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Executive
Summary and
Overview



Section 1: Executive Summary and Overview

A Message from SHM's CEO

Thank you for purchasing the 2023 *State of Hospital Medicine* Report and inaugural *Hospital Medicine Workforce Experience* Report. The Society of Hospital Medicine (SHM) is pleased to release this first set of data on hospital medicine groups since the onset of the COVID-19 pandemic in early 2020. We know much of healthcare has changed in the past three years, but as you will see in the Report, much has remained consistent in hospital medicine.

SHM decided to pause publishing any *State of Hospital Medicine* Reports during the COVID-19 pandemic given the volatility at the time and concern any data would become quickly obsolete. We believe this 2023 Report, which asked groups to reflect on their structure and operations in 2022, presents a more stable picture of hospital medicine emerging from the pandemic.

SHM recognizes the importance of individual hospitalists and their perceptions of the work environment. To that end, we launched the first *Hospital Medicine Workforce Experience* Survey to draw in the voice and experience of the individual hospitalist. Results from that survey are included in Section 6 of this Report. We hope this additional information is useful as you make decisions in the coming year.

The healthcare industry continues to be under enormous pressure. The pandemic-related upheaval is still having an impact on both hospitalists and the institutions in which we work, even as pre-pandemic challenges return. High-quality patient care, more efficient systems, and clinician fulfillment do not happen easily. It takes dedicated experts committed to pursuing and maintaining those goals. Hospitalists are those experts, and the data herein reflects our critical role within the healthcare system.

Data shows there are at least 44,000 hospitalists in the United States as of 2019¹, with annual growth of approximately 2,000 hospitalists per year. We are one of the largest specialties in the United States. These survey results confirm that most hospital medicine groups expect continued growth in the immediate future as well. Salary data demonstrates that hospitalists are doing well financially, and while burnout continues to be a problem, 86.1% of hospitalists find their work meaningful. In brief, the future of hospital medicine is bright. There are certainly challenges ahead within both hospital medicine and healthcare overall, and yet because of our strength and expertise, we stand to be an integral part of the drive toward solutions. We hope this *State of Hospital Medicine* Report adds to your knowledge and grows your influence, so that you can make the world a better place by continuing to improve patient care and supporting the hospital medicine workforce.

Finally, I want to extend my sincere thanks to all who participated in making this Report possible. It is powered by your experiences and data, which in turn helps us all understand the continually evolving specialty of hospital medicine.

Eric Howell, MD

CEO, Society of Hospital Medicine

¹ Lapps, J, Flansbaum, B, Leykum, LK, Bischoff, H, Howell, E. Growth trends of the adult hospitalist workforce between 2012 and 2019. *J Hosp Med.* 2022; 17: 888-892. doi:10.1002/jhm.12954

Demographic Information of SoHM Participants

Data in the 2023 *State of Hospital Medicine Report* reflects a snapshot of hospital medicine from 2022. Hospital Medicine Groups (HMGs) reported on a continuous 12-month set of data ending either on December 31, 2022, or their Fiscal Year ending in 2022. While the number of HMGs responding to the 2023 *State of Hospital Medicine Survey* decreased from the 2020 Report, the number of FTE physicians represented within the data continued to increase (Figure 1.1).

The median group size, which indicates the middle (50th percentile) of responses, also suggests a growth in group sizes, particularly for HMGs serving adults only, which make up the majority of respondents in the *SoHM Survey* (Figure 1.3). Several large groups are represented in the data, as demonstrated by the 90th percentile of 65.7.

Figure 1.1
Number of Respondents to SoHM Survey, By Year

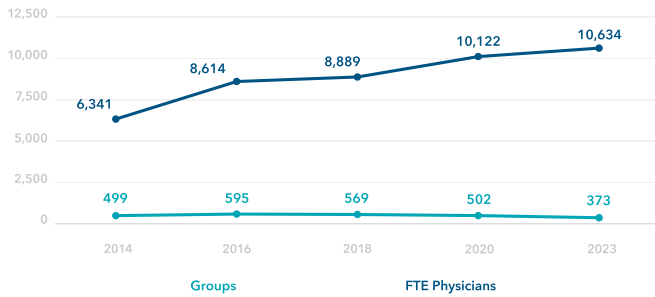
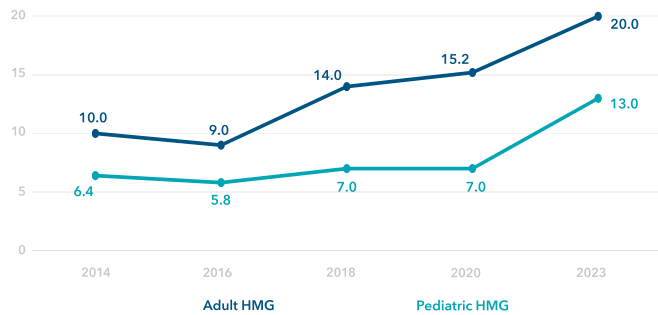
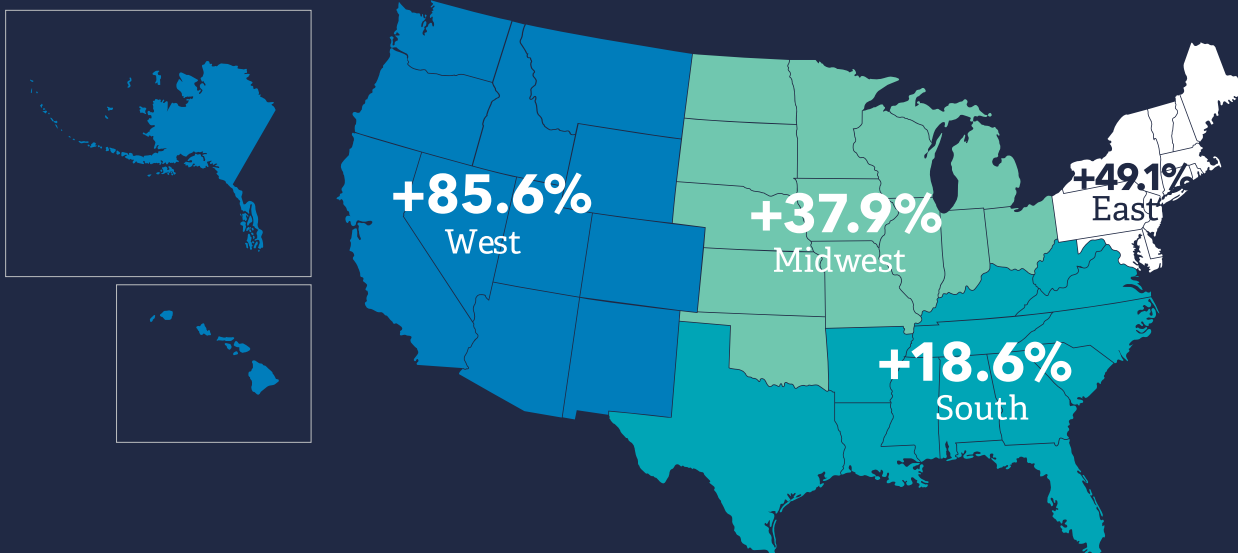


Figure 1.3
Median HMG Size (FTE Physicians), By Year and Patient Type



The growth in FTE physicians and the simultaneous decrease in the number of HMGs participating could represent an unintentional oversampling of larger HMGs. However, significant increases in the average group size across all regions from 2023 suggests that HMGs are consolidating or growing, resulting in data that reflects this trend (Figure 1.2).

Figure 1.2
Average Growth of HMG Size from 2020 to 2023, By Region

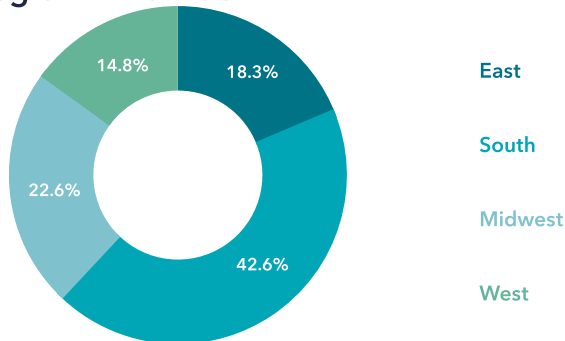


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The proportion of regional representation remained relatively stable though the proportion from the South slightly increased (Figure 1.4). The 2023 Survey received one response from Costa Rica.

Figure 1.4

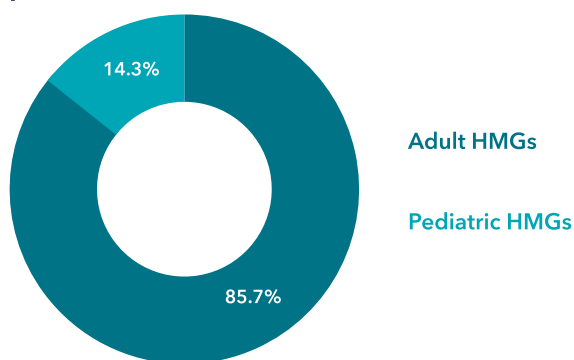
Regional Breakdown



2023 Survey participation showed a decrease from 2020 in the number of groups that serve pediatric patients only, however the number is still twice that of 2018. Groups serving adult patients continue to comprise the majority of respondents (Figure 1.5). The 2023 Survey eliminated the grouping for HMGs that serve both adult and pediatric patients, as the portion of those respondents was low in 2020 (4.6%). 2023 Survey respondents were asked to submit based on the primary patient population or to submit as two sites.

Figure 1.5

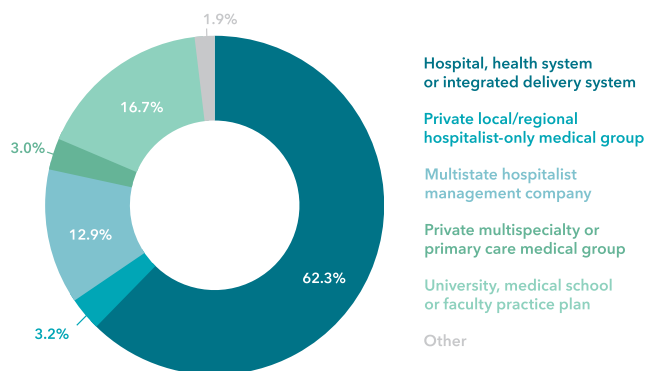
Types of Patients Seen



As in previous years, more than half of respondent HMGs were employed by a hospital, health system or integrated delivery system (Figure 1.6). Over the last few iterations of the Survey this proportion has steadily grown – from 56.0% in 2020 to 62.3% in 2023. While some practice types may have varying inclinations or ability to participate in the *SoHM* Survey, we believe this is a relatively accurate representation of the current employment mix across the field of hospital medicine. Responses that were categorized as Other included Private Hospitals with University Affiliation, Veterans Affairs, Independent Contractors, and Multistate Multispecialty Physician Partnerships.

Figure 1.6

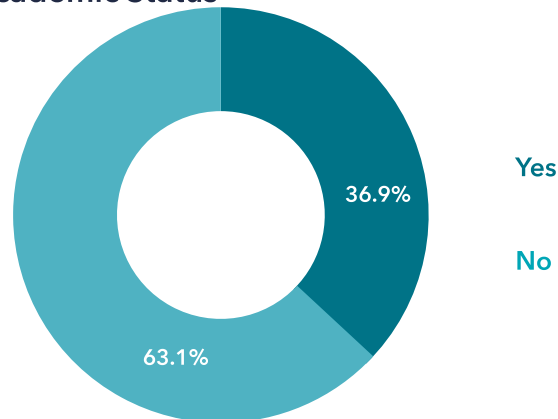
Ownership/Employment Models



The proportion of Academic HMGs increased by 8.7% since the 2020 Report (Figure 1.7).

Figure 1.7

Academic Status



Well-being and Burnout

The 2023 *SoHM* Survey included new questions on the role of leaders and their focus on burnout and well-being. While close to two-thirds of HMGs regularly monitor burnout and wellness by surveying their employees at least once a year, only a little over one-fifth have an employee with a non-clinical focus on burnout, engagement, and wellness (Figure 1.8).

Figure 1.8

HMG Focus on Burnout and Wellness



Staffing

Maintaining a full staffing complement remains a challenge for many HMGs. Approximately 10% more groups compared to 2020 anticipate a growth in FTE in the next year, with very few groups expecting a decrease in their FTE (Figure 1.9).

Figure 1.9

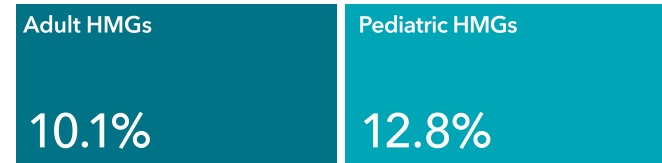
Anticipated Change in FTE Next Year



At the same time, the percentage of HMG positions remaining unfilled remained steady compared to 2020 (Figure 1.10).

Figure 1.10

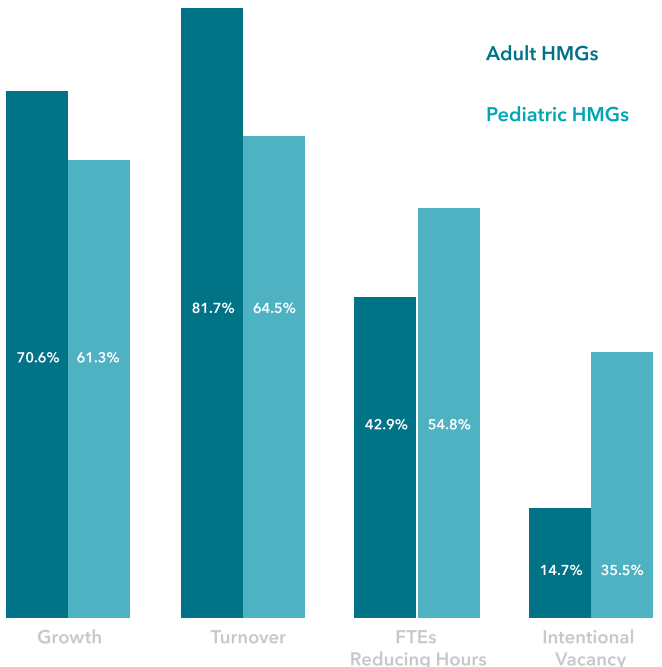
Average Percent of HMG Positions Unfilled



The 2023 Survey included a new question about the contributing factors for unfilled positions. Growth and turnover are the most frequently reported factors, but about half of the groups also had FTEs reducing their hours. Over a third of pediatric HMGs also had intentional vacancies and filled shifts with strategic moonlighting (Figure 1.11).

Figure 1.11

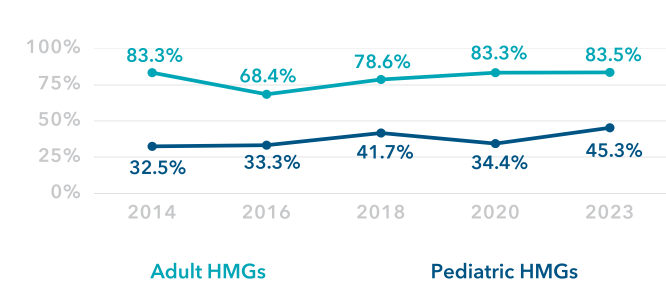
Contributing Factors for Unfilled Positions



Nurse Practitioners (NPs) and Physician Assistants (PAs) are integral members of the hospital medicine team. The presence of NPs and PAs in adult HMGs remained steady compared to 2020 but increased significantly in pediatric HMGs from 34.4% to 45.3% (Figure 1.12).

Figure 1.12

Presence of NPs/PAs within HMGs



Scheduling

The predominant scheduling patterns of SoHM respondents (Figure 1.13) and proportion of HMGs offering PTO (Figure 1.14) remained steady compared to 2020.

Figure 1.13

Predominant Scheduling Patterns in HMGs

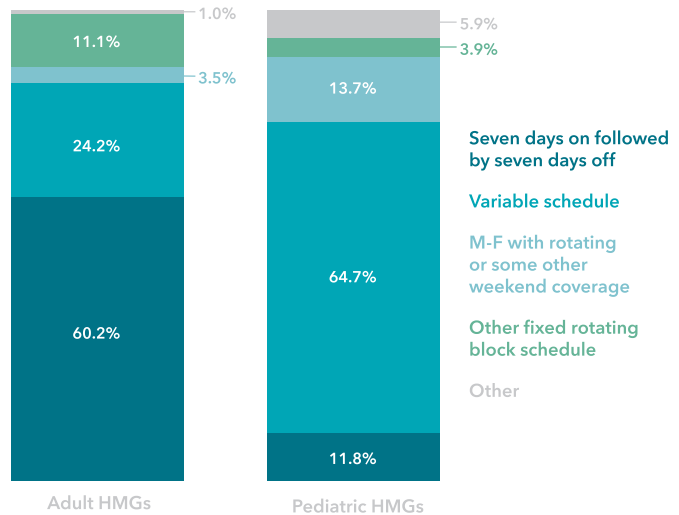
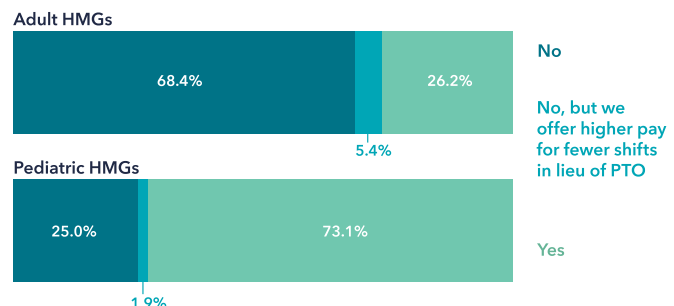


Figure 1.14

HMGs Offering PTO



New questions were added to the 2023 *SoHM* Survey about the amount of flexibility staff were afforded (Figure 1.15 and Figure 1.16). Over 75% of hospitalists were permitted to complete at least some of their work offsite. Additionally, almost 60% of HMGs responding to the survey implemented some form of scheduling flexibility in the last year and over half implemented new or expanded backup and surge staffing planning.

Figure 1.15

Scheduling Flexibility within HMGs

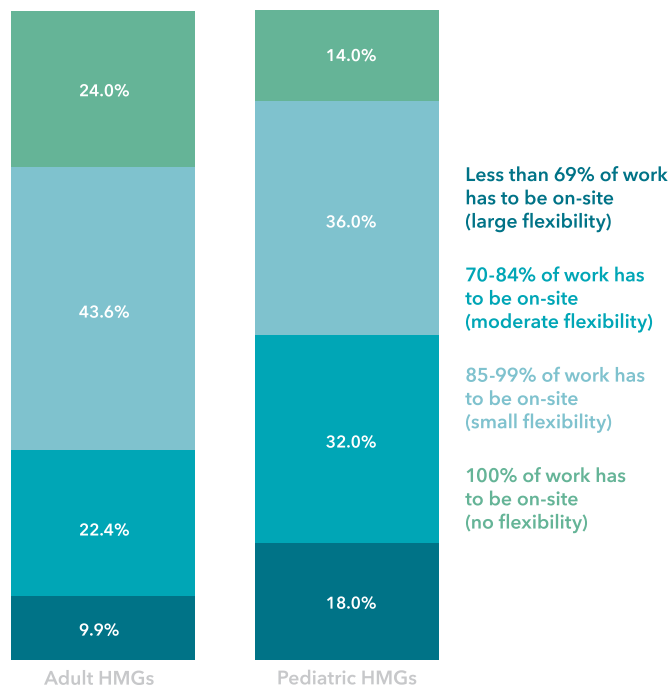
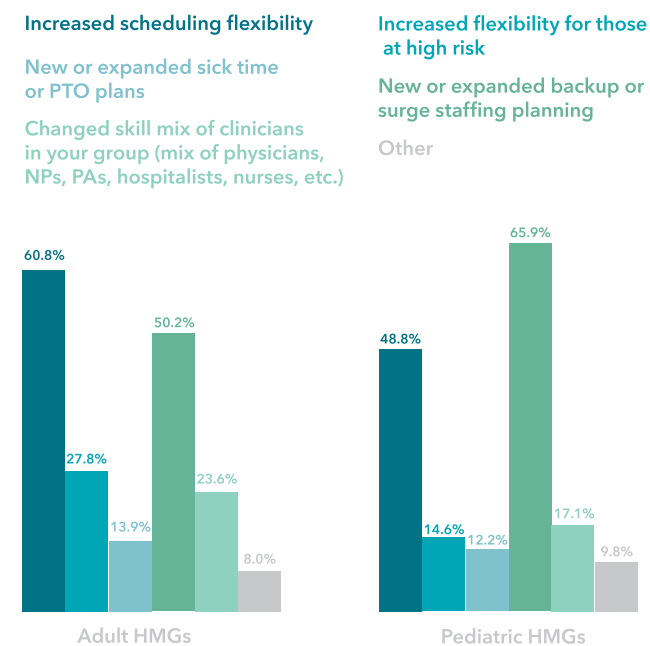


Figure 1.16

Staffing and Scheduling Flexibility Implemented in HMGs in the Reporting Period

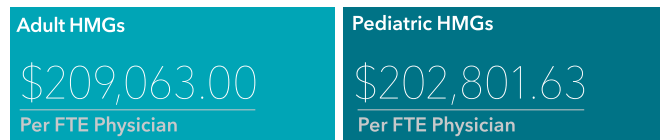


Financial Support for HMGs

Most HMGs receive financial support from their hospital or other organization to cover the difference between professional fee revenues and direct expenses. Financial Support, as defined in the *SoHM* Survey, could consist of coverage stipends, absorption of operating losses, administrative and clinical personnel, and/or other types of payment. Figure 1.17 shows the median amount of financial support HMGs received in 2023 per FTE in the HMG.

Figure 1.17

Median Amount of Financial Support per FTE Physician



Compensation and Productivity

To complement the group-level data in the *State of Hospital Medicine* Report, SHM licenses individual physician and provider productivity and compensation data from the Medical Group Management Association (MGMA). Section 5 of this Report contains data licensed from MGMA and focuses on salaries, retirement benefits, professional charges, encounters, and the work Relative Value Units (wRVUs) for individual hospitalists. In 2023, the median annual compensation for hospitalists continued to rise for both academic and non-academic hospitalists, however the increase for non-academic pediatric hospitalists was small (Figure 1.18 and Figure 1.19).

Figure 1.18

Median Annual Compensation, by Year (Non-Academic Hospitalists)

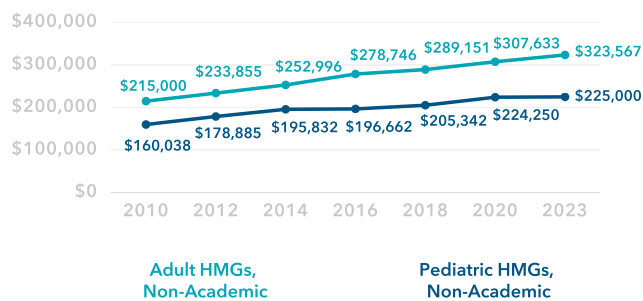


Figure 1.19

Median Annual Compensation, By Year (Academic Hospitalists)

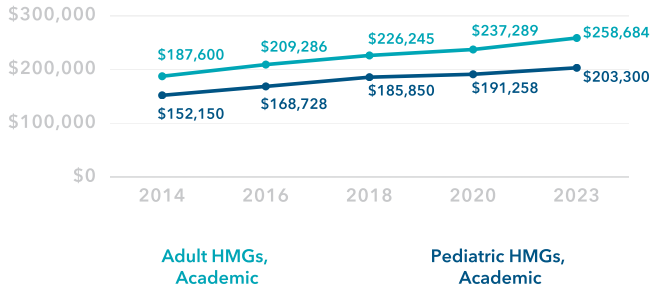
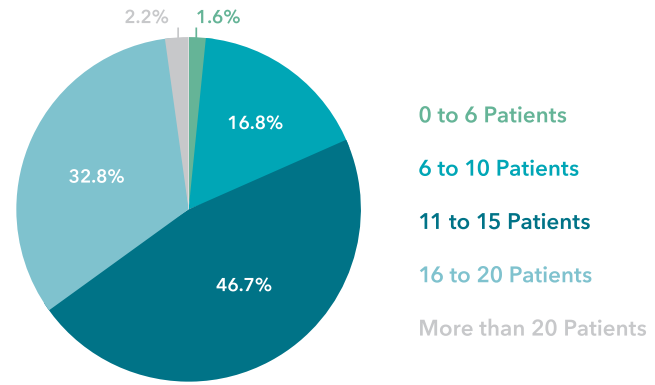


Figure 1.21

Average Daily Patient Census



Hospital Medicine Workforce Experience

SHM also released an inaugural companion survey, the *Hospital Medicine Workforce Experience Survey*. This survey was sent to the SHM membership and received 562 responses. The *Workforce Experience Survey* asked participants about their practice structure, burnout, and well-being, and where possible, compared these data points to each other.

Figure 1.20

Role of Workforce Experience Participants

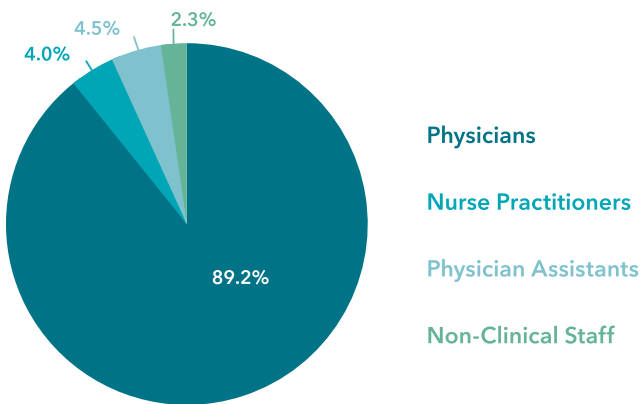
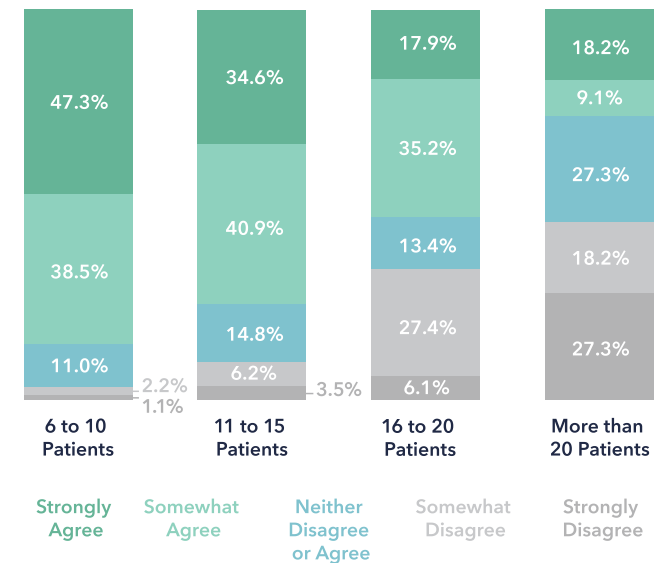


Figure 1.22

Responses to the Statement "My average patient load is safe."



Patient Census

Participants in the *Workforce Experience Survey* were asked to report their average daily patient census (Figure 1.21). SHM received 555 responses to this question and almost half reported a daily census of 11 to 15 patients. Participants were then asked if they agreed that their average daily patient census was safe. The results show a trend that as daily patient census increases, a larger portion of respondents felt unsafe (Figure 1.22). However, over a quarter who saw more than 20 patients per day on average still reported that this patient volume felt safe, which indicates that census itself may not be the only mediator of perception of workload safety. We encourage readers of the Report to consider what aspects of the group structure might promote safety beyond patient census.

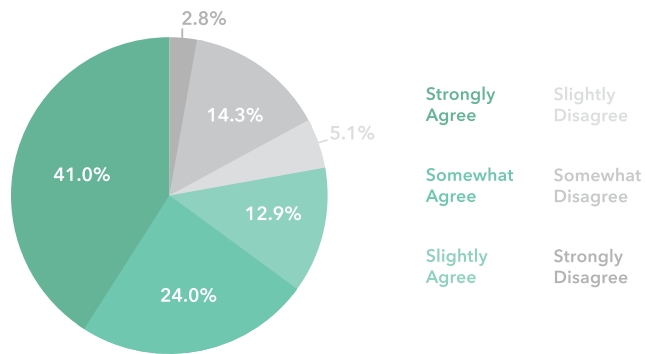
Paid Time Off (PTO)

Of the participants in the *Workforce Experience Survey*, 43.5% reported having Paid Time Off (PTO), although there were differences among employment types.

Of those with PTO, about 75% reported they can use their PTO without negatively affecting their colleagues or patients (Figure 1.23). Additionally, as demonstrated in the well-being data, participants with access to PTO have higher rates of agreement to the statement "I find the work that I do full of meaning and purpose."

Figure 1.23

Ability to Use PTO Without Negatively Affecting Colleagues and/or Patients

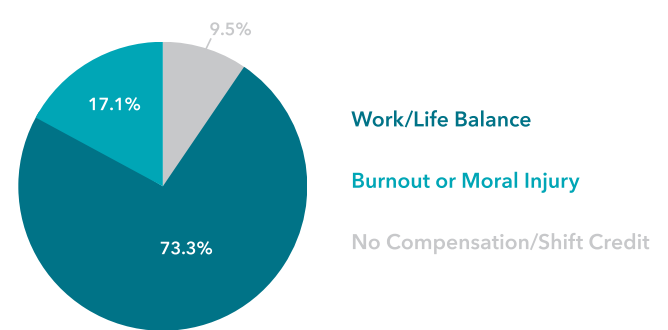


Backup System

The *Workforce Experience Survey* asked participants about their staffing backup systems and 40.1% of participants reported working in an HMG with a voluntary system. Of those in voluntary systems, 53.0% regularly volunteered. The survey then asked those 47.0% who do not regularly volunteer why they do not. About three-quarters of respondents indicated that work/life balance prevents them from doing so (Figure 1.24).

Figure 1.24

Reasons Participants Do Not Volunteer for Backup



Participants working within HMGs without voluntary backup systems were more likely to agree with the statement “I am considering leaving my job due to burnout/lack of wellness and support.” These two data points highlight how valuable flexibility is to hospitalists.

Well-being

SHM has heard from many groups about the challenges they are facing with burnout in their staff. To understand the scope of these issues across the specialty, SHM included five well-being, burnout, and engagement questions in the *Workforce Experience Survey*, asking participants if they agreed or disagreed (on a 6-point scale, 0 = Strongly Disagree, 5 = Strongly Agree). SHM did not define any of the terms in the statements (i.e., burnout, meaning) in an attempt to be inclusive of how an individual defines and perceives a given concept.

Table 1.25

Participant Rate of Agreement with Statements Below

	Percent That Disagree	Percent That Agree
“I find the work that I do full of meaning and purpose.”	13.9%	86.1%
“I feel burned out from my work.”	31.2%	68.8%
“I feel like I am making a meaningful difference at my job.”	16.6%	83.4%
“I am considering leaving my job due to burnout/lack of wellness and support.”	47.8%	52.2%
“I have a chance to use my strengths every day at work.”	17.4%	82.6%

It is striking that most respondents find meaning and purpose in their work and believe they can use their strengths every day at work, but almost two-thirds simultaneously report feeling burned out and a little more than half are considering leaving their job due to burnout/lack of wellness and support. While it may be alarming that issues, such as burnout, are so widespread, SHM believes that there is power in the knowledge that this is a widespread issue. While we did, where feasible, compare this data to demographic and workplace structure, we acknowledge that answers to the cause or solutions to burnout remain elusive. However, we invite the reader to consider the role of the workplace on the individual, and what changes or support can be provided to help make hospitalists feel safe and fulfilled in their role. This data is a call to action, but it is just a starting point to what we hope is increased listening and engagement with individual team members about what they need for their wellness.

Please visit Section 6: Hospital Medicine Workforce Experience for additional breakdowns on this data.