



UNFALTERING COMMITMENT TO IMPROVING PATIENT CARE IN HOSPITALS: DR. MADHU BADIREDDY

Psychiatry

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KEYWORDS

In the early part of the 21st century, patient care in the hospital was sequestered as a separate branch of medicine: hospital medicine. The term "hospitalist" was first noted and used by Dr. Robert Wachter and Dr. Lee Goldman in 1996. Society of Hospital Medicine (SHM) defines hospitalists as "Physicians whose primary professional focus is the general medical care of hospitalized patients. Their activities include patient care, teaching, research, and leadership related to hospital medicine."

Most hospitalists are board-certified internists who have chosen to take care of only hospitalized patients. Hospitalists have more expertise in caring for complicated hospitalized patient. They are "captain of the ship" as they coordinate the care of patient's in the hospital and serve as the point of contact for specialist doctors, nurses and patient's family members. The hospitalists are familiar with the hospital's policies and are involved in various hospital committees and thereby help in the areas such as patient safety and cost-effective patient care.

Several years after the inception of the hospitalist movement, hospitalist roles have evolved in breadth and sophistication. Hospital medicine came in forefront in response to numerous causes involving physicians, patients, and hospitals. Hospital medicine is a specialty that is immensely important to any healthcare system. Specializing in hospital medicine often has a mix of appreciation and criticism. The Society of Hospital Medicine (SHM) study finds that the growth of hospitalists is more than 44,000 in 2014, compared to 1996 data where there were less than 1,000 hospitalists. The main objective of ushering in a separate specialty is to reduce the volume of disease burden, premature death, and disease-associated discomfort and disability in the vulnerable population. Identifying the key morbid health problems and promoting the care of hospitalized patients is the key role of a hospitalist. In a modern healthcare scenario, a typical hospitalized patient is likely to require intense monitoring. Treatment for acute or critical illnesses require rapid and skilled response. Challenges to provide efficient and high-quality inpatient care throughout the hospital is best addressed by the hospitalists. Usually, physicians with these skills are internists, whose knowledge and skill in general medicine is important for enhanced recovery of the patients. This makes the physician valuable for medical care of inpatients in the hospital. A successful hospitalist is one who is competent in all levels of in-hospital care. The role of hospitalists is significant, who can reduce the costs in health-care systems and improve the healthcare quality as well as patient outcomes. The significant role of a true hospitalist is to reduce the hospital stay for patients, treatment of chronic diseases and improve the physical and mental health of patients, provide pain management and also manage hospital admissions and discharges. These qualities may improve the healthcare system, where ultimately patient care and recovery remains the main goal.

Dr. Madhu Badireddy, a physician associated with Christus Santa Rosa Hospitals/Sound Physicians, San Antonio, Texas, United States, is an innovative physician whose intense contributions as a hospitalist has brought in a new dimension in the healthcare system. He brings in a holistic perspective to the care of patients admitted for any reason in the hospital. His spectrum of contributions truly make him an exceptional leader in the field of hospital medicine. Earlier, after obtaining his initial medical training in India, he underwent training in Psychiatry in the United Kingdom and later moved to USA where he accomplished his internal medicine residency training in St. Luke's University Hospital, Bethlehem and thereafter served as a faculty of Internal Medicine in the department of Hospital Medicine at Wake

Forest University Hospital, prior to serving his current roles as a Hospitalist at Sound Physicians. Dr. Badireddy is a keen advocate of the screening of patients in the hospital for depression and advocating simple measures like encouraging to watch television-based sports channel to provide a behavior-based intervention to address the issue of depression and loneliness in hospitalized patients. Dr. Badireddy is featured in this interview to describe the innovations that he has brought into his practice of hospital medicine, and one that is addressing and changing the landscape of the national health issues at a broader scale.

Q: Welcome Dr. Badireddy

MB: Thank you for having me.

Q: What is special about your role as a hospitalist in the context of the ever-changing healthcare system?

MB: One of the major issues in our healthcare system is the hospital admission process. The judgement of the critical nature of the patients is important to take decisions of hospital admission and triaging is intended to manage the risk in hospital care by diagnosing the clinical condition(s) of the incoming ambulatory patients in the Emergency room and prioritise them to be screened according to their clinical need. It is a routine task, but at the same time deep clinical insight is needed to evaluate the emergency situation. For example, the explicit effect of a patient having minor heart attack needs to be assessed fast to avoid critical situation; at the same time, a patient with injury from accident has been dealt with priority. Thus, the essential investigations may be advised from triage viewpoint, or the relevant consults is informed about the arrival of the expected patient, so time is minimised, and fast action is taken. Some patients are now given definitive treatment right away in the triage area and others whom is suspected with critical illness moved to the respective units; this decision is the key of triaging and must be a part of any health care system.

Q: How do you analyse the urgency of patients and triage them?

MB: The emergency of the treatment depends on their current situation of the patients for example unconscious patients, poisonings, chest pains, foreign body aspirations, critically ill children, bleeding wounds, sudden headache, and open fractures are top priority. I use my deep passion in clinical medicine practice over the years and through my role as a hospitalist to analyse the patient urgency and dispatch them fast to respective units in the hospital departments. The already admitted patients in the hospital who are critically ill also need care, so triaging theme as well is an important role the hospitalist play. The concept of triage is initiated long in the history of health care. Dr. Dominique-Jean Larrey who was a French surgeon in the Napoleon army made the incipient suggestion of the concept in the battlefield. His concept was simple. He would prioritize patients who are unlikely to live, likely to live with care and without care. The factors affecting triage is the time taken that effects on overall care. The first level of triage is the efficiency of the nurse and the staff who can order the test and work efficiently for primary care. The triage process is slightly longer for patients who are expected care by specialists or triaged to speciality departments. But efficiency definitely can be improved upon an approach that is methodical through the eyes of a clinician. Thus, triaging is definitely the most important pathway for any dynamic health care systems.

Q: You mentioned that you have a special interest regarding mental health of hospitalized patients. May you please elaborate.

MB: With my background in both Psychiatry and Internal Medicine, I

an deeply vested in improving the mental health of patients admitted to hospital, which is of great relevance in the scenario of aging America. Because of the limited time that the patients are in the hospital, sometimes it is difficult to screen for mental health conditions like depression, which otherwise have an important impact on their disease outcomes. Say, for example, a post-heart attack patient can have guarded outcomes depending on whether they have major depression. Patients with chronic disease like hypertension, diabetes, heart diseases get admitted and behavioral health issues prevent a person from getting adequate treatment for their medical conditions and cause frequent readmissions, resulting in escalation of care. I have introduced various methods to improve the mental health of the patients to minimize the hospital stay. I robustly advocate the use of videogames and watching sports while the subjects are in the hospital. I have also used the internet to spread these messages. These are bringing positive outlook, with considerable improvement in health outcomes.

Q: What are your methods of improving mental health of admitted patients in hospital?

MB: Patients admitted to hospital often suffer from depression which can slow their recovery. Analysis showed that 33 percent of patients admitted to hospitals had symptoms of depression. Patients suffering from depression may at times refuse to take their medications and which leads to longer hospital stays and also increases the risk of readmission. Depression in hospitalized patients are mostly unrecognized, undiagnosed, and untreated. What I feel that depression screening may be feasible in the inpatient setting, which can improve patient outcomes. Depressive symptoms and disorders are common among the medically ill, patients with over age 75 years are more likely to be depressed, experience cognitive dysfunction and suffer from severe medical illness. New studies have revealed that depression is a risk factor for more time spent at the hospital. Awareness about the depression symptoms can influence treatment plans and speed up health recovery. In most cases depression goes unrecognized, undiagnosed, and, therefore, untreated. The US Preventive Services Task Force (USPSTF) recommends screening for depression for adult population, which includes pregnant and postpartum women, and suggests that screening should be implemented with proper diagnosis and treatment plans. The USPSTF guidelines do not distinguish between inpatient and outpatient settings. However, the preponderance of proof for screening comes from outpatient care settings, and little is known about screening among inpatient populations. I have introduced these concepts in the hospital-based setting. Complex or urgent cases should be addressed by a psychiatrist. My training in psychiatry in UK has given me a deep insight of treating behavioral health problems. Counseling and cognitive behavioral therapy can improve the depression, anxiety and help improve their chronic problems. Healing environments can be considered by recreational activities that can improve mental health for critical ill patients. Watching sports, listening to music, watching movies, can enhance the mental health and improve fast recovery in hospitals.

There is an important caveat in this aspect. Patients in the hospital need to move around as their primary conditions improve, even after surgery. Otherwise they may be predisposed to formation of blood clots in the leg veins and their subsequent lodging in the lung circulation. This can produce the dangerous condition called pulmonary embolism, which I have elaborated through my publications. Nevertheless, a right balance needs to be struck regarding ambulation and watching television and popular channels, with an aim to "cheer up" the segment of hospital stays. Ambulation per se improves mental health. Patients undergoing liver transplantation or awaiting can improve their health condition by moving and walking/exercise and that is an important factor in the management of liver cirrhosis and proactively controls diabetes.

Q: What are your unique methods of pain management in patients admitted to hospital? Also, why is this issue important in the overall context of health delivery to hospitalized patients?

MB: Chronic pain management is a health concern, which has resulted in significant increases in the use of opioids for pain relief in the U.S. There is a considerable growth in the number of opioids prescribed in the United States. This has resulted in overdoses from these drugs. Physicians and care providers play a vital role in pain management with the risk of drug misuse and abuse. I have introduced innovative methods like biohacking and advocated alternate methods of pain control like physical therapy and relaxation techniques to care for

patients with chronic pain. This shall make them less reliable on pain medications like opioids. Reducing weight and by taking regulated balanced diet with the advice from the physician, pain can be reduced. Nutrition, fitness and lifestyle modification are essential pathways for pain reduction, which I aggressively advocate in my patients. Opioids are the best pain relief medication for managing acute pain. In surgery, opioid reduces the dose of general anaesthesia needed, and with appropriate opioids use after surgery provides patient relief. However, the consistent use of opioids after surgery can predispose patients to addiction of opioid use and misuse, so ongoing administration must be carefully considered. In the USA, opioid prescription for minor surgery has increased (up to 75% of patients are prescribed opioids at hospital discharge), and the risk of misuse increases by 44% for every week and for repeat prescription after discharge. It is high time that we take these facts seriously and think of efficient but non-pharmacologic methods of pain control.

Q: Thank you for this enlightening discussion.

MB: Thank you.