

How to support family physicians in delivering in-hospital care?

This synopsis explores the changes in in-hospital care provided by primary care providers. Physicians have been reducing their involvement with inpatient care in Canada over the last few decades. However, more and more physicians, including primary care physicians are becoming employed by hospitals, particularly in the United States. A search from 2000 to present of peer reviewed and grey literature in western countries guided the review.

Current Context

The public continue to have high regard for the quality of care provided by **family physicians**. However, with the evolution of community-based family practice and the changing roles of family physicians and hospitals in the Canadian healthcare system, it has become **increasingly challenging for family physicians to care for their patients in hospital**. As such, community-based family physicians' involvement in inpatient care has been declining for many years.

The **declining trend has been more evident in urban settings over rural settings**. Physicians in small towns and rural areas are much more likely to provide inpatient hospital care than family physicians practicing in cities and suburban areas. Age is also a factor - involvement in hospital care decreases as physician age increases, both in the number of family physicians offering that type of care, and the number of hours provided.

At the same time, hospital physician specialization has been undergoing a transformation.

Hospitalists have become more prevalent, particularly in the United States. In fact, the hospitalist **is the fastest growing specialty** in the United States. These physicians, who work directly for hospitals, are trained in general internal

Key Considerations

- *Hospitalized patients should have their own family physician participating in their hospital care whenever possible*
- *Appropriate communication should be maintained by hospitals with family physicians*
- *All hospitals should have privileging criteria that recognize and support the role of family physicians in caring for their patients in hospital*
- *Family physicians should be permitted and encouraged to apply to any hospital in their community for medical staff privileges*
- *Remuneration should be provided to cover the time or costs lost in the office when providing hospital care*

medicine and provide continuing care to inpatients who are not managed by subspecialty care physicians. The rise in hospitalists has not caused the decline of family physicians' involvement in inpatient care. Rather, the decline started many years before.

Some of the causes of this decline and the **family physician withdrawal** from hospitals include:

- Increased physician workload and diminished time available for hospital work
- Low remuneration for hospital work
- Lack of respect and support from other specialists
- Increased knowledge and skills required
- Lack of hospital privileges
- Limited access to hospital beds
- Enhanced skills required to care for increasingly complex hospitalized patients
- Cost of travel and time travelling back and forth between their practice and hospital
- Insufficient training and support

Community-based family physicians and hospitals would benefit from **mutual support and collaboration**, which would improve health in their communities. Physician participation in their patients' hospital care would also provide many benefits for patients admitted to hospitals.

Benefits include:

- Improved continuity of care
- Better coordination of patient care
- Improved patient-physician relationship and satisfaction
- Reduced or more efficient resource use
- Improved compliance to medical advice

To increase participation, **family physicians** should:

- Be represented in the development of hospital policies that affect their patients
- Organize themselves into networks or groups of an appropriate size to share the responsibilities and workload of managing hospital inpatients
- Provide inpatient care more systematically by retaining a community base, and participating in hospital care in rotation

Discussion questions:

1. How can hospitals encourage family physician participation in care of their patients?
2. How can communication be improved between hospitals and family physicians?
3. How to improve family physicians access to their patients in hospitals?