Background
An oncology hospitalist is a physician specializing in the inpatient care of hospitalized patients with cancer [1].

The hospitalist model emerged in the mid-1990s as an alternative to primary care physicians managing their own patients both in and out of the hospital [2-3]. The number of hospitalists has increased substantially, with more than 30,000 hospitalists staffing approximately 70% of US hospitals [4], driven by a variety of factors. The factors contributing to the hospitalist model include [4]:

- Increasing pressure to improve quality and safety.
- Limits on house staff working hours.
- Positive outcomes data.
- Increasing support of the model by primary care physicians and specialists.

Similar forces are promoting hospital-focused specialty practices. Traditionally seen as “generalists,” hospitalists, physicians trained in internal medicine who provide care to hospitalized patients, have expanded beyond general internal medicine, and have moved into specialties such as neurology, orthopedic surgery, pediatrics, general surgery, and oncology [5].

The emerging role of hospitalists in cancer care reflects several trends in medicine:
- Cancer care is becoming increasingly outpatient-based.
- Cancer care is becoming increasingly complex, in and out of the hospital.
- A growing aging population [6] with a greater incidence of cancer patients and cancer survivors [6,7].
- A shortage of oncologists [8-11].
- Acute hospital care is the largest component of spending in patients with advanced cancer [12].

According to the American Society of Clinical Oncology (ASCO), the projected number of new cancer cases in the United States will increase by 42% by 2025. During the same period, the number of oncologists will increase by only 28%, leading to a projected shortage of 1487 oncologists [11]. Hospitalists can help accommodate the patient load [5].

Hospitalists-led inpatient care has demonstrated to be high quality, efficient, and less costly; this improved efficiency has been observed in teaching and non-teaching institutions [5,13].

These conditions, along with increasing complexity in the management of the oncological patient, have created the need for physicians with expertise in the management of the cancer patient in the hospital.

Methods and Results
The Oncologic Hospital Medicine Fellowship Program at MD Anderson Cancer Center, the first and only of its kind, provides advanced training in the management of complex medical problems of the hospitalized cancer patient.

The main goal of the program is to facilitate expertise in the diagnosis, treatment, and multidisciplinary management of the hospitalized cancer patient, as well as to advance scholarship in the growing sub-discipline of oncology hospital medicine.

The duration of the program is 12 months. At the completion of the first year of training, the fellow is expected to be knowledgeable about appropriate diagnostic and therapeutic approaches to cancer patients who are admitted to the hospital for acute care.

As a result of this training, the fellow will be recognized as an expert in the emerging discipline of oncology hospital medicine.

The fellowship is in its first year of implementation.

Conclusions
Oncology Hospitalists focus on the comprehensive care of hospitalized cancer patients.

Oncology Hospitalists provide value to the patients and their outpatient providers and the health care system as a whole by applying the principles of patient safety, quality improvement, safe transitions of care, team approach and multidisciplinary care and risk management.

The creation of an Oncologic hospital medicine fellowship program aims at training the future generation of experts in the emerging discipline of oncologic hospital medicine.

Future areas of research and development for oncology hospitalists include conveyance of healthcare services, evaluation and management of suspected yet undiagnosed malignancies, investigations into the most severe side effects of novel therapies, such as immunotherapies and tyrosine kinase inhibitors that require hospitalization, and improvement in palliative care delivery.

References
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