced, lower cost, physicians who are really looking to get additional experience in the hospital before they decide which area of expertise they plan to enter. In our case the hospitalist was not present 24/7 as is often touted as an advantage in a hospitalist program.

Surprise mandatory hospitalist programs **do not let the patient choose their doctor** at the most vulnerable time. It interferes with the doctor-patient relationship. One cannot fire the hospitalist when ill and in the hospital. The mandatory hospitalist, really, does not need to have any relationship with the patient or the family and communication has been a big problem in our experience. Nurses have expressed to us that patients often are very unhappy, but they cannot say anything fearing reprisals by their employer.

I am not against hospitalist programs. However, I am for full disclosure when a mandatory program is implemented because depending on the quality of the program, **a patient should have the right to choose their doctor** at the most vulnerable times in their life!

Concerning the method of disclosure, I am open to discussion. Whether it is by legal notice at regular intervals, newspaper and other media advertisement, and/or posters in the hospital alerting the public, the main

issue is to let prospective patients know about the mandatory program so they can make life and death decisions involving their healthcare.

Our family asks you to support SB 2323 in memory of our daughter, Stephanie.

I'll be happy to answer any questions.

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dr. franklin house
josh dorfman
julie angus
michael gerber
mignon fogarty
nate cavalieri
robin cowie

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Home » Health & Wellness » Health Field » What is a Hospitalist?

What is a Hospitalist?

Who is the doctor? Why isn't my physician coming to see me in the hospital?

© Kathy Quan

Nov 22, 2006

The high cost of medical care and demands from an aging population have forced many changes in the health field. The hospitalist is an emerging career path for MDs.

When did this happen?

Hospitalists began to appear about ten years ago, but are rapidly becoming much more widely used. Physicians have seen their salaries decline significantly over the past ten years with the implementation of managed care. Along with this, physicians have begun to cut way back on their hours and on-call responsibilities.

Today, many physicians use hospitalists to care for their patients when they visit emergency rooms or are admitted to the hospital. The hospitalist communicates with your primary physician, but handles your care during time spent in the hospital.

More Familiar with the hospital

Hospitalists are often much more familiar with the hospital and its systems and functions. Because the hospital is the primary site of their practice they are usually able to spend more time with patients than would your regular physician making "rounds" of all of his patients on his lunch hour, or on his way home after office hours.

Who are hospitalists?

Hospitalists complete med school and usually specialize in internal medicine, family practice or pediatrics. They might be members of a medical practice, or they may cover for one or several physicians independently. They might even be former students of your physician if s/he has taught in a local medical school. Physicians looking to reduce their workload may choose to become a hospitalist and give up their regular practice.

Hospitalists may sometimes be hired to handle on-call services for your physician after hours or weekends and holidays. So you may have contact with them if you need assistance after hours.

Who follows up?

Usually the only time you would be seen by the hospitalist is during and ER visit or hospital stay. Most do not provide follow-up care or have their own practice.

Be Proactive

To ensure you have the best care, you should always carry a list of :

- your current medications
- allergies

significant cuts to md salaries

related blog posts

what is a discharge planner?

- medical conditions and on-going treatments
- physicians names and phone numbers.

At Discharge

If you visit the emergency room or are admitted to the hospital, ask for a complete discharge summary upon discharge to take to your physician. Insist that the hospitalist communicate with your physician regularly as well as any consultants s/he calls in to see you. After you have been discharged, make sure to call for a follow-up appointment with your physician. Take with you any new or changed medications, and any other new orders for diet, therapy or follow-up care.

What about home health care?

If you need home health care such as a visiting nurse or therapist, be sure the hospitalist orders the care and that your physician is notified so s/he can attend to oversight of this care. The hospitalist won't continue to give orders beyond the initial order.

Comments

Guest : Aug 20, 2008 10:40 AM

i think this is a very bad idea.Under normal conditions a nurse practioner can handle most office follow-ups.The patients who are in the hospital are sicker and require more of the physcians experience .It seems that this system is backwards.

Guest : Aug 29, 2008 10:55 AM

That is why it IS a physician handling those that are seen in ER, etc. - a hospitalist has went through medical school!

Guest : Sep 4, 2008 12:02 PM

my cousin is an hospitalist. he is an awsome dr. i feel this give our familey practice dr.'s more time with the patients in their office, instaed of worrying about going to the hospitals.

Guest : Sep 10, 2008 1:34 PM

...one of your so called 'hospitalist' was responsible for the death of my wife- 3 hr absence in the ER and followed the wrong protocal for diagnosis...not sure the intent stated here is being met in some locales

Guest : Sep 18, 2008 1:30 PM

Doesn't this defeat the purpose of going through the research necessary to choose a qualified physician to be your primary care doctor. At the time you need your PCP most they fluff you off to some one else who could care less if you walk or crawl home.

Your PCP knows your meds, and your history, and should be more qualified to oversee any treatments or medications you are receiving in the hospital. If I understand the paragraph above, it is up to us to make some other staff member aware of what our history is, what meds we are on, what our family history is, what we are alergic to, etc., etc..

Someone else mentioned that "this is a very bad idea". Actually it is an abomination, and a wholly unjustifiable defiance of the patients' interests and welfare.

I have spent the past year and three quarters undergoing chemotherapy and radiation ending in a bone marrow transplant, at the same time making sure that my oncology team kept my primary care Physician in the loop at all times concerning my treatment and overall health. I am just learning now that my PCP started this "hospitalist" BS about six months ago, and having a reason to visit his office today, read a note on his door telling his patients about this "hospitalist" garbage, ending his note with a statement saying if his patients didn't like it – they could find another physician who would see patients that were hospitalized (providing of course if those MDs were taking new patients). What a bunch of BS. I guess they need more time to play golf or take vacations that their patients and their insurance companies pay for.

Get real --- These MDs in private practice just don't care for their patients, and like most politicians, are in the game for the money and freebies. -- DMC - Massachusetts

5 Comments

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#2

NDHA
North Dakota Healthcare Association

Vision
The North Dakota Healthcare Association will take an active leadership role in major healthcare issues.

Mission
The North Dakota Healthcare Association exists to advance the health status of persons served by the membership.

Testimony on Senate Bill 2323
Senate Human Services Committee
February 10, 2009

Madame Chairman, Members of the Senate Human Services Committee, I am Arnold Thomas, President of the North Dakota Healthcare Association, appearing in opposition to SB 2323.

All hospitals, as a condition of licensure, have an organized medical staff. The organized medical staff is responsible for credentialing and privileging of all physicians in a hospital, whether primary care or specialists such as surgeons or hospitalists.

Of ND's six largest medical centers, five credential and privilege hospitalists. The level and scope of care hospitalist may provide in the hospital and the communication protocols between the specialist and the persons personal physician -- should there be one -- are determined by and the responsibility of the hospitals organized medical staff. This is a long standing responsibility exercised by hospital organized medical staff and has proven its merits over the years.

We are unsure what arrangements hospitals have with hospitalists would qualify as a mandatory hospitalist program.

Hospitalists are generally employed by hospitals. In some instances they may even be employed by clinics. Regardless of who employs them, the role of the hospitalist is to provide care for inpatients whose admitting physician is either unable to provide direct care because of schedule conflicts or relieve the personal physician from direct care responsibilities. In both conditions, the hospitalist communicates with the patient's primary care physician while exercising responsibility for the

patients care during the inpatient stay. The organized medical staff establishes protocols governing the communications between the person's personal physician and hospitalist to insure continuity and coordination of patients care during the inpatient stay. Does this arrangement qualify as a mandated program?

What about the situation where the person does not have a personal physician, is seen in one of our larger medical centers by an emergency physician who determines that the condition of the patient requires admission to the hospital. In this example, because ER physicians do not have admitting privileges, the person would be admitted by either the hospitalist or an on call physician. If the hospitalist admits, do the provisions in this bill apply?

In another situation, the person's personal physician is a member of an independent clinic who employees hospitalists with admitting privileges at the local hospital. In this example, the hospitalist is hired by the clinic physician to admit and see clinic patients in the hospital. The hospitalist is not an employed physician of the hospital. Do the provisions in this bill apply in this situation?

Is the foundation for this bill the fact an admitted patient did not receive literature upon admission describing the roles and care relationships between the patients personal physician and hospitalist? Is the foundation for this bill the fact that the literature received upon admission did not describe the avenues available for asking questions about or expressing concerns with the course of treatment during the inpatient stay? Is the foundation for this bill the fact questions raised about the role and care relationship between the patients personal physician and the hospitalist went unanswered when directed to nursing staff, the patients personal physician, or the hospitalist?

There are many communication avenues available to the patient or the patient agents to ask questions about the medical care being provided and the quality of the care being rendered in the hospital. Improvement

in the way care is delivered in a hospital depends upon these communication avenues being available and used.

SB 2323 does not materially enhance the use of these time tested communication avenues.

We respectfully ask a "Do not pass" on SB 2323.

What is a Hospitalist?

During your stay at St. Alexius Medical Center, you will be treated by many healthcare professionals. Among them will be a group of doctors known as - hospitalists. A hospitalist is a medical doctor who specializes in treating adult patients in the hospital. A hospitalist typically does not see patients in a clinic. He or she only sees patients in the hospital and is assisted by specially trained nurse practitioners and physician assistants.

Why is a Hospitalist caring for me?

Your hospitalist works with other healthcare professionals to coordinate all aspects of your treatment while you are a patient. The hospitalist also will communicate with your regular doctor and arrange for care with your doctor after you go home.

- Hospitalists closely monitor your care. Your hospitalist is never more than a few minutes away. They work only within the hospital and are available 24-hours-a-day to provide medical care and answer your questions.

- Because hospitalists are in the hospital around the clock, the hospitalists are more available to meet your medical needs during your stay and to meet with you and your family to discuss your treatment. Please feel free to ask your hospitalist any questions about your care. Your regular doctor may also stop in and visit with you during your stay.

Will my doctor and the hospitalist work together?

Yes. While you are a patient in the Medical Center, your hospitalist will communicate with your regular doctor. In turn, your doctor will provide the hospitalist information about your medical history, medications and special needs if necessary.

Who will take care of me after I leave the Medical Center?

After you go home, your regular doctor will receive information about your hospital treatment. Remember, hospitalists do not see patients outside of the hospital. If you have any questions or need assistance after you are discharged, please contact your regular doctor's office.

How do I contact the hospitalist while I am in the hospital?

If you or a family member would like to speak with your hospitalist, please ask your nurse to page him or her. A hospitalist will be happy to talk with you in your hospital room.

Hospitalists

D. CYNTHIA CANTWELL, MD

D. Cynthia Cantwell, MD, is a hospitalist with St. Alexius Medical Center. Dr. Cantwell received her medical degree from Wright State University Medical School in Dayton, Ohio. Dr. Cantwell completed an internship and residency in Internal Medicine.

J'PATRICK FAHN, DO

J'Patrick Fahn, DO, is a hospitalist with St. Alexius Medical Center Dr. Fahn received his medical degree from Des Moines University - Osteopathic Medical Center and completed a residency in family practice at the UND Center for Family Medicine in Bismarck.

MARIE DENISE GUANZON, MD

Marie Denise Guanzon, MD, is a hospitalist with St. Alexius Medical Center. Dr. Guanzon received her medical degree from the University of the Philippines, College of Medicine. She completed a residency in internal medicine at State University of New York, Buffalo, and a fellowship in allergy/immunology at Long Island College Hospital, Brooklyn, New York.

JAMES UY, MD

James Uy, MD, is a hospitalist with St. Alexius Medical Center. Dr. Uy received his medical degree from the University of the Philippines, College of Medicine and completed his residency in categorical internal medicine at Lutheran Medical Center in Brooklyn, New York.

JENNIFER BRYAN, FNP-C
Jennifer Bryan is a certified family nurse practitioner with St. Alexius Medical Center. Bryan received her nursing degree from the University of Wyoming, Laramie. She completed her master's degree as a family nurse practitioner.

ALICE SCHATZ, PA-C
Alice Schatz is a physician assistant with St. Alexius Medical Center. She completed her physician assistant program and her clinical rotations through the University of North Dakota, Grand Forks.

JULIE SCHMIT, FNP-C
Julie Schmit is a certified family nurse practitioner with St. Alexius Medical Center. Schmit completed the nurse practitioner program and clinical rotation at the University of Mary.

JEAN TOMAN, FNP-C
Jean Toman is a certified family nurse practitioner with St. Alexius Medical Center. Toman completed the nurse practitioner program and clinical rotation through the University of Mary.

What are intensivists and what do they do?

Finding yourself in the intensive care unit of a hospital can be frightening for both you and your loved ones. An intensivist is a physician who specializes in the care of critically ill patients, normally in an intensive care unit (ICU). They undergo extensive training and experience in critical care and also act as gatekeepers for the allocation of critical care resources. Most intensivists are board certified or board eligible in critical care areas and complete a fellowship in critical care with a residency in internal medicine, pulmonary medicine, anesthesia, or surgery. The intensivists also assist hospitalists and other physicians in the hospital and emergency room when needed.

While in the intensive care unit a patient's condition is critical and survival is directly affected by the quality of care received and administrative decisions made. Because an intensivist's expertise is in a particular area, precise decisions are all able to be made for the patient. Research has shown that patients cared for by an intensivist have shorter hospital stays and fewer deaths.

LLOYD BLAKE, MD
Lloyd W. Blake, MD, FCCP, is an intensivist who works primarily in the St. Alexius Intensive Care Unit (ICU). Dr. Blake earned his medical degree from the State University of New York - Stony Brook. Dr. Blake completed a residency in internal medicine and a fellowship in pulmonary/sleep/critical care medicine at Winthrop University Hospital in Mineola, New York.

JAVIER FINKIELMAN, MD
Javier Daniel Finkielman, MD, is an intensivist who works primarily in the St. Alexius Intensive Care Unit (ICU). Dr. Finkielman earned his medical degree from the Facultad de Medicina, Universidad de Buenos Aires in Argentina. Dr. Finkielman completed his residency in internal medicine and a fellowship in critical care medicine at Mayo Graduate School of Medicine in Rochester, Minnesota.

SHANTHAN PENDEM, MD
Shanthan Pendem, MD, is an intensivist who works primarily in the St. Alexius Intensive Care Unit (ICU). Dr. Pendem earned his medical degree from Gandhi Medicine College. Dr. Pendem completed an Internal Medicine residency at St. Vincent's Medical Center, New York Medical College, in Staten Island, New York. Pendem also completed a fellowship in critical care medicine at Mayo Clinic in Rochester, Minnesota.

PETER WHITE, MD
Peter White, MD, is an anesthesiologist and specialist in critical care medicine affiliated with the St. Alexius Heart & Lung Clinic. Dr. White earned his medical degree from the University of Illinois, College of Medicine. Dr. White completed residencies in anesthesiology at Barnes Hospital in St. Louis, Missouri, and in internal medicine at St. Luke's Medical Center in Denver, Colorado. Dr. White also completed a fellowship in critical care at St. John's University Hospitals in St. Louis, Missouri.

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WHAT ARE *Hospitalists & Intensivists?*

St. Alexius PrimeCare
www.st.alexius.org

#4

NDLA, S HMS

From: Lee, Judy E.
Sent: Monday, February 09, 2009 6:04 PM
To: NDLA, S HMS
Subject: FW: SB 2323

Mary –
Please make copies.

Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
home phone: 701-282-6512
e-mail: jlee@nd.gov

From: Willis, Nancy [mailto:Nwillis@primecare.org]
Sent: Monday, February 09, 2009 5:32 PM
To: Lee, Judy E.
Cc: Wilson, Andy
Subject: SB 2323

Dear Judy,

I understand that SB 2323 *Medical Facilities To Give Notice To The Public of Hospitalist Programs* is scheduled to be heard in Senate Human Services tomorrow at 10:30 a.m. I wanted to express our opposition to the bill as unnecessary and to provide some education and clarify some inaccuracies in the current bill language.

1) Hospitalist programs exist at Altru Medical Center in Grand Forks; MeritCare Health System and Innovis Medical Center in Fargo; Trinity Medical Center in Minot and St. Alexius Medical Center in Bismarck. I cannot speak for others, but am assuming their processes are similar. At St. Alexius, when a patient is admitted, a brochure explaining the hospitalist program with photos of the hospitalists are provided to the patient. The brochure also answers commonly asked questions and concerns about hospitalists. Once the patient is admitted, the hospitalist and staff also are happy to answer any questions or address any concern the patient may have.

2) Hospitalist programs are not "mandatory." Those primary care physicians who choose to follow their patients in the hospital can and do. So it also is inaccurate to say that the patient's other treating physicians have "no treatment authority." The hospitalist often consults with other specialists to ensure the patient is receiving optimum care, as well.

3) Two physicians cannot, under the law, provide concurrent care. So if the hospitalist is billing for care of the patient, the patient's primary care physician can not bill for the same thing. However he or she can, and often does, visit the patient as a courtesy. Sometimes those courtesy calls are not reflected in the chart or in the bill, so the patient may not remember that their primary care physician stopped in to see them.

4) Hospitalist programs have become the standard of care for hospitals throughout the United States, Canada and other countries. Studies have shown that patient outcomes improve in hospitals that employ hospitalists. It also provides better care for the clinic patient, who does not have to sit and wait for hours at a time, while the physician they were scheduled to see runs over to the hospital to admit a patient and do follow up care.

5) We do not require schools to make public a notice stating that for that day or a certain period of time children in certain grades will have substitute teachers. Does the use of substitutes mean that school children are receiving a lesser education? I think if you look at it in this light, it becomes clear that this is not something needing a legislative mandate.

Thank You.

Nancy R. Willis
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