Bugs, Drugs, Hospitalists, and a New Chapter

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The decision of health systems and hospitals to parse the care of patients into smaller and smaller pieces has used the argument that more intensive management by fewer people will improve outcomes and increase efficiency. Most visibly the hospitalist—who has been taking the place of generalist and, increasingly, specialist physicians—has expanded from community hospitals to academic health centers. While changing the career trajectory of many physicians toward more limited practice areas (the term "nocturnalist" conjures for me the image of doctors who come from Transylvania with long capes) the research on hoped-for results has not been convincing. However, this train has left the station, since the large majority of young general internists are populating the hospitalist groups.

The study by Raghavendra and colleagues[1] sheds some light on the process through a very nice analysis of the role of hospitalists on a very narrow, specialty-heavy, topic: neutropenic fever. Their natural experiment at the Gundersen Health System used chart review to look at changes in patient care management as the system migrated from hematologists/oncologists to hospitalists over almost 6 years. They found that adherence to treatment guidelines for neutropenic fever was much higher in the hospitalist era than previously, and antibiotic treatment was more aggressive and consistent. Hospitalists got more consults in the process, as well. However, the drastic changes in the underlying pathology of patients treated—from lymphoma to other more serious malignancies—makes some of the hard outcomes difficult to interpret. The success of generalists managing what had been subspecialist diseases seems to indicate that there is an important role for them in large tertiary hospitals in more than general admissions.

The article from the State Public Health Department by Harless and colleagues[2] demonstrates the value of having a statewide look at MRSA antibiotic sensitivity, a serious and increasingly common problem in all practice settings. They found a pocket of MRSA resistance in Southern Wisconsin that should raise an alarm for all physicians who practice there. I was encouraged by a recent interaction with one of our residents when we were discussing antibiotic choice in a patient we suspected might have MRSA. He knew of the local increase in clindamycin resistance through the hospital bulletins, so data are being shared and disseminated. The question raised by Harless's article, however, is why Southern Wisconsin is so different from the rest of the state? To find the answer, public health and the practicing community must work together. The presence of a single EHR dominating the region should make a chart review possible to look at patients and physician behavior that might have led to this trend. We are all aware of the challenges of electronic charting on daily work, but this might be one example of how it could help understand a dangerous trend.

When I was a senior medical student in a remote town on the US/Mexico border in the 1960s, I had the humbling experience of finding out that a "folk medicine" tea used for treating diarrhea, which I felt had no scientific basis, produced the same results with fewer side effects than the stuff I was prescribing. While some traditional medicines are now being subject to randomized trials to test their effectiveness, those that have endured and are widely used are products of a different type of research—trial and error over centuries. So Kiefer and colleagues' article[3] describing widely used traditional treatments in the Wisconsin Latino community is of great value, not only as information that can be used when we populate our patients' medication lists correctly, but as a stimulus to know more about less potentially toxic ways we can treat patients in their cultural context.

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The world being flat usually refers to the movement of information across borders and languages that knit us together, for better or worse. However the movement of immigrants into areas far from their countries of origins

and the urge to travel that seems to affect Americans—global health visits are a big part of most medical schools these days—raise the risk of seeing diseases that are not exotic in many countries around the world but are quite exotic in the Midwest. Naddaf and colleagues[4] report 3 cases of unanticipated neurocystocercosis and review its etiology and management. During my 1960s time in the border community, I saw a case of neurocystocercosis—it was endemic there—but none since. As I am always having to remember, zebras occur and this journal often alerts us to that fact.

McLimore and colleagues[5] don't discuss rare bugs, but reasonably common diagnoses that appear at unusual times. The case of neurofibromatosis first manifesting itself in a 69-year-old woman should cause us to do more than look for keratoses and potential malignancies on our skin scans of patients. It should make us take a more detailed family history on everyone. One would hope this patient's doctor asked about funny bumps or other neurological manifestations so that the dermatologists are confirming what has been suspected, not surprising everyone with an unsuspected diagnosis.

The commentary by Baeseman and Corden[6] on the need for a much wider approach to bicycle injury prevention is especially important as communities are encouraging more bicycle traffic as one approach to weight loss and environmental improvement. The "messaging" has to be consistent about injury prevention and the teaching has to be consistent from doctors' offices, home, schools and workplaces. Bicycle injuries still account for a very large portion of emergency department and urgent care visits and are both expensive to society and even more expensive to those who suffer them.

Finally, after serving as Medical Editor of *WMJ* the past 8 years, I've decided it's time for a transition. I've enjoyed serving as your editor and have appreciated the support the journal has received over the years. It remains one of the few state medical society-sponsored journals that publishes a significant amount of research, and it's been rewarding to see the journal evolve and expand. We hope to name my successor this summer and the search is underway. More information about that process is available below and at www.wmjonline.org.

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