



Taking Ownership of the ICU & the Future of the Intensivist Movement

American healthcare, in the midst of revolutionary changes in the delivery of services, is starting to focus on quality control, cost control, and service control all driven by outcome measures. An August 2012 article in the New Yorker written by Atul Gawande, MD1., a surgeon at Brigham and Women's Hospital in Boston, compares the focus on healthcare changes to the changes that have occurred in the restaurant industry by using the Cheesecake Factory as a model for producing a quality product at a moderate price with excellent service. This is done by standardizing food preparation, buying quality products in bulk, and removing variation from the service provided to the customer. His medical example in the article is the process of joint replacement and remodeling it in the image of the restaurant industry, focusing on improving quality, reducing cost, and enhancing patient satisfaction.

One of the most expensive aspects of American healthcare is the cost of critical care services in the intensive care units (ICUs) of the 6,000 hospitals in the country. Some have said that ICU costs are 10-30% of the dollars spent on healthcare. Certainly, Medicare patients spend large sums of money in the last year of life and the majority of that is in the ICU. In the prevailing American model of critical care services, a patient is admitted to the ICU by a primary care physician or surgeon and commonly the patient's medical problems are farmed out to medical specialists such as Cardiology, Pulmonary, Nephrology or other medical or surgical services. Under most circumstances, no physician takes ownership of the ICU or manages the overall quality, cost, and service that impact patients and families in the ICU. This leads to fragmented care, long lengths of stay, medical complications, increased death rates, and enormous cost.

The Intensivist movement in American healthcare is attempting to change that. Physicians who are fellowship trained and board certified in Critical Care devote their full clinical time to taking care of patients in the ICU. They have no conflicting clinical responsibilities and usually cover the ICU from 16-24 hours per day. It takes 4-5 physicians to manage all ICU patients in a 14-16 bed ICU for 16 hours per day, 365 days a year - and 6-7 intensivists to manage it 24 hours a day. The intensivist partners with the ICU nurses, respiratory therapists, pharmacists, dieticians, and social workers to create a multidisciplinary model that is team oriented and always available to provide the "Right Care, Right Now" (in the motto of the Society of Critical Care Medicine). This model saves lives, decreases ICU length of stay, reduces complications, and improves outcomes.

The future of cost-effective ICU services with high quality care and patient safety lies in the intensivist driven team model. The intensivist must collaborate with the admitting physician and consultants but must coordinate care to avoid fragmentation and multiple treatment plans in the same patient. There must be one treatment plan and one set of orders that is based on the best evidence from the medical literature. The outcome of this treatment plan must be monitored minute by minute by the intensivist team and adjusted as needed to achieve the best outcomes. The more the intensivist model with control of quality, cost, and services takes over the management of intensive care units around the country, the better will be the quality and safety of patient care with a lower cost and higher patient and family satisfaction.

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1 Gawande, Atul. "Big Med." The New Yorker. August 13, 2012.

The Intensivist Company, a Pittsburgh based critical care services firm in partnership with Pittsburgh Critical Care Associates (PCCA) and CriticalMed, helps health systems, hospitals and physician groups to develop and implement intensivist led ICU's that improve quality, reduce cost and enhance service for patients with life threatening illness and their families. Led by Dr. John Hoyt, PCCA manages ICU's and employs intensivists, while CriticalMed, led by Dr. Tom Rainey, provides consultation services to hospitals desiring to develop organized critical care using their own Medical Staff. The Intensivist Company model is driven by taking ownership of the ICU, standardizing care, and creating a multidisciplinary team that works together to carry out a plan of treatment.



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