



## Navigating Cancer from Admission to Remission: The Vital Role of Hospitalists in Patient Journeys

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### Abstract

To enhance patient outcomes, as cancer care gets increasingly complex, a unified and all-encompassing approach to oncology patient requirements is needed. As vital members of the healthcare team, hospitalists help to optimize holistic management for cancer patients and provide prompt, interdisciplinary care. Since good communication is essential to oncology, hospitalists can help oncologists and other services communicate with one another, which promotes cooperation in patient management. Furthermore, patient satisfaction and better patient outcomes depend on their capacity to deliver psychological aspects of cancer therapy and manage comorbid illnesses. This article highlights the critical role of hospitalists in offering thorough, patient-centered care that improves patient outcomes.

**Key words:** Hospitalists; Cancer; Oncology; Palliative care; Oncologists

### Introduction

The discipline of oncology has undergone significant change over time because of a better understanding of cancer biology, advances in cancer therapeutics and a greater emphasis on personalized therapy. But because of these developments, management situations have become more complicated, calling for a coordinated care delivery paradigm. Hospitalists can ease the care process of cancer patients. Dedicated medical professionals who manage hospitalized patients, known as hospitalists, have quickly grown to be one of the biggest groups in American academic and community practice settings [1]. As demonstrated by decreased hospital mortality, readmission rates and length of stay, hospitalists can improve the efficacy of inpatient care [2,3].

Hospitalists can provide acute care, coordination across all disciplines and improve patient management experiences resulting in the best cancer care. As inpatient leaders, hospitalists interact with specialists from different specialties to ensure continuity of care, which

improves patient satisfaction, reduces the risk of readmissions and emergency department visits and produces positive results [4,5]. Additionally, hospitalists have effectively replaced oncologists in inpatient oncology treatment patterns, with no discernible changes [6,7]. In 2023, a study from Yale Cancer Center and Smilow Cancer Hospital showed that involving hospitalists in the care of cancer patients was associated with decreased length of hospital stay, increased inpatient hospital capacity and reduced stress among oncologists [8].

Based on a survey by Atlas KR et al., most of the oncologists agreed that the hospitalist model is an appropriate model of care delivery for cancer patients, especially those having solid malignancy [9]. This narrative review aims to describe the multifaceted contributions of hospitalists in oncology settings, including identification of early cancer symptoms and referral for diagnostic evaluation, coordination between specialists needed by patients with cancer and management of comorbid conditions and acute issues that may arise due to treatments.

### The role of hospital medicine in oncology care

**Early detection and diagnosis:** Early cancer detection is a crucial element of effective oncology care. Patients diagnosed earlier have better treatment outcomes, more prolonged survival and improved quality of life compared to those diagnosed late [10]. Breast lumps, postmenopausal bleeding, rectal bleeding, abnormal moles or changes in bowel habits may represent early signs of cancer [11]. As hospitalists are the initial point of contact for hospitalized patients, early recognition of danger signs and comprehensive assessment can help expedite diagnostic imaging or biopsies and ensure timely referrals to oncologists. The timely intervention in oncology is crucial, as delays in diagnosis can lead to worse outcomes.

**Multidisciplinary collaboration:** Oncology care requires a multidisciplinary approach to enhance patient outcomes. The multidisciplinary approach in oncology emerged in the mid-1980s and was proven to improve survival. This approach integrates a multidisciplinary team that involves professionals with expertise in all the major treatment modalities thereby facilitating diagnosis and treatment. A multidisciplinary approach to cancer care leads to higher compliance with treatment, decreased suffering and better quality of life, thus leading to an improvement in the outcome of treatment [12,13]. Most patients prefer involvement in their care and participation in shared decision-making between them and the providers [14]. Effective communication reduces misunderstandings and promotes coordinated and ongoing care. Hospitalists provide disseminated care coordination by functioning as a central hub for communication among these disciplines.

### Management of comorbid conditions

Comorbidity is the coexistence of an additional disease aside from a primary one at diagnosis. Older patients tend to have a more significant comorbidity profile [15]. Comorbidities in cancer patients complicate the care process, resulting in treatment delays and suboptimal outcomes. A comprehensive population-based study conducted by Fowler H et al., demonstrated that at least one long-term health condition was identified in up to two-thirds of cancer cases at diagnosis, with approximately half exhibiting multiple comorbid conditions. The three most common comorbidities were hypertension, Chronic Obstructive Pulmonary Disease (COPD) and diabetes [16].

Most patients hospitalized have pneumonia, septicemia, congestive heart failure, chronic obstructive pulmonary disease exacerbation, cardiac dysrhythmia or fluid-electrolyte disorders. For patients with cancer and comorbidities, the acuity of illness can be challenging to discern given symptom chronicity related to their underlying malignancy.

Comorbidities have an essential bearing on cancer management. Cancer patients with comorbidities are less likely to receive curative treatment and experience increased chemotherapy toxicity, which affects the overall success of their management. Recognizing acute illness in cancer patients is crucial for the safe and effective provision of care [16]. Hospitalists possess expertise in managing these complexities, resulting in fewer complications and improved overall patient health. They possess expertise in managing the care processes within a hospital system and can effectively coordinate among oncologists, consultants, nursing staff and social workers. As cancer treatment is complex, hospitalists play a crucial role in managing treatment side effects for cancer patients. Their involvement is vital for medication reconciliation, particularly for older patients with polypharmacy, ensuring appropriate monitoring and safety.

### Palliative care integration

Palliative care, essential in oncology, enhances quality of life by alleviating symptom burden, setting care objectives and mitigating psychological distress through support in coping with the disease process [17]. The National Consensus Project for Quality Palliative Care defines palliative care as addressing physical, psychological, social, spiritual and cultural aspects of care [18]. Hospitalists can integrate palliative medicine into care processes. Hospitalists are well experienced in addressing symptoms like pain, nausea, vomiting, fatigue and anorexia commonly associated with cancer and its treatment. In addition to symptom management, hospitalists can communicate the treatment goals for terminal diseases and help facilitate end-of-life planning conversations, including advanced directives and emotional support. With an increasing number of aging cancer patients, there is a critical shortage of palliative care specialists and to meet those needs, hospitalists can help provide symptomatic management while improving overall patient comfort. Hospitalists can also help connect patients and families with mental health resources to support their emotional well-being.

### Obstacles to hospitalist engagement in oncology

The integration of hospitalist care with oncology presents several advantages; however, it also entails various issues.

- The integration of hospitalist care into oncology may require additional resources, including staffing and training. Healthcare systems should allocate resources to maximize benefits.
- Insufficient communication between hospitalists and oncology specialists leads to a fragmented healthcare system. This results in disorganized cancer care and suboptimal patient outcomes.
- A minority of oncologists may be reluctant to bring hospitalists onto their care teams because they have more complex inpatient treatment issues, especially related to hematologic malignancies and fear a loss of control over patient management.
- In oncology, patient-physician communication is paramount, from breaking bad news to discussing end-of-life care. Patients may favor discussions with a primary oncologist over those with hospitalists.

### Strategies for successful integration

Several strategies can be used to improve the integration of hospitalists in oncology care.

- Developing standardized protocols can improve communication between hospitalists and oncologists, enhancing information sharing and improving care coordination.
- Creating interdisciplinary teams that include hospitalists, oncologists, nurses and palliative clinicians adds value by leveraging each member's expertise in patient management.
- Providing hospitalists with training in the principles of oncology care and management may improve their ability to manage cancer patients effectively. Furthermore, informing oncologists about the function of hospitalists may foster a collaborative approach.

### Conclusion

Hospitalist care in oncology is a promising endeavor. Hospitalists can play a substantial role in hospital-based care of patients with cancer through improved early detection, multidisciplinary team building, closer monitoring for comorbidities and incorporation of palliative practices. Addressing the challenges of fragmented care and resistance to change is essential for realizing the full potential of this collaborative practice. With the state of healthcare constantly changing, hospitalists will evolve to be instrumental in oncology care.

### References

1. Auerbach AD, Chlouber R, Singler J, Lurie JD, Bostrom A, et al. (2006) Trends in market demand for internal medicine 1999 to 2004: An analysis of physician job advertisements. *J Gen Intern Med* 21:1079-2085.
2. Lindenauer PK, Rothberg MB, Pekow PS, Kenwood C, Benjamin EM, et al. (2007) Outcomes of care by hospitalists, general internists and family physicians. *N Engl J Med* 357(25): 2589-2600.
3. Southern WN, Berger MA, Bellin EY, Hailpern SM, Arnsten JH (2007) Hospitalist care and length of stay in patients requiring complex discharge planning and close clinical monitoring. *Arch Intern Med* 167(17):1869-1874.
4. Van Walraven C, Oake N, Jennings A, Forster AJ (2010) The association between continuity of care and outcomes: A systematic and critical review. *J Eval Clin Pract* 16(5):947-956.
5. Salim SA, Elmaraezy A, Pamarthy A, Thongprayoon C, Cheungpasitporn W, et al. (2019) Impact of hospitalists on the efficiency of inpatient care and patient satisfaction: A systematic review and meta-analysis. *J Community Hosp Intern Med Perspect* 9(2):121-134.
6. Koo DJ, Goring TN, Saltz LB, Kerpelev M, Kumar CB, et al. (2015) Hospitalists on an inpatient tertiary care oncology teaching service. *J Oncol Pract* 11(2):e114-119.
7. Koo DJ, Tonorezos ES, Kumar CB, Goring TN, Salvit C, et al. (2016) Hospitalists caring for patients with advanced cancer: An experience-based guide. *J Hosp Med* 11(4):292-296.
8. Morris JC, Gould Rothberg BE, Prsic E, Parker NA, Weber UM, et al. (2023) Outcomes on an inpatient oncology service after the introduction of hospitalist comanagement. *J Hosp Med* 18(5): 391-397.

9. Atlas KR, Egan BC, Novak CJ, Sidlow R (2020) The hospitalist model and oncology: Oncologist opinions about inpatient cancer care delivery. *Oncologist* 25(12):e2006-2009.
10. Neal RD, Tharmanathan P, France B, Din NU, Cotton S, et al. (2015) Is increased time to diagnosis and treatment in symptomatic cancer associated with poorer outcomes? Systematic review. *Br J Cancer* 112(1):S92-107.
11. Koo MM, Swann R, McPhail S, Abel GA, Elliss-Brookes L, et al. (2020) Presenting symptoms of cancer and stage at diagnosis: Evidence from a cross-sectional, population-based study. *Lancet Oncol* 21(1):73-79.
12. Ruhstaller T, Roe H, Thurlimann B, Nicoll JJ (2006) The multidisciplinary meeting: An indispensable aid to communication between different specialities. *Eur J Cancer* 42(15):245924-245962.
13. Berardi R, Morgese F, Rinaldi S, Torniai M, Mentrasti G, et al. (2020) Benefits and limitations of a multidisciplinary approach in cancer patient management. *Cancer Manag Res* 30:9363-9374.
14. Jefford M, Tattersall MH (2002) Informing and involving cancer patients in their own care. *Lancet Oncol* 3(10):629-637.
15. Sarfati D, Koczwara B, Jackson C (2016) The impact of comorbidity on cancer and its treatment. *Cancer J Clin* 66(4): 337-350.
16. Fowler H, Belot A, Ellis L, Maringe C, Luque-Fernandez MA, et al. (2020) Comorbidity prevalence among cancer patients: A population-based cohort study of four cancers. *BMC cancer* 20:1-5.
17. Agarwal R, Epstein AS (2017) The role of palliative care in oncology. *Thieme Medical Publishers* 34(4):307-312.
18. Ferrell B, Connor SR, Cordes A, Dahlin CM, Fine PG, et al. (2007) The national agenda for quality palliative care: The National Consensus Project (NCP) and the National Quality Forum (NQF). *J Pain Symptom Manage* 33(6):737-744.