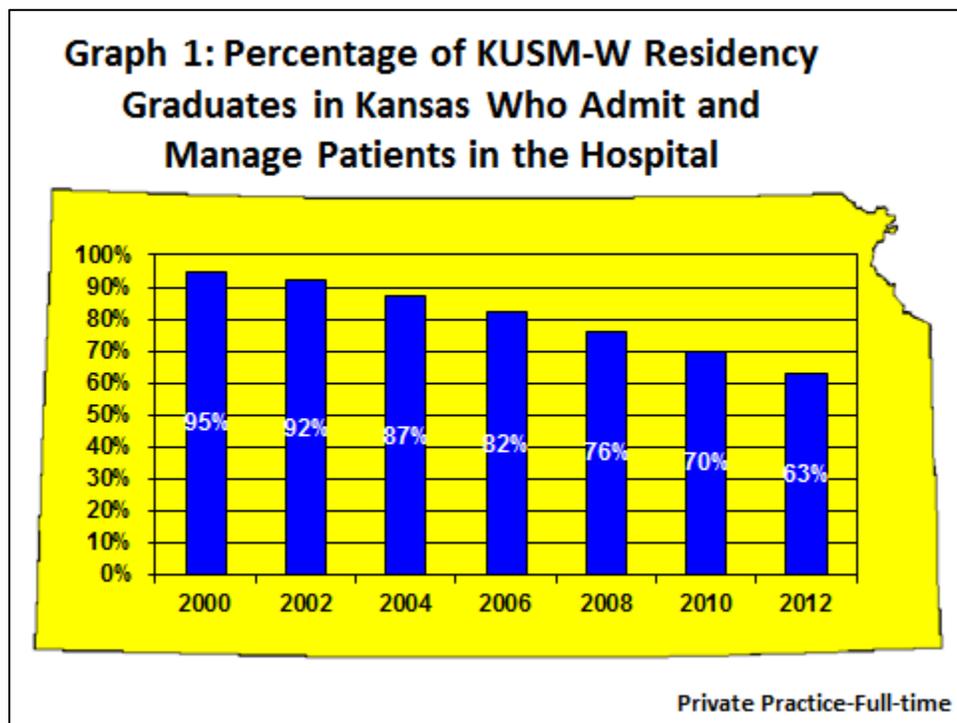


## Trends in Hospital Care Provided by Kansas Family Physicians

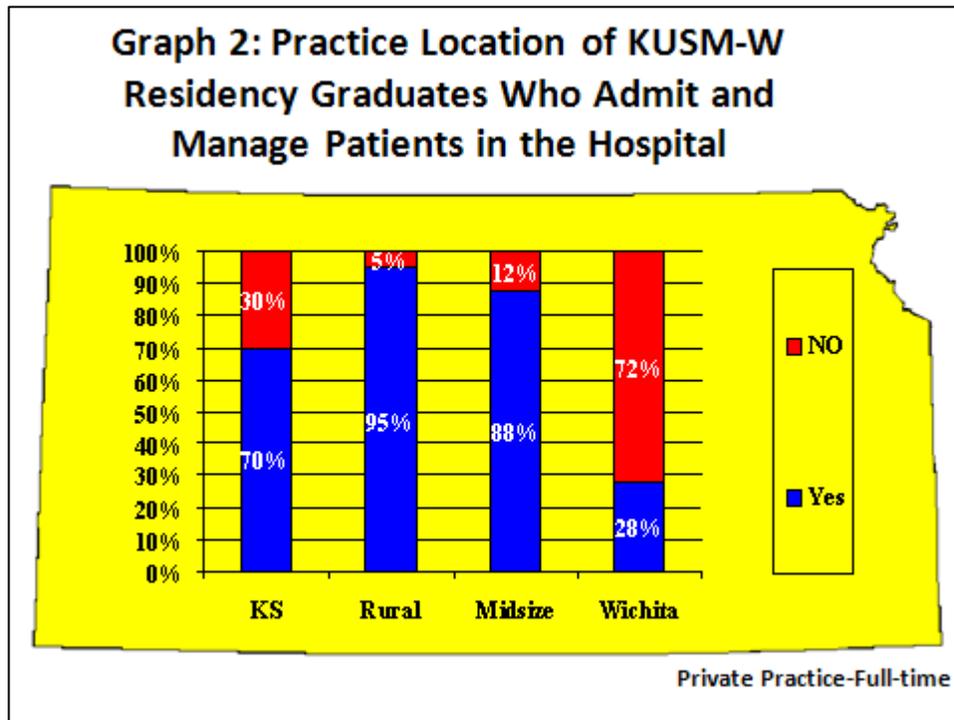
The Accreditation Council for Graduate Medical Education (ACGME), the accrediting body for family medicine graduate medical education programs, requires that family medicine residents “develop the skills required to treat male and female patients of all ages and those having various levels of severity of illness who are hospitalized.”<sup>1</sup> Historically, resident-physicians have been assigned to panels of family physicians, general internists or subspecialty physicians for multiple months of in-patient rotations. The resident-physician admits patients to the hospital, writes admission orders, rounds and writes progress notes and orders each day, and discharges the patient, all under supervision of experienced attending physicians. Care is provided to patients on general medical units as well as in intensive care units.

During the last two decades there has been a progressive decline in the percentage of practicing family physicians in Kansas who manage patients in the hospital. (Graph 1) This decline is primarily due to the number of family physicians in Wichita who no longer admit patients to the local hospitals. (Graph 2)



There may be many reasons that fewer family physicians in Wichita are managing hospital patients. Distance and travel time to local hospitals may be inconvenient. Physician owned specialty hospitals may restrict admitting privileges to those who have ownership in the hospital. It may be more economical for family physicians to see patients in the office than in the hospital.<sup>2</sup> Family physicians may not feel confident caring for hospitalized patients with high acuity of illness. Older family physicians may be restricting their practice after many years of providing in-patient care. The ready availability of full-time hospitalists may allow Wichita family physicians to make a lifestyle choice and discontinue in-patient care.

On the other hand, 89% of family physicians who practice in Kansas rural and mid-size communities continue to admit and manage hospital in-patients. Many hospitalists in Wichita are family physicians.<sup>3</sup>



The dichotomy between the practice patterns of Wichita family physicians and rural and mid-sized community family physicians may challenge residency programs directors who attempt to tailor the educational curriculum of residency to the perceived practice needs of future graduates. Residency program faculty, the ACGME, medical school administrators and hospital administrators should recognize that a large number of residency graduates will practice in rural and mid-sized communities and that hospital in-patient management skills are required for a significant number of graduates.

References:

1. ACGME Program Requirements for Graduate Medical Education in Family Medicine." <http://www.acgme.org/acgmeweb/tabid/132/ProgramandInstitutionalAccreditation/MedicalSpecialties/FamilyMedicine.aspx>.
2. Walker LF, Nyberg S. Attitudes of Family Physicians Regarding the Use of Hospitalists for In-Patient Care: A Pilot Study. Proceedings of the 3rd Annual GRASP Symposium, Wichita State University, 2007. pp. 11 – 12.
3. [https://sipakdocs.com/index.php?page=shop.product\\_details&flypage=flypage.tpl&product\\_id=26&category\\_id=6&option=com\\_virtuemart&Itemid=22](https://sipakdocs.com/index.php?page=shop.product_details&flypage=flypage.tpl&product_id=26&category_id=6&option=com_virtuemart&Itemid=22).