ATTITUDES OF FAMILY PHYSICIANS REGARDING THE USE OF HOSPITALIST PHYSICIANS FOR INPATIENT CARE: A PILOT STUDY

A Research Project by

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Submitted to the Department of Physician Assistant and the faculty of the Graduate School of Wichita State University in partial fulfillment of the requirements for the degree of Master of Physician Assistant

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Wichita State University
College of Health Professions
Department of Physician Assistant

We hereby recommend that the research project prepared under our supervision by Linda J. Walker entitled Attitudes of Family Physicians Regarding the Use of Hospitalist Physicians for Inpatient Care: A Pilot Study be accepted as partial fulfillment for the degree of Master of Physician Assistant.

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ABSTRACT

Introduction: Traditionally, family practice physicians have personally managed the care of their hospitalized patients. The changing healthcare marketplace, however, is stimulating changes in primary care physician practice. One change is the increased utilization of a new physician specialist known as the “hospitalist” to manage hospital inpatient care. The purpose of this study was to explore the attitudes of family physicians regarding the utilization of hospitalists for inpatient care, including characteristics such as the frequency of family practitioners use of hospitalists, their level of satisfaction with the care provided by the hospitalists and the degree to which increased utilization of hospitalists has affected their professional practice and their personal life. Methods: All physicians (222) in Sedgwick County, KS designated as family physicians were included in the study population. Results: There was a 55.9% return of the surveys mailed. A majority of respondents (76.7%) utilize hospitalists to manage the care of their hospitalized patients. Of the family physicians that do not utilize hospitalists, 36.3% follow their own patients in the hospital. The majority of respondents (77.3%) agree that utilizing hospitalists to manage in-patient care increases their productivity and 69.4% reported that hospitalists improve the quality of care provided. The majority of family physicians (81.6%) agreed that communication with hospitalists about inpatient care is timely and effective. A significant 88.7% of family physicians utilizing hospitalists agree that hospitalists allow them to better manage their time, both personal and professional. No significant relationships were found between size of practice, years in practice, number of patients seen in an average week, and the use of hospitalists for inpatient care. Conclusion: Family physicians in Sedgwick County, KS generally agree
that patients are satisfied with the care they receive from hospitalists; hospitalists increase their productivity; they have more personal and professional time when they use hospitalists; and communication about their hospitalized patients is timely and effective. The number of family physicians in Sedgwick County, KS that utilize hospitalist physicians to manage the care of their inpatients is significantly higher than previously published statistics. In addition, indicators of satisfaction are higher than other published studies.
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INTRODUCTION

Healthcare providers are becoming more focused on reducing costs, increasing quality of care, and improving patient satisfaction with care. Over the past 10 years the role of the hospitalist physician has emerged as a new area of medical specialization to address these concerns. The hospitalist physician is a specialist that combines the roles of acute care sub-specialist and medical generalist in the hospital setting. They do not replace family or primary care physicians in the clinic, or surgeons and other specialists that provide care in the hospital. They are concerned with the general medical management and stabilization of hospital inpatients, from admission until discharge. Hospitalists function as the attending physician who has overall responsibility for an inpatient’s care in addition to coordinating the services of other providers. They serve as generalists by initiating treatment plans, and coordinating diagnostic procedures and consultations with other specialists, such as cardiologists, urologists and surgeons.¹

In some settings, hospitalist physicians are employed directly by the hospital to see any inpatient that does not have an attending physician managing their hospital care. Alternatively, hospitalists may work for an independent group and are contracted directly by family physicians to see their inpatients. In some cases, family physicians will manage their own inpatient care or share that responsibility with other physicians in their practice. In this situation, the family physician functions as the hospitalist for the patient. In cases when the family physician utilizes a hospitalist physician for inpatient care, the family physician is dependent on the hospitalist to communicate details of the patient’s diagnosis, hospital course of care including any tests completed and
medications given, and medications ordered at the time of discharge, as well as any discharge instructions, such as a follow-up appointment with the family physician. Hospitalist physicians do not see patients for follow-up care after discharge. Typically, dedicated hospitalists do not see any patients in the clinic setting. The exception to this is the family physician that treats the inpatient in the hospital and the physician that rotates responsibility of inpatient care with other physicians in the practice. The relationship between the hospitalist physician and the family physician is much like the one a family physician has with another specialist that provides care for the patient. Communication is essential for ensuring continuity and quality of patient care.

In the U.S. as of June 2004, there were 6000 hospitalists practicing inpatient medicine in diverse settings including adult and children hospitals and skilled nursing facilities. According to the literature, the number of hospitalists in the US is projected to increase by almost 20,000 over the next 10 years.\(^2\) The growth in the utilization of hospitalist physicians is particularly affecting many family practitioners who traditionally continued to care for their patients in the hospital when they admitted them. For many, a hospital medicine specialty threatens the general practitioner by reducing their scope of practice or causing them to lose hospital privileges.\(^2\)

The primary purpose of this study was to investigate the attitudes of family physicians regarding the role of the hospitalist physician. Particular attention was given to exploring how family physicians rate the hospitalist’s impact on productivity of the family physician, quality of care for the patient and patient satisfaction with hospitalist care.
Background

There are two major theories behind the hospitalist movement: 1) Changes in HMO rules have forced patients into utilizing hospitalists for inpatient care and 2) Physicians are driving the trend in an effort to increase their narrow profit margins. Over the past ten years, there has been a trend for family practitioners and internists to focus more on their office practices and reduce or eliminate care of hospitalized patients. This change has been driven by physician choice rather than being mandated by managed care. Most managed care organizations have discontinued requiring that physicians utilize hospitalist physicians. Physicians are now choosing to utilize hospitalists so they won’t have to go to the hospital on a daily basis. This eliminates time away from the office and allows more patients to be seen in the clinic which improves efficiency and cost effectiveness. In a survey conducted by the American Academy of Family Physicians in 2001, 1 in 5 members reported using hospitalists for such reasons as financial, lifestyle and concern about maintaining competency in hospital-based care.

To emphasize the growth of the hospitalist movement, one article (Geehr 2002) suggested that by 2006 hospitalists were expected to admit more than 14 million patients across the U.S. Other trends cited include: an increasing number of hospitalists are being employed by hospitals; independent hospitalist groups are evolving; and hospitalists are primarily trained in general internal medicine with a smaller percentage of subspecialists.

When the concept of the hospitalist first surfaced in the early 1990’s, published articles and studies were devoted to defining the role of the hospitalist and
demonstrating cost savings in hospitalized patients’ care as a result of the hospitalist role, especially when measured by length of stay.\textsuperscript{1,5-8} A cohort study (Meltzer 2002) compared length of stay, inpatient costs and mortality of 6511 patients assigned to hospitalists and non-hospitalist physicians over a two year period from July 1997 through June 1999. Patients followed by the hospitalists had an 8.0\% shorter length of stay, 4.6\% lower costs and an 18\% lower risk for 30-day mortality and 14\% for 60-day mortality.\textsuperscript{5} In a retrospective chart review (Rifkin 2002), 455 patients with community-acquired pneumonia, cared for by either a full-time hospitalist or primary care physician, were studied to compare length of stay, costs, and readmission rate and mortality. The researchers concluded that patients treated by hospitalists had a shorter length of stay (5.9 days) vs. 6.5 days for patients treated by primary care physicians and the associated costs were $3,901 and $4501 respectively. Mortality was higher among patients of primary care physicians. They also found that hospitalists were twice as likely to discharge a patient who was more unstable and possibly a candidate for readmission, but they were unable to show a significant relationship between those variables.\textsuperscript{6}

In the late 1990’s and early 2000’s, attention was directed towards comparing different models of hospitalists.\textsuperscript{9,10} For example, a retrospective chart review (Smith 2002) of 97 adult patients with pneumonia admitted to a private urban community hospital compared the lengths of stay, costs and use of resources for patients seen by family practice primary care physicians, rotating family practice faculty hospitalists, and full-time critical specialist hospitalists. Results showed that patients of critical care specialists and family practice primary care physicians had longer lengths of stay and
higher costs. No other significant differences were found.\textsuperscript{9} In addition to the focus on hospital-based outcomes, most studies have addressed the attitudes of internal medicine specialists, not family practitioners.\textsuperscript{1, 7, 8, 11} Only two studies were found to address patient satisfaction with hospitalists, neither of which used family physicians as their survey population.\textsuperscript{8, 11}

In a comparison of the outcomes of patients treated by hospitalists with patients treated by internists, the hospitalists patients had shorter lengths of stay and lower costs of care. There were no significant differences in the mortality rates between the two groups of patients.\textsuperscript{7} Another study explored the attitudes of internists regarding the use of hospitalists in 1998 and again in 2000 (Auerbach 2003). The researchers found that in 2000 more physicians agreed that hospitalist services decreased hospital costs and improved inpatient quality of care. More physicians disagreed that hospitalists adversely affected the internists relationships with patients.

Since the medical community has for the most part accepted that hospitalists are here to stay, researchers have turned their attention to the questions: 1) Do hospitalists improve the quality of care a patient receives in the hospital, 2) Are patients satisfied with the care they receive from hospitalists, and 3) Is there a discontinuity of care with the use of hospitalists.

This pilot study was developed in an effort to address two gaps in the literature: 1) to study the attitudes of family physicians concerning the impact of hospitalists on the practice of the family physician, a physician specialty greatly affected by this emerging concept and 2) to explore how family physicians perceive their patients’ satisfaction with the care they receive from hospitalists.
METHODOLOGY

Design

This study was administered through the Department of Physician Assistant at Wichita State University from July to August 2006. The survey instrument (Appendix B) was designed to investigate the attitudes of family physicians concerning the use of hospitalists for the care of their hospitalized patients. It consisted of specific questions regarding how the role of hospitalist impacts their productivity, their scope of practice, and their personal life. In addition, recipients were asked to rate their satisfaction with hospitalists outcomes, quality of care and perceived patient satisfaction with care.

To ensure face and content validity, the survey was reviewed by a small group of Physician Assistant Department faculty and physicians. Prior to implementation, the survey was approved by Wichita State University’s Institutional Review Board.

The subjects were given four weeks in which to complete and return the survey in a self-addressed, stamped envelope. The information provided by the subjects was kept confidential in a secure location. Only the researchers had access to the survey data in computer files. Participants were not asked for any identifying information and surveys were not coded or later matched to names.

Participants

Potential participants in the study were identified by the Medical Society of Sedgwick County, Wichita, Kansas. Sedgwick County is an urban area in south central Kansas with medical professionals that serve the south central and western regions of
the state. A population of 222 family physicians was selected based on the categorization of family practitioners which included pediatricians.

Data Analysis

The data was analyzed using standard descriptive and inferential statistics using SPSS 13.0. Chi-square analysis was used to look for significant relationships between the use of hospitalists and variables such as the size of practice, the number of patients seen in an average week and the number of years in practice. The statistical significance of results was determined using p < 0.05.
RESULTS

Of the 222 surveys mailed, 124 (55.9%) valid surveys were returned. Five surveys were not included in the results. One survey was incomplete, two were returned by hospitalists, and two were specialty physicians. The majority of the respondents (63.8%) characterized their practice as having 5 - 10 or more practitioners. When asked how many patients they see in an average week, 68% reported they see 76 or more patients. Of the 124 respondents, 108 (87.1%) reported that they admit less than 5 patients to the hospital in an average week (Table 1).

TABLE 1

DEMOGRAPHICS OF SURVEY RESPONDENTS

<table>
<thead>
<tr>
<th># of Physicians in Practice</th>
<th># of Years in Practice</th>
<th># of Patients Seen in Average Week</th>
<th># of Patients Admitted in Average Week</th>
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<tbody>
<tr>
<td>Solo 16.1%</td>
<td>&lt; 1 1.6%</td>
<td>&lt; 20 4.9%</td>
<td>&lt; 5 87.1%</td>
</tr>
<tr>
<td>&lt; 5 20.2%</td>
<td>1 - 5 12.2%</td>
<td>21 – 50 12.3%</td>
<td>6 – 10 12.1%</td>
</tr>
<tr>
<td>6 -10 32.3%</td>
<td>6 – 10 20.3%</td>
<td>51 – 75 14.8%</td>
<td>11 – 15 0.8%</td>
</tr>
<tr>
<td>&gt; 10 31.5%</td>
<td>11 – 15 13.0%</td>
<td>76 – 100 31.1%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>16 – 20 15.4%</td>
<td>&gt; 100 36.9%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt; 20 37.4%</td>
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The majority of physicians surveyed (76.7%) said they utilize a hospitalist to manage the care of their hospitalized patients. Of that majority, 19.4% said they use hospitalists in selected circumstances. (Figure 1) More than half (58.3%) of physicians that use hospitalists reported that the hospitalists belong to an independent group, while 29.2% said the hospitalists are employed by the admitting hospital. In addition, 25.0% of physicians that use hospitalists said the hospitalists are members of their practice. (Figure 3)
When asked how they manage the care of their hospitalized patients, 77.8% of physicians who do not use hospitalists said they follow their own patients; 15.6% responded that they rotate responsibility with other physicians in their practice; and 6.7% consult a specialist physician of their choice. (Figure 2) More than half of the physicians surveyed (69.4%) believed hospitalists improved the quality of hospital care for their patients. (Figure 7) The majority (80.9%) also stated that patients were generally satisfied with the care that they received from hospitalist physicians. (Figure 4)

With regard to productivity, 77.3% of respondents believe that their use of hospitalist physicians increases their productivity in the office, 10.5% are neutral, and 7.3% disagreed. (Figure 6) Physicians who use hospitalists generally agreed (81.6%) that communication with hospitalists is timely and effective, while 14.3% are neutral, and 4.1% disagreed. (Figure 5) The majority of family physicians utilizing hospitalists (88.7%) believe they are better able to manage their time, both personal and professional. (Figure 8)

No significant relationships (p < 0.05) were found between the use of hospitalists and variables such as the size of practice, the number of patients seen in an average week and the number of years in practice.
DISCUSSION

The majority of family physicians in Sedgwick County, KS (76.7%) who responded to this survey utilize hospitalists for their inpatient care, irrespective of the number of physicians in their practices. This is significantly higher than a national telephone survey of internal medicine physicians (Auerbach 2000) which reported that 28% of the 787 internists polled use hospitalists to manage the care of their hospitalized patients. The majority of the respondents were members of solo or small group practices, whereas 63.8% of respondents to this study practiced in groups of 5-10 or more physicians. In another survey of internal medicine physicians (Auerbach 2003), only 26.3% of 236 respondents said they utilize hospitalists for care of their hospitalized patients.

More than half of the responding family physicians said they agree that hospitalists improve the quality of care for their hospitalized patients. This is consistent with previously published surveys in which the attitudes of internists regarding the use of hospitalists were explored.

Family physicians in Sedgwick County, KS (77.3%) generally agree that hospitalists allow them to increase their productivity in the office. This result is higher than 51% of internists surveyed in 2000 and the 61% of internists surveyed in 2003 who agreed that hospitalists allow them to increase their productivity and efficiency in the office. Increased productivity is one of the key advantages for family physicians to utilize hospitalists for managing the care of their hospitalized patients.

The family practitioners that do not use hospitalists follow their own patients in the hospital (77.8%) or rotate hospital coverage with other physicians in their practice.
(15.6%). No other studies were found in the literature that could be used to compare these results.

The majority of respondents (88.7%) report that using hospitalists enables them to better manage their time, both personal and professional. This result is significantly higher than results of the Auerbach 2000 survey\textsuperscript{8} where 36% of internists found hospitalists beneficial for improving their efficiency and allowing more time for other activities.\textsuperscript{8} The survey results of family physicians in Sedgwick County, KS verifies the belief that better management of personal and professional time is another key advantage to utilizing hospitalists to manage in-patient care.

In the literature, the concern for continuity of care stands out.\textsuperscript{10,12-14} Communication between the patient and hospitalist, patient and family physician, and hospitalist and family physician are considered key in maintaining continuity of care. A survey conducted by Pantilat 2001 was based on the premise that hospitalists create discontinuity of care. The study targeted physician members of the California Academy of Family Physicians to determine their preferences of contents and methods of communication with hospitalists including telephone, fax and email. In addition the study explored what information from the hospitalist is most valuable to the family physician, such as discharge medications and test results. Of the 1,237 respondents, 56% were very or somewhat satisfied with communication with hospitalists.\textsuperscript{11}

Another published study (Kripalani 2007), suggested that communication between hospital-based physicians and primary care physicians is faulty. The researchers concluded this because the primary tool for communication about a patient’s hospital stay, the discharge summary, was not available within the required 30 days to nearly
half of the primary care physicians studied. The researchers reviewed 55 observational studies of communication and information transfer about patients at discharge from the hospital between 1970 and 2005.\textsuperscript{15} They concluded that, "Deficits in communication and information transfer between hospital-based physicians and primary care physicians are substantial and ubiquitous."\textsuperscript{15} They justified this conclusion by citing several factors, such as discharge summaries not available at the first follow-up appointment with the primary care physician and the lack of important information in the discharge summaries. The researchers reported that 33-63\% of summaries were missing diagnostic test results, up to 22\% were lacking hospital course of treatment, and up to 40\% were missing discharge medications. In addition, the study concluded that 90-92\% of discharge summaries reviewed were lacking information about patient or family counseling and up to 43\% had no follow-up plans described.\textsuperscript{15}

The majority of respondents (81.6\%) generally agreed that communication with hospitalists is timely and effective. This significantly different result challenges the previously cited concerns about communication and discontinuity of care with the use of hospitalists (Kripalani 2007).

Another key issue that raises discussion concerning the use of hospitalists is inpatient satisfaction with the care that patients receive from hospitalists.\textsuperscript{10,12-14} This pilot study revealed that the majority of family physicians surveyed (80.9\%) felt their inpatients were satisfied with the care they received from hospitalists. This is significantly higher than the (36\%) of physicians who perceived their patients were satisfied with hospitalists' care, cited in the study conducted by Auerbach 2000.\textsuperscript{1} The difference in results of this pilot study and the one conducted by Auerbach may be
attributed to the difference in number of patients seen by the hospitalists in the respective studies, improvements in technology and hospital processes since 2000, and/or increased familiarity with the role of hospitalists and patients’ acceptance of hospitalists today versus 10 years ago.

Continuity of care has always been a hallmark of family practitioners\textsuperscript{13} It is also a chief concern for many family physicians who are tentative about utilizing hospitalists for their inpatient care. The studies that emphasize communication as a function of continuity of care also suggest that continuity of care is a criteria for quality of care.\textsuperscript{3, 12, 13} However, there are no studies to date that demonstrate a significant relationship between continuity of care and quality of care and patient satisfaction with hospitalist care. There is no evidence that continuity of care is important to patients or that it influences their perception of quality care. One reason for this lack of evidence may be due to patients’ increasing level of comfort or complacency with their frequent changes in healthcare providers. Today, people are more accustomed to having employers change healthcare plans which often requires employees to seek new providers covered by the different plan. Long gone are the days of the family doctor that helped deliver your mother, you, and your children. People have become less sensitive to being treated by physicians they’ve never met before.

Another consideration may be that today, people are more accustomed to having multiple specialist physicians responsible for their care. They are more tolerant of occasional errors or delays in communication between their physicians. In addition, patients are taking more responsibility for managing their health and their health history. Many keep copies of their health records and test results to facilitate changing
physicians when necessary, to ensure continuity of care. Further research is needed to better understand the influence continuity of care has on patient perception of quality care.

This pilot study was limited by its population size, by encompassing just one city in a Midwestern state and by the limited number of hospitalist physicians practicing in Sedgwick County, KS.
CONCLUSION

Family physicians in Sedgwick County, KS generally agree that utilizing hospitalist physicians improves their own personal productivity and also improves quality of care for their hospitalized patients. Physicians that use hospitalists are generally satisfied with the care of their patients. They also believe their patients are satisfied with the care they receive from hospitalists. According to a previously published study, the negative feelings toward the utilization of hospitalist physicians are most frequently seen in physicians who have never utilized them or are specialists with a greater inpatient than outpatient practice.\textsuperscript{8}

The results of this pilot study of family physicians in Sedgwick County, KS are consistent with previous studies of internist and specialist attitudes toward hospitalists in the area of improved productivity in the office. In the areas of increased professional and personal time, quality of care and inpatient satisfaction with hospitalists, the majority of family physicians surveyed in this study who utilize hospitalist physicians agreed that hospitalists provide these benefits. Results of previous studies reflected significantly less satisfaction in these areas than the family physicians surveyed in this project.\textsuperscript{1, 7, 8}

In the area of communication, the results of this study were inconsistent with previous surveys. The majority of family practitioners in Sedgwick County, KS agreed that communication with hospitalists is timely and effective. Previously published studies revealed that a significantly lower percent of the surveyed population believed communication with hospitalists to be satisfactory.
In summary, this pilot study has offered new data concerning the attitudes of family physicians regarding the use of hospitalist physicians for inpatient care. Further research is indicated to verify these results. In addition, obtaining direct feedback from patients regarding their care by hospitalist physicians is needed. Continued research into the value of measuring continuity of care and its impact on the patient perception of quality care is also needed.
REFERENCES


Figure 1. Physician utilization of hospitalists to manage care of hospitalized patients.

Figure 2. Alternative methods physicians use to care for their hospital inpatients.
Figure 3. Sources from which physicians obtain the services of hospitalists

Figure 4. Physician perceptions of patient satisfaction with their care from hospitalists
Figure 5. Physician level of agreement that communication with hospitalists is timely and effective

Figure 6. Physician level of agreement that utilizing hospitalists allows the physician to increase productivity in the office
Figure 7. Physician level of agreement that hospitalists improve the quality of care for hospital inpatients

Figure 8. Physician level of agreement that hospitalists allow the physician to better manage personal and professional time
APPENDIX B

Determining the Attitudes of Family Physicians Regarding Use of Hospitalists for In-Patient Care: A Pilot Study

Please select the best answer for each question.

1. How would you characterize your practice?
   ___ solo practice
   ___ group practice with less than 5 practitioners
   ___ group practice with 5 – 10 practitioners
   ___ group practice with more than 10 practitioners

2. How many years have you been in practice?
   ___ < 1
   ___ 1-5
   ___ 6-10
   ___ 11-15
   ___ 16-20
   ___ greater than 20

3. How many patients do you see in an average week?
   ___ < 20
   ___ 21-50
   ___ 51-75
   ___ 76-100
   ___ > 100

4. How many of your patients are admitted to the hospital in an average week?
   ___ <5
   ___ 6-10
   ___ 11-15
   ___ > 15

5. Do you utilize a hospitalist(s) to manage the care of your patients during their hospitalization?
   ___ Yes
   ___ No
   ___ In selected circumstances

6. If you do not utilize hospitalists, how do you manage care of the majority of your hospitalized patients?
   ___ I follow my own patients.
   ___ I rotate responsibility with other physicians in my practice to follow hospitalized patients.
   ___ I consult a specialist of my choice to manage my patients.

THE SURVEY IS CONTINUED ON THE OPPOSITE SIDE
7. If you utilize hospitalists, are they: (check all that apply)
   ___ members of an independent hospitalist group
   ___ practitioners employed by the admitting hospital
   ___ members of your practice group
   ___ Not applicable. I do not utilize hospitalists.

8. How do you perceive patients’ satisfaction of the care they receive from hospitalists?
   ___ very satisfied
   ___ satisfied
   ___ neutral
   ___ not satisfied
   ___ very dissatisfied

Please rate your level of agreement with the following statements.

9. Communication with hospitalists that manage my hospitalized patients is timely and effective.
   ___ strongly agree
   ___ agree
   ___ neutral
   ___ disagree
   ___ strongly disagree

10. Utilizing hospitalists to manage in-patient care allows me to increase my productivity in the office.
    ___ strongly agree
    ___ agree
    ___ neutral
    ___ disagree
    ___ strongly disagree

11. Hospitalists improve the quality of care for my hospitalized patients.
    ___ strongly agree
    ___ agree
    ___ neutral
    ___ disagree
    ___ strongly disagree

12. Utilizing hospitalists allows me to better manage my time, both personal and professional
    ___ strongly agree
    ___ agree
    ___ neutral
    ___ disagree
    ___ strongly disagree

THANK YOU FOR YOUR TIME AND WILLINGNESS TO COMPLETE THIS SURVEY!
VITA

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