

Beyond Making the Rounds: Hospitalists & Quality of Care under the Affordable Care Act (ACA), cont.

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On [Tuesday](#), I discussed how hospitalists play a vital role in meeting the ACA's quality of care standards for the inpatient setting. Now, let's take a look at how PCPs must also work to meet these same standards.

A PCP's Evolving Role for Inpatient Care

Of course, the industry cannot rely on hospitalists alone to meet ACA standards. It takes a village. PCPs still play a key role in establishing quality inpatient care. When a PCP has a patient admitted to the hospital, his role in the patient's care has not ended. Instead, PCPs should see the inpatient stay as a momentary transition in care for which they are responsible for retaining oversight. PCPs should step up, not step back, to ensure continuity of care.

If a PCP is concerned about an aspect of a patient's medical history or fact that the patient may not be forthcoming with, the PCP should alert the hospitalist to this information. While a hospitalist may be better equipped to care for a patient in the hospital, a PCP's knowledge and history with a patient cannot be discounted. Often the admitting physician, a PCP is in the best position to know the patient's current and past medical condition. PCPs should make their contact information known, both to hospitals and patients, so that hospitalists know how to reach them if the need arises.

No matter how great the care they offer to inpatients, an individual will never refer to a hospitalist as "my doctor." Once out of the hospital, a patient can no longer call the physician or follow up with him for care. The PCP must be ready to resume his role fully and knowledgeably.

After an inpatient is discharged, PCPs should expect a complete discharge summary. After all, like an emergency department doctor, a hospitalist's role ends at the hospital's door. PCPs will need to know test results, medications, and future treatment plans. PCPs should collaborate with hospitalists about when and how discharge summaries should be received. Fortunately, electronic health records ("EHR") are greatly improving the ability for physicians to stay abreast of an inpatient's care, even if they are not physically present in the hospital. As emphasis on EHR increases and more providers implement EHR systems in their practice, collaboration between PCPs and hospitalists will also increase. The better the information contained in the EHR, the easier it is to provide efficient and proper care after a hospital discharge.

To meet ACA demands, hospitalists and PCPs must work with, not against, each other. As demand for hospitalists rapidly increases, PCPs need to make sure they are on board with this emerging role in health care. It will take teamwork to stay afloat in the ACA's waves of change. To ensure quality and continuity, we must have all hands on deck.

See the first part of this article here: [Beyond Making the Rounds: Hospitalists & Quality of Care under the Affordable Care Act \(ACA\)](#)

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