

Benefits and drawbacks of major hospitalist models

Model	Pros	Cons
Hospital-based or hospital corporation	<ul style="list-style-type: none"> • No worries about patient payer status or billing issues • Hospital is responsible for practice management and liability • Good working relationships with hospital staff • Limited, or no, running between hospitals • Hospital-based jobs at academic medical centers offer research and teaching opportunities 	<ul style="list-style-type: none"> • May report to non-MD administrator who may not understand clinical issues • Entrepreneurship is not rewarded • Can't decline patients • Heavy involvement with Joint Commission reviews
Single-specialty or multispecialty group	<ul style="list-style-type: none"> • Unless specifically contracted, group can refuse indigent, nonassigned patients. • Unless contracted, hospitals cannot dictate quality or performance measures • Ownership mentality • SHM reports hospitalists who work for multispecialty/primary care groups have the highest median salary of all models 	<ul style="list-style-type: none"> • Practice management and liability concerns • Lack of geographic flexibility • Possible lack of mentoring/training • Possible nonstandard benefits
Local, hospitalist-only group	<ul style="list-style-type: none"> • Respect from community physicians and hospital administrators • Pride of ownership • Can decline patients • Rewards entrepreneurship • Can set own hours • Potential to work as much or as little as desired • No worries about loss of hospital contracts because allegiance is to primary care physicians 	<ul style="list-style-type: none"> • Responsibility for running a business • Market forces could affect pay • Hours could be irregular • Possible daily running between hospitals • Possible lack of mentorship • Potential lack of infrastructure • Lack of geographic flexibility to move and retain salary/benefits
Multistate hospitalist group or hospitalist management company	<ul style="list-style-type: none"> • Standardized benefits, incentives • Ability to relocate without loss of seniority • More sophisticated information systems, established infrastructure • No responsibility for collections 	<ul style="list-style-type: none"> • Possible daily running between hospitals • Duties defined by hospital contract • Must adhere to written schedule; cannot make own hours • Turnover can affect schedules and add to workloads

Some material in this chart was adapted from "Hospitalists: A Guide to Building and Sustaining a Successful Program," by Joseph A. Miller, John Nelson, MD, and Winthrop F. Whitcomb, MD. Health Administration Press, 2007.