

**Bassett Healthcare Network  
O'Connor Hospital**

**Utilization of Hospitalist Model on  
Rural and Community Health Care**

**Daniel M. Ayres, CEO**

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Who we are .....

**Critical Access Hospital Since July 2000**

- 23 Licensed beds/16 staffed
- 2 OR Rooms/1 Functional
- 3 Procedure Rooms
- Emergency Room
- Complete Eye Care Program including Eye Glasses
- In and Out Patient Pharmacy
- In and Out Patient Physical Therapy
- Radiology Services with CT and Mobile MRI

**Hospital Based Specialty Clinics:**

- Orthopedics
- OB/GYN
- Cardiology
- Urology
- Ophthalmology/Optomety
- ENT
- Plastic Surgery
- General Surgery
- Vascular
- Podiatry
- Pulmonary



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**Delaware County Community**

- \* Delaware County is about the size of Rhode Island.
- \* Delaware County is 3rd most rural county in NY
- \* Second most rapidly aging county in NY
- \* Since 1990, decline of 3.8% in employment in manufacturing sector with the employment base increasing 5.1% which reflects the fact that most households have at least 2 people employed
- \* Approx. 26% of Delaware County families earn less than \$24,999 compared to 22.2% for NYS



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### O'Connor Hospital 2004

- The burden of Emergency Department Call on local Primary Care Physicians
- High percentage of transfers, many out of network
- Lagging admissions



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### The growing demands on Primary Care Providers

- Clinic productivity demands
- Inpatient care (1 call rotation)
  - Private covering their own or own backup
  - Bassett Practitioners covered their own patients
- Emergency Call back-up to PA's (a second call)
- Contracted services
  - Nursing Homes
  - School based services
  - Jail



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### The case for a hospitalist

- Need to augment the ED/Inpatient call rotation.
- Reduce demand of on call to after hours and weekends.
- Improve local admissions, improve network capture.
- Fill role of Medical Director and Swing Bed Director.



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### And how do we pay for this???



- Establish a “hospitalist cost center” at Bassett for O’Connor.
- All expenses and revenues generated reside within the “hospitalist cost center”
- Bassett would be “hold harmless”  
Revenues- expenses= OCH expense reimbursement

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### And how do we pay for this???



- Hospitalist expense
  - Medical Director fee
  - Swing Bed Director fee
- CAH Cost based reimbursement
  - Inpatient payor mix at 80%
- Admin portion of role is allowable expense.

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### Collateral benefits

- Easier to recruit and retain primary care, if they have an option for call (and call pay).
- Greater focus on quality and Medico-administration.
- Excess capacity for additional services to community.



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## Let's do it!



- Difficulty in filling the position- 3 years.
- Used a part time to full time NP in the interim.
- Primary care turnover and attrition during the recruitment.
- Heightened dissatisfaction with inpatient care and ED call from Network PCPs.

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## And the story continues

- January 2007 Hired an Internist- Dr. Alberto Gaitan
- Initially shared responsibilities and clinic time with Network Primary Care Practice- It didn't work.
- The NP hospitalist went from part time to full time.
- O'Connor's Hospitalist Program has been accepted as the model throughout the Network

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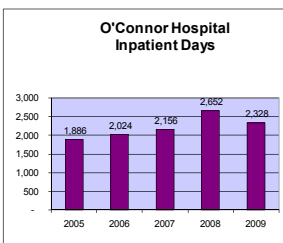
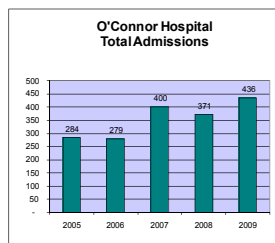
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## Data




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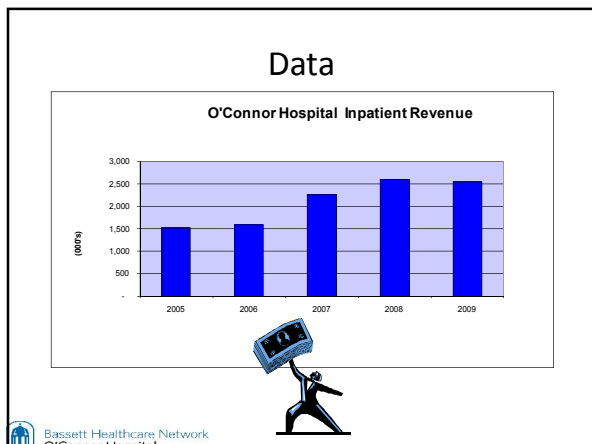
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### Dr. Gaitan

- Hospitalist Model – St. Lukes Hospital – Columbia Presbyterian, NYC

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### Beginnings

- Started with In and Out patient care
- Importance of being able to focus and be more “efficient”

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### Where we are today .....

- “fragile Model”
- Finding solutions to back up the model – mid levels – other providers



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### Future .....

- Integrating experiences of Critical Access Hospitals
- The future will be having an integrated Hospitalist Division within the Bassett Network



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### Other trends

- More services being added to hospitalist cost center: Occupational-Employee Health
- More services being provided by or contracted for the community.
  - Dental
  - Eye care and Eye wear
  - Outpatient pharmacy



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