



EAGLE TELEMEDICINE NIGHT COVERAGE SOLUTIONS



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The physician shortage is growing. So is the need for prompt, quality care. How is the healthcare industry closing the gap?

Finding a way to fill the healthcare gap is not one size fits all. Most hospitals agree a multifaceted solution could be the answer. Telemedicine offers a solution to help hospitals and clinics, regardless of size or location, find stability in their services.

Particularly in the hospital setting, telemedicine gives small, rural hospitals a path to avoid transferring patients and emergency departments (ED) a way to improve their response to victims of stroke and other neurological crises. As a result, hospitals are seeing the true value of telemedicine in solving their night coverage challenges— closing gaps in ED coverage, providing quick responses to cross-coverage calls, and easing physician stress while supporting consistent, quality care, 24/7. This paper takes a look at how telemedicine is working the night shift, delivering vital coverage, and why it has proven to be ideally suited for this demanding aspect of hospital care.

The Urgent Need

The physician shortage continues to challenge the healthcare system. The **frequently-cited report** from the Association of American Medical Colleges (AAMC) projects a shortage of 37,800 and 124,000 physicians by 2034. This shortage includes both primary care and specialty physicians, driven by an aging population and a rising demand for healthcare services. To combat this issue, the AAMC has called for expanded federal support for graduate medical education and increased use of telemedicine and other technologies to maximize care delivery.

Hospitals across the country are grappling with the shrinking pool of available physicians. To remain competitive and attract talent, many are offering hospitalists—doctors who specialize in inpatient care—higher salaries, more flexible schedules, and attractive benefits. Despite these efforts, demand continues to outpace supply. Currently, **only three in 20 internal medicine residents pursue hospitalist careers**. This talent shortage has led to a significant increase in compensation, with hospitalist salaries doubling in the past two decades.



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124,000 physicians
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**Just 3 in 20 internal
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**Night-shift
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Lower admission rates often do not warrant a full-time nocturnist, so rural hospitalists often work more night or split shifts.

Night-shift hospitalists, even rarer, are **paid an average of \$20,000 more annually** due to their willingness to work late night shifts, reflecting the urgent need to provide continuous care. This average fluctuates heavily depending on the hospital and location but is evident in every market. This premium helps hospitals maintain critical overnight staffing and meet patient needs 24/7.

Rural Communities Hit Hardest

It's a losing battle, particularly for small, rural hospitals, where the fewest admissions occur between 12 a.m. and 7 a.m., meaning fewer billable hours for physicians on staff. Lower admission rates often do not warrant a full-time nocturnist in these facilities, so rural hospitalists often work more night or split shifts. That's not an ideal solution, either.

It can be exhausting for hospitalists to round all day and go home, only to return in the middle of the night to admit a patient. Adding to the pressure is this unalterable fact: Although hospitals in rural communities have smaller care teams with fewer resources, they must meet the same quality standards as their larger counterparts with greater resources. Small wonder, then, that rural hospitals are increasing hospitalist pay between **10%-15% each year** to retain their physicians.

Rural hospitals increase hospitalist pay up to **15% each year** to retain physicians.



Night Coverage a Challenge for Larger Hospitals as Well

In larger hospitals, night admissions are more frequent, and nocturnists and ED physicians are often expected to do double duty by handling a flood of floor calls. The result? A high-stress working environment is made even more stressful.

In both scenarios, rural and metropolitan, the pressure is mounting for physicians. In fact, in a recent study, a staggering **57.4% of hospitalists** reported that career burnout was “significant” or “very significant.” Yet, the highest levels of burnout among hospitalists are found at larger entities, reaching 66.7%.

So, what can be done about the night staffing dilemma?

Hospitals of all sizes—in rural and metropolitan locations—are discovering that telemedicine can save the day (and nights).



66.7% of hospitalists in larger facilities report burnout

Telemedicine Defined

Telemedicine covers a broad spectrum of services, including email communication and patient smartphone diagnosis. There is also two-way videoconferencing, which is the type Eagle Telemedicine offers to hospitals.

In a typical hospital scenario, a cart or robot on wheels with a two-way video conferencing monitor brings a patient face-to-face with a physician, who is “beamed in” from a remote location. This enables the physician

and patient to have direct interaction. The technology enables the physician to monitor the patient remotely with a stethoscope, otoscope, and blood pressure gauge. It can also transmit still images such as photos and X-rays for interpretation by the physician.

In addition, our systems enable physician documentation to go directly into the hospital's Electronic Medical Record (EMR) system. This makes for a seamless experience that is integrated with a hospital's existing processes.

Bringing the Doctor to the Patient with the Hybrid Healthcare Model

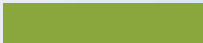
Telemedicine's intent is not to take over or supplant person-to-person physician care. Rather, its key value is augmenting and supporting physicians and clinical staff by adding to the existing team and filling staffing gaps. It can change the game when physician resources are scarce, or physician burnout is high. According to the Journal of General Internal Medicine, **72% of all U.S. hospitals** now use some form of telemedicine today. Acceptance of this new model of care is widespread.

Night Coverage in Action

In the Rural Hospital: Quick Tele-Nocturnist Response for Patient Care

In many rural hospitals with fewer than 50 beds, night coverage has traditionally been handled by a local physician on-call. When a situation arises, the physician fields floor calls and drives to the hospital if necessary. While this system has functioned for years, it comes with limitations. Response times can be delayed, and an increasing number of younger physicians are prioritizing a work-life balance that excludes overnight call shifts. As a result, the model is shifting.

Using telemedicine in a hybrid healthcare model results in dramatically reduced response times. On average, tele-hospitalists connect with nurses in just under a minute after a call for assistance. Unlike the old model, a tele-hospitalist is immediately on-screen, ready to evaluate and interact with the patient. With Eagle Telemedicine,



Using telemedicine in a hybrid healthcare model results in dramatically reduced response times.



each hospital receives a dedicated “pod” of remote physicians who are familiar with the hospital and its operations, ensuring continuity of care day and night.

In some cases, a simple phone call may suffice, such as when a nurse seeks advice on a low potassium result. However, most of the time, when a physician is needed, it is to evaluate the patient and provide real-time diagnostics and treatment recommendations. A hybrid healthcare system with telemedicine functions almost identically to having a physician physically present in the hospital, offering speed, convenience and expertise. Even handling emergency department (ED) admissions is delivered with seamless care transitions throughout the night.

In the Metropolitan Hospital: Cross-Cover Call Relief


Mid-sized and large hospitals in metropolitan areas might have a full-time nocturnist or two on duty, and the job can be overwhelming. Not only might the physician(s) be responsible for handling admissions from the ED, but they also might be assigned to respond to cross-cover calls on 50-100 patients or more in the hospital. While tele-nocturnist care was first adopted in a rural setting, larger hospitals have now also jumped on board, witnessing its value in augmenting the care its on-site nocturnists provide and significantly physician stability.

The Eagle Tele-Hospitalist on duty receives the training to take all the calls from nurses on floors and in the units. The same physician then, from their remote location, reviews charts, evaluates patients, gives orders on diagnosis and treatment, writes notes, and in the morning, gives handoffs at the beginning of the shift, informing day-time staff of any change in patient status during the night. The addition of a tele-nocturnist offers another level of continuity of care while rescuing on-site physicians’ stress and burnout.

For Hospitals of All Sizes: NP/PA Backup

Telemedicine is an effective way of supporting nurse practitioners (NPs) and physician assistants (PAs) through the night shift. As the NP and PA profession grows, it has become a great long-term investment for any hospital. The numbers speak for themselves. Back in 2010, there were about 155,000 practicing NPs in the U.S. By 2022, 385,000 NPs had received their full degree, with another 39,000 completing programs in 2023. Since NPs hold prescriptive privileges, including controlled substances, in all 50 states, adding on-site NPs and PAs as a part of the hybrid healthcare solution is a clear and beneficial investment. However, these physicians are not yet as seasoned as fully licensed specialists.

With telemedicine, NPs and PAs have ready access to physicians offsite who can guide and advise clinical staff in providing comprehensive local care. If an NP or PA is the assigned clinical team leader at night and there is a change in a patient’s status, he or she can evaluate the patient and manage the situation (if the patient is exhibiting symptoms in the realm of the NP’s or PA’s expertise and experience). If outside that “comfort zone,” the NP or PA can consult with the tele-hospitalist. And the tele-hospitalist is always available for new admissions.



The addition of a tele-nocturnist offers another level of continuity of care while rescuing on-site physicians' stress and burnout

The scenario is the same for new admissions. In this way, NPs and PAs learn from the tele-hospitalists, expand their expertise, and build their confidence while day-shift onsite physician staff recover at home, decreasing burnout. Tele-hospitalists can participate in daily and nightly rounds via live video conferencing and are available 24/7 as part of the clinical team.

The Widespread Acceptance of Telemedicine

In our experience as a provider of telemedicine services to hospitals nationwide, we've witnessed the growing acceptance of telemedicine across the healthcare spectrum. Administrators are particularly drawn to the return on investment (ROI), with some reporting savings of up to 40% by utilizing telemedicine. With Eagle Telemedicine, cost savings are primarily due to cost-sharing models that allow hospitals to access physicians without bearing the full financial burden, providing a solution to the ongoing physician shortage and improving care access, response time, and continuity of care, which all contribute to reducing patient transfers and wait times. When directly considering physicians, telemedicine offers the ability to achieve a work-life balance, offering 24/7 coverage without needing night shifts or extensive commuting.

The adoption of telemedicine continues to accelerate. Dedicated pods of physicians directly combat the misconceptions that telemedicine is impersonal. In fact, many patients feel that video visits are more personal than in-person care, as the physician is fully focused on them without the usual hospital distractions. Older patients, once thought to be hesitant with technology, are just as accepting as younger ones. In fact, 96% of Eagle Telemedicine patients said they would recommend tele-hospitalist services to family or friends, showing how much they value the care provided through telemedicine.



Hospitals report a 40% savings with telemedicine.



96% of patients would recommend tele-hospitalist services.

Benefits of Tele-Nocturnist Care

By bringing compassionate, caring, knowledgeable physicians to the bedside promptly when they are needed, our telemedicine is receiving rave reviews. We have pioneered this service over the past 17 years and have admitted over 10,000 patients via telemedicine. The experiences have been highly favorable from the patient's perspective, helping increase their satisfaction with the overall services the hospitals provide. Key benefits include:



Timely - Eagle delivers exceptionally fast response times. When nursing requests a patient consult, we guarantee response within 5 minutes from our physicians.



Affordable - Cost savings are significant since hospitals aren't paying "full freight" for one physician but rather sharing those costs with other facilities that use telemedicine services through opportunities such as the Eagle Rural Care Alliance.



Scalable Growth -The growth potential with telemedicine is significant. One of our partner hospitals increased nighttime admissions by 50% with a tele-nocturnist program that greatly reduced transfers of patients to distant tertiary facilities.



Reduces Burnout - Telemedicine with Eagle contributes to a sustainable work schedule for physicians and stabilizes hospital staffing, reducing physician stress and burnout.

As a firm founded by physicians with years of hospitalist experience, we know that for too long, hospitals simply had to accept that nights would be hard, expensive, or both. With telemedicine, there is a viable and cost-effective alternative.

Who likes Telemedicine?



Patients - Patients of **all ages are receptive** to telemedicine, not just younger patients. In fact, the percentage of adults who use telemedicine increases with age, according to the CDC.



Administrators - **Appreciate the cost savings**, census increases, and viable solutions to the growing physician shortage delivered by telemedicine.



Physicians - Appreciate the work-life balance, 24/7 coverage, and quick access to specialists. **66.3% of physicians** regularly interact with or utilize telemedicine.

Eagle Telemedicine for Meaningful Partnerships

We believe in...

- **Community Health** – Accessibility to care is the key to community sustainability.
- **Revenue Growth** – Hospital resilience is vital to deliver better patient care.
- **Patient Satisfaction** – Increased physician access improves patient outcomes.
- **Specialist Care** – Access to specialist resources should never be limited by location.
- **Reduce Turnover** – Expanding care services reduces patient transfers.
- **Faster Treatment** – Virtual physicians available on demand reduces time-to-care.



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