

ACGIM Summit Meeting Minutes Attachment D

Building Infrastructure for Hospital Medicine:

- An infrastructure to support hospital medicine must be built in most hospitals to include researchers, dedicated career development, and administrative support. This will help hospitalists garner the support and respect they need. Hospitalists must also have a seat at the table where important decisions are made about their departments.
- Departments must find the best infrastructure to help hospitalists succeed in GIM.
- If divisions are separate, they must learn to work together collegially.
- Without a “seat at the table”, hospitalists will not want to stay in the field.
- Need to build an infrastructure for the growth of hospitalists.
- We need to define the intellectual ground for hospitalists and then build infrastructure to market this. We must also create career ladders, training programs, infrastructure before we start moving candidates into the pipeline.

Hospital Medicine Mission:

- GIM should not solely focus on structure of departments but instead on how hospitalists and ambulatory physicians can work together to expand the discussion on mission and how we serve complex patients and other populations we serve.
- Major issue is the degree to which hospitalism is a unique intellectual domain and whether patient care is best served by creating a distinction between practice in an in or outpatient setting. Uncomfortable in separating the care of complex patients based solely on location of care.
- The mission of hospitalist medicine is providing care to chronically ill patients, NOT complicated patients.

Hospital Interference:

- It would be dangerous to have hospitals determine job descriptions for hospitalists. Hospitals should instead offer mission support to the school or the department to avoid a conflict of interest.
- We don't serve the patients well when the hospital is such a strong partner.

Recruitment/Retention:

- It is difficult to recruit/retain hospitalists if divisions don't have autonomy in decision-making. We need to retrain hospitalists and get them the authority/respect they need.
- What do GIM chiefs need to do to make it attractive for hospitalists to stay within the field?

Local environments:

- Each academic hospital must figure out what is right for them. Divisions of the fields cannot occur everywhere, and each hospital must decide what is right for their own environment. Strategy might be different in different places.

Finances/Salary:

- Hospitalists are making 20-30% more than those who practice ambulatory medicine. Yet hospitalists will never make a lot of money, and a separate department will never be able to support itself.
- Hospitalists often leave GIM because of the lower salary and the lower quality of life (longer hours, worse shifts, etc).

Career Development:

- Our number one job must be the development of hospitalist careers. This must be a sustainable career – more teaching time, more time for research, more focus on senior mentorship.
- Hospitalists must find a way to get senior mentorship for the field to grow and survive. Without senior leaders, there is no way a division of the fields can occur.
- Hospitalists must develop leaders in research.
- It is essential for hospitalism to develop a sense of self-identity in order to get the recognition they need.
- Need strong leaders who are willing to work to help hospitalists within the field of GIM, not outside of it. Fragmentation will only hurt everyone. ACGIM must look to creating better leaders.
- Hospitalists need academic training and support. This will help lead to promotion.
- The field needs to move forward through research, not just education. We must invest in academic training.
- ACGIM leadership wisdom must be combined with young hospitalist enthusiasm.
- Clinical portfolios could be utilized for promotions, certainly among non-tenure track physicians.