

Yes, he makes house calls

Doctor sees benefits in an old-fashioned practice

BY DEE GILL

Russell Miller has practiced family medicine in a traditional private practice, in hospital-based clinics and in offices owned by an insurance company. But the value of making house calls became particularly clear to him shortly after he joined Mobile Doctors, a Chicago company with seven doctors who see patients in their homes.

Examining a diabetic woman in her living room, Dr. Miller could see that her disease was not well-controlled. He got an idea why when he walked into her bedroom.

"There was a box of 36 3 Musketeers bars sitting by the bed that the pharmacy had delivered. She thought it was okay because she only ate one a day," he says. "The doctor in the office is never going to see that."

Dr. Miller's is one of 1,000 house call-based practices around the country, according to the American Academy of Home Care Physicians. Some of these are "concierge" practices that take no insurance but offer on-call, in-home care for patients willing to pay the fees.

Others, like Mobile Doctors, get their revenues from Medicare and charge patients only the co-pays they would normally pay for office visits. These include other for-profit companies such as House Call Physicians Inc. in Evergreen Park and Home Physicians in Chicago, as well as hospital-supported practices such as HomeCare Physicians

in Wheaton, an affiliate of Central DuPage Hospital. Nationwide, the number of house calls Medicare reimbursed grew by 35% between 2000 and 2005, the last year for which data were available.

ON-THE-GO MEDICINE

Mobile Doctors treats 1,400 patients and collects \$2.5 million in annual revenue, says CEO Dike Ajiri, who opened the Chicago office in 1996 after working for a similar practice his father started near Detroit.

The company's patients are almost all over age 60 and suffer from chronic illnesses, such as diabetes, pulmonary disease or congestive heart disease. While not all patients are homebound, most have physical limitations or dementia, making it difficult for them to get to appointments.

"I have no idea how I would get to a doctor's office, particularly in the winter," says Harvey Griffith, 64, a patient Dr. Miller has treated for several years.

Mr. Griffith, a former plant manager for a dry cleaning company, lost his legs to peripheral vein disease in 1993 and 1994. He's tried using public and specialized city transport for the disabled in the past, but he says he feels like a target for muggers when rides through his Englewood neighborhood in his motorized wheelchair.

He fired another house-call practice because it sent him a different doctor "just about every time they



JOHN R. BOEHM

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CHRONIC SOLUTIONS

Mr. Griffith's personal attendant helps him with meal preparation and personal hygiene for five hours a day. Dr. Miller visits him every four weeks and can order blood work, X-rays, ultrasounds and most other tests performed in an emergency room—short of a CT scan—to be done in the home. A medical assistant drives the doctor to the house calls and performs the duties of an office nurse, such as taking vital signs, giving shots and following up on lab work.

Fluctuating Medicare rates make running the business end of Mobile Doctors tricky, Mr. Ajiri says. Mobile Doctors averages about \$90 a visit now, but Medicare will drop those rates 8% next year. Mr. Ajiri hopes to make up the loss by taking on more patients. Medicare does not reimburse the doctors for travel time or travel expenses, such as fuel.

Studies in several cities, including Richmond, Va., Baltimore and Philadelphia, have shown that house-call programs save Medicare money by better managing chronic illnesses, which keeps patients out of emergency rooms. Medicare is experimenting with different ways

to pay house-call physicians, including paying them a cut of this cost savings, and is expected to release results of these trials in 2010.

Dr. Miller picks up his schedule of appointments by 8 a.m., sees about 15 patients a day, and ends his day around 5 p.m. He says he could make 20% more money in a more traditional practice, but he likes spending his time with patients and leaving the business to someone else. He also feels lucky that he has much more time with his family than most doctors.

"When my daughter was in high school, I got to spend every weekend with her at crew meets," he says. "Is that worth \$10 billion? Absolutely."