



Internal Medicine and Endocrinology - Knowledge Exchange

Final Report of Ms. Adriana Banárová, MD

Background

In my 4th year of practice at the 5th Internal Clinic in Bratislava, Slovakia, I am preparing for certification in Internal Medicine and Endocrinology. In 2009 I passed the procedural exam in Internal Medicine. My responsibilities include managing patients admitted to our department - especially patients in distress transferred from the Emergency Room but also patients arriving for diagnostic processes or special treatment requiring hospitalization. Additionally, I teach students Internal Propedeutics, Internal Medicine and Endocrinology, and work in the Endocrinology Room. In addition, I conduct scientific research working on my PhD thesis and oversee a clinical trial of patients with primary hyperparathyroidism.

In the Emergency Room, I met Julius Hodosy, who participated in the Young Leaders Program in 2008. He told me about his experience and gave me the contact on Martin Izakovic, the Medical Director of the Hospitalist Program at the Mercy Hospital and the adjunct professor at the Medical School of the University of Iowa. Our University Hospital in Bratislava and the Mercy Hospital in Iowa City have a partnership thanks to Martin Izakovic who is of Slovak origin. From Julius I also heard about the grant from the American Fund and decided to apply. In May I was notified by the Fund that I was one of the 2010 nominees. Next, I started with arrangements for my visa and itinerary. Everything worked according to plan. I left for Iowa City on July 30th 2010 as planned.

American Partners

My American partners were the Mercy Hospital, Iowa City, specifically Martin Izakovic, MD, the Hospitalist Program Medical Director as well as the University of Iowa Hospitals and Clinics (UIHC), specifically Janet Schlechte, MD, professor of Endocrinology at Division of Endocrinology and Metabolism and Department of Internal Medicine of UIHC.

Brief Evaluation Statement

This internship fulfilled my expectations. At the Mercy Hospital I observed daily work of hospitalist team and I got familiar with the hospitalist program. I participated in developing and implementing transitioning glucose control protocol in patients after heart surgery with Phyllis Hemerson, PharmDr. Finally in the Division of Endocrinology and Metabolism I had an excellent training observing management of variety of patients with endocrinologic diseases.

Detailed Description

My program had three parts. The first was my internship at the Mercy Hospital under the supervision of Martin Izakovic, the Hospitalist program director. This part focused on general internal medicine. The second part of my program focused on the transitioning glucose control protocol in patients after heart surgery in Mercy hospital as well. The third part of my program focused on Endocrinology and was held in UIHC.

Internal medicine. In my country, working in the Internal Department for four years I can say that I am quite familiar with managing patients with internal diseases. One reason I chose internship at the Mercy Hospital was to get a different point of view on providing health care to patients with internal diseases. In Slovakia, doctors with specialization in internal medicine work only for one internal department. Internists or better said hospitalists at the Mercy Hospital work for the whole hospital.

The goal of the hospitalist program is to improve care, to cut the length of stay and to reduce the inpatient cost. The program works well. A hospitalist is dedicated only to inpatients making it possible to care on average for 14.5 patients per doctor per day. This is twice as many than in my hospital. The most important benefit of this program is improving health care by standardization using evidence-based-medicine. Quality of providing medical care is measured by standards developed by insurance companies using evidence-based guidelines. Hospitals have an incentive to improve care because of insurance reimbursement pay-for-performance. In my opinion some ideas from this program could help to improve the quality of health care in Slovakia.

Returning to the medical nature - during my internship in Mercy hospital I attended rounds with hospitalists all over the hospital and was observing their work. I became familiar with a number of guidelines and protocols, some of which I would like to implement in my hospital. Participation in implementing the transitioning glucose control protocol in patients after heart surgery was one of them.

Endocrinology. Because endocrinology is my future specialization, my plan was to spend some time with the Endocrinology Division. I had no exact plan about this part of my program. Fortunately, things went better than I expected. Martin Izakovic, my supervisor at the Mercy Hospital, introduced me to Janet Schlechte, MD, professor at the Division of Endocrinology and Metabolism and the Department of Internal Medicine of UIHC. I was happy to work with professor Schlechte two days every week for my whole internship. During this time I saw many patients with endocrinologic disorders and it extended my knowledge in my future specialization.

Organization and Time Schedule

I arrived in Iowa City on July 30th 2010. My American partners at the Mercy Hospital helped me with all the necessary arrangements to start my training. I stayed in a bed and breakfast close to the Mercy Hospital, which was very convenient. My program lasted from August 2nd to October 1st 2010. Two days a week I spent with hospitalist team at the Mercy Hospital, two days in the Division of Endocrinology and Metabolism in UIHC and Fridays I spent in endocrinologic conferences/seminars focused on various endocrinologic topics and clinical case reports. I also attended endocrinologic conferences on Wednesdays at noon. Finally I spent three shifts in the Emergency Room at the Mercy Hospital. At the end of my program I attended a conference 'Progress in Internal Medicine' in Iowa City. In my opinion two months were a bit short for this internship, maybe it's partly because my internship was held in two hospitals and two branches. Nevertheless, I think it fulfilled its purpose.

Program Cost

My costs were a little bit lower than I expected. Unpleasant surprise was the invoice from the Institute of International Education which asked me for \$1,680 for my program. On the other hand, I saved some money on accommodation, local transportation and medical insurance so the final cost met my expectations.

Item	Cost Estimate US\$	Actual Cost US\$
Executive training seminars	0	0
Internship	3,800	3,700
Administrative fees (visa, registration fees, etc.)	650	2,000
International travel	1,500	1,360
Local transportation	65	0
Medical insurance	350	100
Monthly maintenance	2,040	1,350
Contingencies	950	0
Total	9,355	8,510

Program Benefits

My program had many benefits. First, I saw a different way of providing health care. I was impressed by the work efficacy of the hospitalist team. I like the idea of this program – a group of internists working for whole hospital, providing high quality healthcare while reducing cost. This system is similar to the Slovak one but with some important differences.

Internists in our hospital can consult with surgical patients but they never take care of them for the entire time of their hospitalization. Diseases of these patients often get complicated and then there is pressure from surgeons to transfer patients to internal department which is overloaded. This results in poor conditions at the internal department (number of patients per room exceed capacity, preterm discharges, etc), conflicts between specialists and patients.

It would be beneficial to implement the hospitalist program in my hospital. However, this would need to be managed by hospital administrators and can be difficult to achieve. I would like to suggest a separation of some internists from our internal department whose only responsibility will be to care for patients with internal diseases in the entire hospital, not only in the Internal Department. This should help eliminate conflicts over responsibility for the patient, avoid repeated transfers from one department to another and to make the hospital work more efficient.

Other points that could contribute to better healthcare in my department include:

1. Improving communication with primary physician (general practitioner) of the patient which is very insufficient in our country. Sending discharge papers by fax or e-mail to the general practitioner should be a basic requirement.
2. Developing electronic communications with pharmacies so patients can easily pick up medicine after discharge.
3. Implementing recording system of documentation so that physician does not need to write discharge papers but he records them on the recorder and physician's assistant types them. This should save physician's time and make the work more efficient.

Another benefit of my program was to experience practical demonstration of evidence based medicine. Standardization of health care is very important and the United States is well known for its medical guidelines and protocols. Observing the protocols at the Mercy Hospital, implementing the following would be useful:

1. Protocol for treatment of pneumonia;
2. Protocol for treatment of heart failure;
3. Protocol for treatment of acute myocardial infarction; and
4. Transitioning glucose control protocol in critically ill patients.

Standardization of diagnostic and treatment algorithms would benefit patients. Hopefully, sooner rather than later Slovak insurance companies will recognize the benefits of this approach.

Finally, my internship continued cooperation between the University of Iowa Hospitals and Clinics and Comenius University. Following Julius Hodosy, I was the second physician participating in this exchange program. My program focused on internal medicine and endocrinology. Julius focused on emergency medicine. The cooperation with our American partners will continue. Dr Izakovic visited us in November 2010 in Bratislava. Prof. Schlechte is also planning a visit to Slovakia.

Risks

My challenge is to set up a small 'hospitalist group' in my hospital. This will require cooperation with hospital administrators. We will need to develop a specific work program for this group. It should help our hospital enhance quality and reduce the cost of care. Bureaucratic resistance can cause problems in implementing evidence - based guidelines but I hope effort and communication will eliminate this problem. Excellent results of our American partners should be sufficiently convincing to our administrators and colleagues to support the hospitalist concept.