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## **General internists at the hospital: cost savers or big spenders?**

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### **Objetivos (Objectives):**

Evolution of medicine has brought with it changes within the hospital organization. One of them is the balance within the hospital of general internist and the subspecialty internist. The general internist is a specialist in multiple organ systems, while subspecialty internist has his/her practice limited to selected diseases (for example, cardiologists). The rise of hospital specialties careers has created the need for a redefinition of the role of the internist. In addition, as, over time, clinical practice in the hospital has come under economic and accounting scrutiny, pressure on the internists has increased. Since they take care of multiple organ failure cases (and co-morbidity patients) more often than in the specialized services, a mere comparison of resources used per patient is quite misleading in assessing their contribution to the hospital. We examine here whether, or not, general internists have been cost saving (given the more difficult patients they treat, they do it in a less expensive way than a specialty physician).

### **Metodologia (Methodology):**

Our approach relies on looking at the Diagnosis-related Group (DRG) data for Portuguese hospitals. We identify episodes classified in the same DRG but treated in different services (internal medicine, cardiology, pneumology and gastroenterology and nephrology). We then use matching estimators, controlling to the possible extent for the initial severity condition of each patient, to see whether, or not, general internists consume more resources. The same information, from the DRGs, is used to discuss how the probability of alive discharge varies between services and the probability of a 30-day readmission. The data used comes from Portuguese hospitals.

### **Resultados (Results):**

The results reveal that general internists use fewer resources, for the complexity of cases, and do not have worse outcomes. However, in some specialties, there is an decrease in the probability of alive discharge.

### **Conclusões (Conclusions):**

Overall, these results point out that the trend in hospital organization away from general internists and towards specialists may be one possible driver of higher hospital costs.