



# Enhancing Patient-Centered Care: The Hospitalist Model

## Facts & Misconceptions

### Fact

**Our patient-centered pilot program does not remove or replace the critical role of your personal physician.**

Only three units are part of the pilot program. Your personal physician still can admit you to units not covered by the pilot program and direct your care there. Within the pilot units, your personal physician is encouraged to actively participate in your care while you're hospitalized. Your personal physician can see you in the hospital, review your hospital records and test results, suggest procedures and consultants, and receive regular updates as well as a full report when you are discharged.

**Our pilot promotes close collaboration across the entire care team by having an NCH board certified internist – a hospitalist – dedicated to caring for & addressing the clinical needs of patients on a single unit.**

When your personal physician partners with the hospitalist, you receive not only comfort and continuity from a physician you know, but also the support of round-the-clock coverage from an experienced hospitalist and coordination with the full care team.

**The patient-centered pilot does not affect the admission practices of specialists in any way.**

Cardiologists, pulmonologists, gastroenterologists, surgeons, orthopedists, obstetricians and other specialist physicians can continue to care for you exactly as they have in the past.

**Based on bed availability, your personal physician can request that you be admitted to a non-pilot unit; we will do our best to accommodate all requests.**

Only 3% of all patients admitted to NCH hospitals are by primary care physicians (PCPs). Approximately 50%, which includes the 3%, of NCH's total admissions are by non-NCH employed PCPs, specialists, and surgeons.

**We are committed to retaining our valued partnerships with community and concierge physicians throughout Southwest Florida.**

Community physicians who have partnered with the hospitalists on pilot floors have had successful experiences for their patients, the families, and themselves.

### Misconception

**The pilot program prevents me from seeing my personal physician.**

**The pilot reduces the level of personal care and attention I expect from a community hospital.**

**This pilot prevents me from choosing specialists I trust to handle my complex care needs.**

**If I go to an NCH hospital, I will be admitted by a hospitalist and placed on a pilot unit.**

**This is just the first step to locking out all community physicians from NCH.**

## Fact

**We are always exploring new ways to improve the patient experience and believe this pilot will improve the quality of care you receive while in an NCH hospital.**

We did not implement this pilot as a cost-savings measure, and it is too early to predict how it will affect our bottom line.

**Our hospitalists are board-certified physicians who have the expertise and experience you expect and deserve.**

Our hospitalists are specially trained in conducting careful histories and physicals; comparing current findings with your past records; providing in-hospital treatment; diagnosing illnesses; and coordinating with other medical personnel to foster an integrated, collaborative approach that ensures you receive the highest quality of care possible.

**The data from our pilot is very encouraging.**

Our patients are enjoying shorter stays in the hospital, discharges earlier in the day, fewer hospital-acquired conditions, and fewer readmissions back into the hospital. Our patients are also reporting increases in satisfaction with their care on our pilot units. We are seeking an independent review of the pilot's results by a third-party and will communicate the findings to the community as soon as they are available.

**We welcome and are encouraged by the feedback we are receiving.**

A small percentage of our medical staff did take a vote against the pilot at a meeting this fall, but this poll has been inaccurately reported as a formal and unanimous decision. A voice vote was taken, and it was not unanimous. Moreover, approximately three quarters of those eligible to vote were absent.

**We are committed to hearing from you, addressing your concerns, and sharing updates.**

We have created a website to share information, held public forums and calls, and met with individuals and organizations for Q&A sessions. We are planning future and ongoing opportunities to engage to ensure everyone understands why we are so excited about this pilot.

We also remain committed to being a true community partner and to continuing our 63-year legacy of serving the region not only as a provider of quality care, but also as the largest provider of community benefit, including programs that have reduced cardiac and stroke mortalities, aid to the community during natural and man-made disasters, nearly \$170 million in hospital and office-based charity/uncompensated care, well-being activities such as the Blue Zones Project, Wellness Centers, and educational programs; and Collier County Public School nurses and trainers.

## Misconception

**NCH is only doing this to make money. They don't care about quality.**

**The hospitalists at NCH are not qualified to provide the level of care I deserve.**

**There's no real data to show that this pilot is working. NCH is not being transparent about the results thus far.**

**All of the key medical associations and NCH's own medical staff are against this pilot.**

**NCH is pushing the pilot forward without listening to our concerns and has forgotten about its commitment to Southwest Florida.**



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