

Weighing Your Specialty Call Options



The shared burden of “Specialty Call” has long been a delicate balancing act between hospitals and local physician specialists. Changes in technology and patient migration to outpatient venues create a constant flux in the specialty call services hospitals can offer local communities. Many hospitals have done a reasonably good job maintaining this balance, but nothing could have prepared them for the chaos caused by COVID-19.

COVID-19 upended emergency medicine by disrupting the way we deliver care and causing hospitals to rethink their overall business model. Patient care was already transitioning from provider-centric to patient-centric models with a greater focus on telehealth and new technologies. COVID-19 has accelerated these changes with unnatural speed. Care has rapidly been redesigned around the patient to improve efficiency, cost, comfort, and safety.

Specialty Call will also feel the strain across all hospital-based specialties because of COVID-19. As more and more procedures are approved for ambulatory settings due to improved technology and lower costs, hospitals will need to

attract higher acuity patients to fill operating room schedules, intensive care units, and acute care beds.

The competition for these acute patients was already rising as more hospitals pursued trauma and certified stroke center designations. However, many subspecialists are uncomfortable with the skill set necessary to attract and manage trauma and emergent patients needing surgery. Many haven’t treated fractures and trauma patients since their residencies.

Even before COVID-19, physician specialists were already less dependent on hospitals and emergency call to build their practices. To these physicians, it’s more important to be part of a network and an ambulatory surgery center (ASC). That means the supply of specialists willing to take emergency call was already dwindling.

Between COVID-19 and the changing landscape for physicians interested in covering emergency call, hospitals must rethink their call options. The traditional call models are giving way to Specialty Hospitalist models.



Hospitals have the following Specialty Call options to consider.

Paying Stipends to Local Specialists (Self-op)

- Work-life balance for physicians isn't sustainable
- Doesn't solve the problem
- What about the rest of the Medical Staff?

Note: Paying stipends to local specialists used to be the preferred option. However, juggling a busy practice and call has become untenable for many specialists. That gives this option a rising cost trajectory without a corresponding improvement in service. In addition, specialists trying to build a practice will always make that practice their priority.

Locum Tenens

- Very expensive
- Continuity of care suffers
- Not a long-term solution

Note: Because of the high cost and lack of continuity, locum tenens is a short-term fix at best until a better option is put into play.

Employment Strategy (Self-op)

- Still challenging for physicians to juggle their practice and call duties
- Costs will increase every year
- Benefits are expensive and can cost hospitals as much as \$100,000 or more per physician to support
- Non-employed surgical hospitalists see 19% more patients (MGMA Survey)

Note: Most employed physicians do not want to take emergency call. As their practices get busier, they don't want to shut down to take emergency call and lose revenue. Most of their revenue comes from their practice and Ambulatory Surgery Centers, making call undesirable.

Contract or Partner with a Specialty Call Expert

- Emergency department staffed with physicians who want to focus on call
- Physicians have no private practice responsibility, which equals improved availability
- Better work-life balance for physicians
- No competitive threat to local specialists

- Frees up time for local specialists to improve access and see more patients and surgeries
- Improves opportunity to recoup costs and increase value
- Includes physician leader to champion change
- Improves physician alignment
- Includes a surgical practice to ensure continuity of care and keep patients in the system
- Reduces outmigration and transfers
- Improved performance and accountability

Note: A more focused approach with dedicated surgicalists can better leverage emergency department volumes plus improve service, market share, and margins. This option has the greatest potential to optimize performance and value.

Hybrid Programs

- Shared call with medical staff and specialty hospitalists
- Combination of hospitalist coverage and telemedicine
- Integrating elective practice into call model to share support staff and space

Note: Surgical Colleagues is looking for innovative models to enhance its value. Telemedicine and virtual care will be providing new opportunities to improve efficiencies, costs, and value.

In just half a year, COVID-19 has changed the game. Now more than ever, patients can receive in-home, virtual care via telehealth, remote monitoring, and mobile provider teams to ensure safety and quality care around the clock. In-person care in acute care hospitals has declined. In addition, the trend of patients and physicians migrating to ambulatory and remote care settings has accelerated. Together, these factors all mean that hospitals must adapt their emergency call models to preserve revenue and provide the best service to their communities.

While several Specialty Call options exist, contracting or partnering with a specialty call expert shows the most promise for all parties involved. Hospitals and health systems win. Emergency department call becomes a strategic asset, and the bottom line is improved. Local physicians win. They have more time to focus on their practices and a better work-life balance. Most of all, communities and patients win. They receive more efficient care and better service around the clock.

