

# **EXCERPTS OF MEDIA COVERAGE OF THE INDEPENDENCE AT HOME PROGRAM**

**December 15, 2011**

## **House Calls as a Cost-Saver in Health Care Reform?**

**Associated Press**

**October 28, 2009**

This is Boling's day job, **providing medical care to some of Richmond's oldest and sickest patients.** A geriatrician and head of general medicine at Virginia Commonwealth University Medical Center, he visits nursing home patients with a smile, and he leads a team of specialists who take to the road, medical bags in hand, to see patients where and when they need it most — **in their own homes, before a crisis lands them in the ER or a nursing facility.**

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There are house-calls programs here and there. San Diego. Boston. **The Veterans Health Administration cares for thousands in their own homes, saving money by reducing unnecessary hospitalizations and emergency room visits.**

But Boling wants to bring house calls to the masses — **up to 3 million of the most high-risk, high-cost Medicare patients in the country. The idea is not just cost-savings, but to provide a financial incentive to persuade more doctors to return to this kind of work.** Mostly, it's about people like Alberta Scott and the questions that first came to Boling's mind when he heard she'd been admitted to an institution for treatment of a blood infection.

In a few weeks, if all goes well, can she go home? If so, who will take care of her?

It's that type of patient that Boling envisions being cared for under the proposal pending in Congress. The so-called "**Independence at Home**" provision is but one small piece of the larger health care reform measures.

Where other proposals have divided lawmakers, the house-calls idea is winning support from Republicans and Democrats alike as a "**more cost-effective way for these patients to get the coordinated care they need,**" says Sen. Richard Burr, R-N.C.

**The provision calls for the Medicare program to partner with home-based primary care teams to test whether house calls would reduce preventable hospitalizations, ER visits and duplicative diagnostic tests for high-cost, chronically ill patients.**

That means patients with at least two chronic conditions — congestive heart failure, diabetes, dementia, stroke and so on — who have been hospitalized in the past year and require assistance for at least two daily living activities, such as bathing, dressing, walking or eating.

**Patients with multiple chronic conditions account for some two-thirds of Medicare, the almost \$500 billion federal health insurance program for seniors.**

The Department of Veterans Affairs launched its own house-calls program back in the '70s targeting an expanding population of older veterans suffering from multiple chronic conditions. **There are now some 20,000 vets enrolled, and a 2002 internal study showed a 24 percent total reduction in their cost of care. Another analysis of one program in Missouri showed costs going from \$45,000 per patient per year to \$17,000, said Dr. Thomas Edes, who runs the VA program.**

Medicare officials declined to discuss the house-calls proposal, but **Mark McClellan, who ran Medicare under President George W. Bush, called the idea one that “could lead to cost-savings and better outcomes” for patients.**

**“It’s definitely worth trying,” said McClellan, adding that the strength of the proposal is that practitioners must demonstrate savings in their patients’ medical costs in order to get a portion of the savings back from Medicare.**

**Technology has certainly made the job easier.** Electronic medical records are available via laptop computers. One bulky bag can carry diagnostic tools to test blood, urine and oxygen levels, a blood pressure cuff, an eye chart. Portable, digital X-ray machines and portable EKG machines are also available.

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Boling’s one-man show has grown into a nine-person effort, with three doctors, five nurse practitioners and a social worker caring for about 275 patients with 50 waiting to get into the program.

Abbey puts 25,000 miles a year on her Honda Civic visiting one to six folks a day, patients like 83-year-old Edith Taylor, who’s lived in the same gray clapboard house for 60 years — save the 2½ years that she spent in a nursing home following a stroke.

**“I was determined to come back to my home,”** Taylor said after a recent checkup. For the past six years, Abbey’s been examining Taylor in the middle of a living room decorated with silk flowers and ceramic figurines. “She calls me. She gives me plenty of time to prepare for her. It’s a great thing.”

During the latest visit, Abbey took her blood pressure, listened to her lungs. **But there are always important tidbits Abbey picks up just from being in a patient’s home.** When Abbey ventured into Taylor’s kitchen to check her medicine box, she noticed some pills had gone untouched.

**“You can learn so much about people, not just socially but also medically. You look at what they have. You see the interaction with caregivers. You look at the pills,”** Abbey says. **“It’s much easier to develop a medical plan of care if you know all these things.”**

That afternoon, as Boling examined her, Scott seemed small but still had fight. Her niece, Mary Cotton, was visiting from Washington, D.C., and told Boling that **Scott desperately wants to remain independent at home.**

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“When I started making visits ... and I saw how poorly we were doing taking care of them and how much happier they were when we changed their care from the clinic to their home, I realized that for that group of people, it was just better,” Boling says.

“It was just better to do.”

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# UCSF Program Shows House Calls' Time Returning

San Francisco Chronicle

November 19, 2009

June Hagosian's brain tumor has made it difficult for the 77-year-old San Francisco woman to leave her house in recent years, keeping her mostly confined to her bed.

For someone like Hagosian whose medical needs require frequent doctor visits, that would usually pose a problem. But because of a program run by UCSF, the doctor comes to her. She has had to leave her bright yellow home in the Richmond District to go to the hospital just three times in the past seven years.

"This program has been so wonderful," Hagosian said during a recent home visit with her physician, Rebecca Conant, director of UCSF's Housecalls Program. "I wish everyone could have it."

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UCSF's 10-year-old Housecalls Program is an old idea that has gained new traction. Both the House and Senate versions of the health reform bills contain proposals to examine whether home-based care improves the health of chronically ill patients and saves the government money by reducing hospitalizations and ER visits.

Read more: <http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2009/11/19/BA6I1AEKC6.DTL&type=health#ixzz0ZOjVaJLE>

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## Why Don't We Do What Works?

Roll Call

July 30, 2009

Medicare's costs are highly concentrated in a small percentage of chronically ill beneficiaries who have poor outcomes because of a health care delivery system designed to treat acute episodes of illness. Research by Johns Hopkins University and the Congressional Budget Office shows that the top 10 percent of Medicare beneficiaries account for 66 percent of Medicare costs and nearly all of the growth in Medicare costs. By contrast, the bottom 50 percent of Medicare beneficiaries only account for 4 percent of costs.

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...the Department of Veterans Affairs' Home-Based Primary Care program operates in 48 states and in more than 130 locations, has reduced inpatient days by 62 percent and has reduced expenditures by 24 percent for high-cost patients with chronic disease. Similar or better results have been achieved by established house calls programs in Washington, D.C.; Boston; New York; Richmond, Va.; San Diego; Indianapolis; north-central Nevada and many other locations. Physician house calls are as old as medicine itself but now have become more efficient with the use of new information, monitoring and diagnostic technologies. These are programs that work but are small because of a lack of funding by public and private insurance for care coordination.

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The Independence at Home Act (H.R. 2560, S. 1131) targets the highest-cost Medicare beneficiaries with the worst outcomes, requires minimum savings of 5 percent and better outcomes annually, and incorporates the proven physician/nurse practitioner-directed house call team approach....The bill, introduced by Rep. Ed Markey (D-Mass.) and Sen. Ron Wyden (D-Ore.), has strong bipartisan support in the House (17 sponsors) and Senate (11 sponsors), and has been endorsed by broad range of organizations representing consumers, providers, practitioners, technology companies and caregivers. If the IAH Act only achieved the minimum savings prescribed in the bill, it could reduce Medicare's annual costs by \$15 billion a year or \$150 billion over 10 years.

<http://www.rollcall.com/news/37412-1.html>

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## Washington Hospital Center's House Calls Keep Focus on Elderly Patients

AHA News

November 9, 2009

...Myrtle Sorrell, a 100-year-old patient suffering from severe abdominal pain. Recently, an ambulance was needed to transport Myrtle to Washington Hospital Center's emergency department (ED), where she was treated and released. A few days later, the pain was back ... but Sorrell wasn't. This time, she was treated at home by hospital geriatrician George Taler, M.D.

Upon examining Sorrell and reviewing her ED visit medical record, Taler diagnosed constipation as the source of her pain, and prescribed an over-the-counter laxative.

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Taler says. "In all probability, her condition would have continued to deteriorate and the house call prevented a hospitalization...and no one would benefit from her being admitted to the hospital." The 10-year-old program provides home-based primary care to more than 600 frail elderly patients. Taler regularly confers with the program's 17 geriatricians, nurse practitioners, social workers and coordinators to discuss treatment for more than 20 of their most unstable patients. The goal of the program is to see every patient at least once per month.

<http://www.iahnow.com/pdfs/AHANews11-09.pdf>

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## Doctors Seeing Elderly Patients at Home Saves Money, Improves Care

Kennebec Journal, Morning Sentinel

September 08, 2009

...I am one of a growing number of doctors who reduce costs and improve care by seeing frail, elderly patients in their homes. Such patients consume a highly disproportionate amount of Medicare dollars, as they are most likely to require admission to a hospital or nursing home.

Seeing these patients in their homes gives me a wealth of information that I can't get in the office: how reliably they take their medications, how well they eat and other aspects of their home life. Having this kind of information enables me to work better with their other caregivers to anticipate problems before they occur.

By coordinating a team of caregivers, I am able to manage a patient's medical conditions before they deteriorate to the point of needing to go to the Emergency Room. Avoiding a single E.R. visit or hospital admission can save more than enough money to cover the cost of home-based care, which not only costs less to provide, but is more appropriate for this population.

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People with multiple chronic diseases consume 60 percent of Medicare expenditures, despite the fact they comprise only 10 percent of all Medicare beneficiaries. By targeting these high-cost patients and providing them with higher quality, more convenient care, the American Academy of Home Care Physicians estimates that we could save \$14 billion a year and, perhaps much more.

The Veterans Affairs Home-Based Primary Care program has been operating a similar program for more than 30 years in nearly every state and in rural as well as urban areas. It has seen reductions in hospital days by nearly two-thirds, nursing home days by 88 percent and reduced costs associated with these patients by nearly a quarter.

Further, this program enjoys the highest satisfaction rate of any program within the VA system.

<http://morningsentinel.mainetoday.com/view/columns/6756303.html>

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## The High Cost of Health in Chicago

Chicago Business

September 28, 2009

During a medical consultation with an 81-year-old lung cancer patient last spring, Deon Cox-Hayley came face-to-face with Chicago's medical-spending problem. The man had been to more than 50 appointments at the University of Chicago Medical Center for chemotherapy, radiology scans and blood-thinner injections since his December diagnosis — treatment that continued even after his oncologist deemed his condition terminal.

In June, the Chicago man told Dr. Cox-Hayley that he'd had enough. She steered him to a U of C program that sends physicians on house calls to manage patients' symptoms. He's been at home — test- and procedure-free — ever since.

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Long hospital stays, multiple tests and frequent procedures help explain the high cost of health care in Chicago. Local hospitals spent 25% more per Medicare patient than the national average in 2006 (the most recent figures available) — fifth-highest among the 25 largest U.S. cities, research by Dartmouth Medical School in New Hampshire shows.

The amount of care provided to patients in Chicago with chronic illnesses such as heart disease and diabetes far outpaces that in most other Midwest markets, according to Dartmouth. In Minneapolis, those patients spend 42% fewer days in the hospital during the final two years before death, compared with patients in Chicago; they spend 67% less time in intensive care and have 46% fewer doctors' visits. Doctors in Milwaukee are paid 44% less than what Chicago doctors get for managing those patients in their final two years.

<http://www.chicagobusiness.com/cgi-bin/mag/article.pl?id=32421&seenIt=1>

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## House-calls Bill Could Mean New Referral Opportunities for Agencies

Home Health Line  
September 22, 2008

The Independence at Home Act, which has Democratic and Republican sponsors in the House and Senate, calls for a three-year, 26-state demonstration aimed at showing that Medicare beneficiaries with multiple chronic conditions can “remain as independent as possible for as long as possible and . . . receive care in a setting that is preferred by the beneficiary.”

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What house-call practices and their partners stand to gain from participation in the demo would be 80% of Medicare savings on the enrolled patients after the government receives an initial 5% of the savings. That could prove to be low hanging fruit, given that 10% of all Medicare patients – most of them with multiple chronic diagnoses – account for two thirds of Medicare expenditures.

One example of an HHA already benefiting from an existing physician house-calls program is 30,000-patient VNS of New York. Its related program usually provides Medicare home health services for 250 or more permanently homebound patients, nearly all referred by the Manhattan based Mt. Sinai Visiting Doctors Program, says Ruth Marcus, head of VNS unit.

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...in home-visit situations, the physician usually makes on-the-spot judgments about the patient's needs rather than waiting for the home health nurse to suggest plan-of-care changes, Bayne says.

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If the congressional Medicare committees need solid evidence of potential savings from a home-visit program, they need look no farther than the VA health program. Its home-based primary care teams physicians, nurses, social workers, rehab therapist dieticians and other professionals based at 126 VA facility sites now are visiting approximately 16,000 veterans at home three times a month, most of them eligible for Medicare home health. That's more than twice the number of veterans who got home visits from teams at 74 facilities in 2000, says geriatrician Tom Edes, the program's head.

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Among some 8,200 veterans enrolled for home visits in 2007, combined hospital and nursing home days per year fell 78% to an average 4.6 from the pre-enrollment level, while the rate for readmissions within 30 days dropped 18%, Edes relates. A separate VA analysis found a 24% net savings on total care for home-based primary care patients, even with the cost of the home-based program included.

[http://www.aahcp.org/homehealthline\\_092208.pdf](http://www.aahcp.org/homehealthline_092208.pdf)

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# Keep Patients Away

Growth RX

November 02, 2009

Tom Cornwell is on pace this month to make his 25,000<sup>th</sup> career house call, a milestone that has cost his employer millions of dollars in forgone revenue by keeping sick patients out of the hospital. "They're paying me to keep business away," ... "But it makes perfect sense to give the sickest patients good care at home so they don't have to go to the hospital unnecessarily."

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"Home care has become a strategic opportunity for hospitals because of incentives that are coming to prevent unnecessary admissions and improve long-term outcomes," says Nathan Cohen, a senior analyst at Sg2, a health care consultancy in Skokie.

Illinois hospitals have more work to do than most: A study published in the *New England Journal of Medicine* in April found that 21.7% of Medicare patients discharged from Illinois hospitals in 2004 returned within a month — the nation's fourth-highest rate.

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The readmission rate for heart failure patients at Alexian Brothers Medical Center in Elk Grove Village was 28% — worse than the 24.5% national average. That prompted hospital officials to take a harder look at what was wrong, says Carlotta Rinke, assistant vice-president of quality and patient safety at the medical center.

Hospital officials found that 49% of patients who had been readmitted were sent home without a referral for home-care services, while patients who got formal care in the home accounted only for 21% of readmissions. And for patients monitored remotely with electronic devices, the rate was below 20%.

"The goal is to treat as many patients at home as possible to avoid having them come back," Dr. Rinke says.

Chicago-based Resurrection Health Care's home-care division now has 19 remote monitors, which cost roughly \$3,000 apiece. The heart- and lung-disease patients who use them are 16% less likely to be readmitted to the hospital within a month of leaving, says Myrna Zalesny, a nurse who runs the remote-monitoring program.

<http://www.iahnow.com/GrowthRxstory.htm>

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# Bringing Hospital Care to Patients

Bartlett Press

November 19, 2009

To make things easier, Dr. Paul Chiang has been coming to the Broses' house for several years, visiting every three months. "Just look around — the richness of being in the home. You learn so much about a

patient and their family from being in their home,” Chiang said. “The good and the bad; if they are cared for or if they are alone.”

Chiang’s trips to the Broses’ home are among the more than 15,000 home visits he has made to patients in need during the past decade of his career through nonprofit practice HomeCare Physicians. With the support of Central DuPage Hospital and private donations, HCP has been traveling a 300-square-mile area surrounding Winfield-based CDH since 1997 to treat elderly and disabled patients who have difficulty leaving their homes — a service that hasn’t been widely offered for more than 60 years.

...This is great medical care minus the inconvenience they would encounter if they had to leave the house.”

In addition to convenience, the practice saves patients costly ambulance trips, emergency department visits, hospitalizations and premature nursing home placement.

Chiang said another benefit of home visits is a doctor’s ability to acquire an additional understanding of the patient’s hobbies, family and diet.

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“Most patients do not have to pay out of pocket,” he said. “And at most, its 20 percent of the bill.” Cornwell said other health care systems have not embraced practices such as HCP because they would lose money on the program.

“Our No. 1 priority is to keep people out of the hospital. I’m so proud that I work for health system who is willing to lose money,” Cornwell said. “To keep business away from them shows how willing they are to help the community.”

With 95 percent of its patients older than 65, HCP treats people who are considered the sickest 10 percent of Medicare patients and consume about two-thirds of its budget. Encouraging house calls to that population could cut Medicare costs substantially, said Cornwell. That’s why he is excited about The Independence at Home Act, which is a provision in the U.S. House of Representatives’ health care reform package that he says would not only decrease health care costs, but also improve patient satisfaction and outcomes.

<http://www.mysuburbanlife.com/bartlett/newsnow/x215399697/Bringing-hospital-care-to-patients>

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## Hwang: Take Healthcare out of the Hospital

Mass Device

October 23, 2009

Jason Hwang, an internist and director of healthcare for the Innosight Institute, told attendees at the 2009 Connected Health Symposium in Boston that the best way to reform healthcare is to let disruptive, “bottom-up” technologies de-centralize the system....Jason Hwang’s prescription for healthcare reform can be boiled down to a simple axiom: Take healthcare out of the hospital.

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...that healthcare is too expensive and inaccessible for too many people, because the system’s hospital-centric business model isn’t sustainable.

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“Patients want to and are capable of playing a more integral role in their own care,” said Hwang, suggesting that providing more care outside the hospital can help make healthcare more efficient and accessible at a lower cost. Patients are already taking advantage of new technologies to manage their own healthcare.

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Take physician house calls as an example. Once a commonplace, they became increasingly rare as healthcare was concentrated in large hospitals. But the trend back to doctors making house calls seems to have returned, albeit in a slightly altered fashion where de-centralization has again taken hold.

<http://www.massdevice.com/news/hwang-take-healthcare-out-hospital>

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## Hospital Resurrects Practice of Making House Calls

Beacon Journal

June 01, 2009

Marian Graham doesn't need to leave her house to find a medical home. About once a month, Dr. Bill Zafirau checks in on the 91-year-old Akron resident, who is dependent on supplementary oxygen... During the next hour, Zafirau examined Graham in her living room and peeked into the medicine cabinet. He discovered she hadn't been taking a medication that her eye doctor prescribed because she couldn't get the lid off.

The idea is to provide more routine and preventive care to a select group of frail patients who struggle to get to their doctor's office, said Annette Ruby, SummaCare's vice president of health services management. When they need it the average patient in the SummaCare program has eight chronic diseases and takes a dozen medications, Zafirau said.

“You're a guest. It changes the dynamics between the patient and the doctor. It also gives you clues about other things that might be affecting their health. It's very rewarding, actually.” On the road Zafirau packs his Ford Escape with a laptop computer and all the medical equipment he needs to care for his patients in the home. With his mobile office, he can order prescriptions, check oxygen levels and provide other services. “We can do pretty much everything you can do in a primary-care office,” he said. Several studies nationwide have shown that providing primary health care in the home can cut costs, largely by reducing the need for hospital stays and emergency room visits. The average ER visit costs about \$1,500 — roughly the same price as 10 house calls, according to the American Academy of Home Care Physicians.

“If you target the high-cost, high-risk patients and give them what they need — which is ongoing primary care in the home — you will reduce and, in many cases, eliminate unnecessary ER visits and hospitalizations,” said Constance Row, executive director of the American Academy of Home Care Physicians.

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University Hospitals Case Medical Center in Cleveland has been offering a physician house calls program for five years to patients who live near the hospital in inner-city Cleveland.

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Many of his patients — such as one 97-year-old woman with heart failure and arthritis — used to wait to get medical care until they were so sick, they needed to call an ambulance. “She used to get her care through the emergency room on a frequent basis,” Kikano said. “Now, instead of going to the emergency room, she calls me. We’re doing the coordination.”

Some private firms also are entering the house-call market.

Michigan-based Visiting Physicians Association opened an office late last year in Green to serve Akron-area patients

The need to provide easier access to medical care for disabled, elderly patients is expected to grow as the nation’s population ages. The American Academy of Home Care Physicians estimates at least 1 million elderly are homebound and another 2 million to 3 million have disabilities that make it difficult for them to get to the doctor’s office.

“It’s a big relief, I’ll tell you,” he said. “It’s a relief for me to not have to get her in the car. I’m 86 myself. I can’t do that anymore. This helps by having somebody come over.’

[www.ohio.com](http://www.ohio.com)

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## Marcus Welby? He’s History

The Washington Post

May 31, 2009

These physicians, as I have seen in my own practice in Minneapolis, are no longer patient advocates. In many ways, they’ve abandoned the patient to the work rules of health plans and the professional demands of managed care

America is also graying — by 2015 there will be more 80-year-olds than children under 8 — and the elderly need more — and more personalized — care. People respond differently to treatment, and it must be tailored to the individual patient. Our current depersonalized, disease-based system is not only dangerous but also dysfunctional. And any dysfunctional system will eventually fail.

Today, it’s the rare physician who gives a patient his or her private office phone number, something that was almost universal when I first went into practice. Nowadays, if you want to talk to your doctor, you go through the office coordinator or the nurse associate.

Consciously or unconsciously, we have raised a generation that views the medical profession in economic terms, as a career rather than as a calling.

One result of this new attitude is that fellowship slots in the country’s leading geriatric training programs are increasingly going unfilled, and some of these programs are closing. U.S. medical school deans admit that students no longer plan to go into such primary-care specialties as pediatrics or family practice and

are not interested in caring for the elderly, because the major insurers won't pay for the personal involvement and time that primary-care specialties demand.

[Ronald J. Glasser — Doctors Don't Work For You Anymore — washingtonpost.com](#)

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## Black Bag and Blackberry in Hand, This Doc Makes House Calls

CNN

May 25, 2009

DeJonge visits mostly the elderly who either can't get to a hospital or are so ill that moving them would prove life-threatening. He usually sees them once a month to check on their status, to make sure their medications are working, and to let them know he's there for them.

DeJonge says the one-on-one care is invaluable. "We know the patients, their families," he says. "We know when they change medically, what has to happen to prevent them from making an ER visit." Terry Carter's father, Aubrey, has been homebound since he suffered a stroke over 20 years ago. For most of those years, Carter ran back and forth to doctors' offices and the ER, making sure his father got the best medical help. It got to be expensive and time consuming and, as the years progressed, it became increasingly difficult to care for his dad. Carter says it was tough because "I really don't have very much help to take him out."

Now, with DeJonge making regular visits, Carter's father doesn't have to be moved from his home and his health has improved. "He's only been in the hospital twice in the last three years," says Carter. "Before that he was in the hospital every other month."

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Ten years ago, Medicare made it a bit easier for physicians to receive payments for house calls by modifying the way doctors bill for their procedures. And this month, a new "Independence at Home" bill — designed to coordinate benefits for Medicare's most expensive beneficiaries, like Aubrey Carter — will be reintroduced, making it easier and less expensive to carry out house calls.

<http://www.cnn.com/2009/HEALTH/05/25/hm.doctor.house.call/index.html>

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## Yes She Makes House Calls

The Chronicle

October 27, 2009

According to the American Academy of Home Care Physicians, the number of house calls paid by Medicare has increased from about 1.5 million in 1995 to almost 2.2 million in 2007. A higher number of senior citizens is one of the chief reasons for the increase, according to the American Medical Association. The AMA reports there are about 180,000 organizations currently providing home-based health care to about 7 million patients who are homebound or who have acute medical issues requiring them to have home-based care. Medical advances allow almost any treatment to be available in a home setting, often for less cost than in a hospital or physician's office.

[www.thechronline.com](http://www.thechronline.com)

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## Duke Revives House Calls

The Charlotte Observer  
July, 29, 2009

Moore is one of about 350 older people in Durham enrolled in a Duke University-led program called Just for Us that is designed to re-create the way medicine is practiced in communities. People who are frail, sick, impoverished or socially isolated are treated before their ailments land them in the hospital.

A year after the Duke program's launch in 2002, it had cut 49 percent of Medicaid dollars for ambulance rides for its patients, 41 percent for emergency room visits and 68 percent for hospital admissions.

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Dr. Robin Ali, the program's medical director, said the home visits are the key to the program's success, and an invaluable diagnostic tool.

Unlike a clinical visit to a doctor's office, a home visit seems more like a social call.

Patients open up, explaining how they ration pills when money gets tight or how they fear visits from an alcoholic relative who may be abusive.

"You see where people live, you understand what's going on with them," Ali said. She said she frequently checks patients' refrigerators to be sure they have food, or she notes when a cluttered room presents a falling hazard.

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Projects are in the planning stage and may begin rolling out next year, said Michener at Duke.

<http://www.charlotteobserver.com/local/v-print/story/858385.html>

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## Independence at Home Act: Critical in Health Care Reform

BrooWaha  
November 17, 2009

Congressman Edward Markey of Massachusetts has authored The Independence At Home Bill. Markey stated, "Our current health care system does a poor job caring for seriously ill Americans who are often lost in transition. This bipartisan, bicameral bill holds great promise for improving quality of care, reducing hospitalizations, lowering costs and lifting the spirits of those who, after a lifetime of contributions to our society, deserve the dignity and peace of mind that comes with living independently."

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Per Wyden's statement, "patients with multiple chronic conditions comprise less than one quarter of Medicare beneficiaries, but account for 66 to 84 percent of Medicare spending, 76 percent of all hospital admissions, 88 percent of all prescriptions filled and 72 percent of physician visits. The Independence at Home Amendment would generate cost savings by reducing the number of emergency room visits and unnecessary hospitalizations."

The American Academy of Home Care Physicians estimated that one million senior citizens are homebound, and another two to three million find it difficult to travel, due to transportation and health issues. The Department of Veterans Affairs launched its own house-call program in the 1970's due to an

expanding population of older veterans suffering from multiple chronic conditions. An analysis of one such program in Missouri showed costs going from \$45,000 per patient to \$17,000, said Dr. Thomas Edes who ran that program.

<http://www.broowaha.com/articles/5414>

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## Having Almost Become Extinct, House Calls Stage A Welcome Recovery

The Washington Post

March 24, 2009

When George Taler meets with a patient, he does all the usual thing: He measures blood pressure, listens to the heart lungs, takes a look in the mouth and ears, and updates the medical chart. But then he does something unusual: he checks out the medicine containers in the bathroom, food in the refrigerator and the general condition of the patient's environment.

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He is part of a small but growing tribe of doctors, nurses, physician assistants and nurse practitioners who are reviving this once-common practice for keeping Americans healthy and in touch with their doctors. Having virtually disappeared from medical practice by the 1980s, the house call has been making somewhat of a comeback, thanks primarily to Medicare changes that make house calls easily billable. Advocates say revival of the house call could help reduce health-care costs substantially and enhance quality of care for many elderly and chronically ill patients. .

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Financial incentives also worked against house calls, according to the article. More doctors chose specialized fields that relied on the technology of hospitals, while those who chose primary care could see easily twice as many patients in offices and clinics as they could traveling from home to home.

And then there's the fact that private insurance has rarely fully covered such visits. (A few "concierge" medical practices will perform house calls for those patients willing to pay a substantial annual fee, or a trip fee, that is not covered by insurance.)

Similar constraints and disincentives have not been at work in other countries, including Canada, Denmark, France and the Netherlands, where home visits have continued to be a part of medical practice.

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In 1998, Medicare modified its billing procedures, making it easier for practitioners to receive payment for home visits to the elderly and chronically ill and increasing payments by 50 percent. Since then, Medicare statistics show a large bump in physician house calls, from 1.5 million in 2000 to almost 2.2 million in 2007.

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According to the Clinics article, studies have suggested that house calls may keep people in their homes longer and reduce mortality, particularly in the frail elderly population. That is probably due in part to physicians' being able to identify new or worsening medical problems that, left untreated, could contribute to further disability and even death.

[www.thewashingtonpost.com](http://www.thewashingtonpost.com)

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## Doctor's House Calls: Back to the Future

Star Tribune

March 7, 2009

The problem, he says, is that many elderly people suffer in isolation with chronic or disabling illnesses that could be managed with a doctor's help. But because they find it hard to get to a doctor's office, they don't seek medical care until a crisis hits and they end up in the emergency room.

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An average house call, she said, might cost \$150. "Find me an ER visit that is under something between \$1,000 and \$3,000."

Last year, a proposal to encourage house calls was introduced in Congress. The Independence at Home Act would allow doctors to pocket some of the savings if, by making home visits, they reduced their patients' Medicare costs by more than 5 percent.

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"When I learned how to make a house call," he said, "they told me the two most important things to do: Look at the feet and look in the refrigerator."

Are the toenails clipped or neglected? That's a window into overall personal hygiene. Is there food in the kitchen? Is it spoiled? In an office visit, Ratner says, a doctor might suspect cancer if the patient has lost weight. In the home, he might see that the refrigerator is empty. The solution isn't always medical; sometimes it's a social worker or home health aide.

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Ratner knows that many doctors are skeptical. The big criticism is that house calls are inefficient. An office doctor can see four or five patients an hour. "I hear that frequently," he said. "All they're saying is 'I'm not paid enough per hour or per visit to do that.'"

He thinks that's shortsighted. Medicare pays about \$50 to \$160 for a home visit, but "compared to office practice, my overhead is insignificant," he said. Ratner, who is also medical director of a home health agency and does research and teaching as well as house calls, says he earns about the same hourly rate at all his jobs.

[http://www.startribune.com/templates/Print\\_This\\_Story?sid=40903862](http://www.startribune.com/templates/Print_This_Story?sid=40903862)

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## House Calls Back in Vogue for Some Doctors

Associated Press

February 26, 2009

Private and public medical insurance doesn't pay for "concierge" services like Hodge's – that is, house calls borne out of convenience, not necessity. In fact, Hodge's clients typically pay a \$1,500 annual out-of-pocket fee plus a charge for every visit.

Dr. Steven Landers, medical director for the home health care of Cleveland Clinic, said house calls can mean better patient care.

"The real benefit is the access," said Landers, who makes about 20 house calls per week to geriatric and chronically ill patients. "You get to see people in their own environment. You learn things you wouldn't normally know."

House calls today are made easier by advances in technology. Hodge said that for most visits, she needs little more than her iPhone, a laptop and a high-tech cooling system for medicine. Landers checks a patient's chart and schedules the next appointment on the laptop he carries with him.

Mobile technology means doctors can perform blood tests and X-rays inside a patient's home. Digital photos can be e-mailed to specialists. New data storage systems keep all the information safe.

[http://nl.newsbank.com/nl-search/we/Archives?p\\_action=list&p\\_topdoc=21](http://nl.newsbank.com/nl-search/we/Archives?p_action=list&p_topdoc=21)

## Metro Area House Calls: A Growing Practice

The Detroit News

October 27, 2008

"I'm sure this is going to be a thing of the future," said Cathy Thompson, practice manager for House Call Physicians in Southfield. "You can do everything that you could do at a doctor's office."

Even with gas prices in flux, some medical experts say at-home visits could be a better, cheaper solution for older patients and those living with chronic and debilitating illness by giving them regular access to care. Now, many such patients don't have reliable transportation and delay care until their medical problems require treatment in a hospital emergency room.

"It's very expensive to care for them," said Dr. Bridget Reidy, a family doctor who for 10 years made house calls in and near Ann Arbor. "It's extremely expensive on the entire system, not to mention it can cause gridlock in the Ers."

Another advantage of house calls is that doctors are in the most cases spared the cost of keeping a brick-and-mortar office and staff to run it.

Visiting Physicians Association, a locally owned company established 14 years ago in Farmington Hills, is among the region's largest at-home providers of doctor's visits, offering everything from checkups to blood work and digital X-rays at the patient's home. The physician group employs about 125 doctors nationwide with locations in five states.

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...“the need is vast,” said Laura Seriguchi, practice manager for the group’s Southfield office, which has about 2,400 patients in Metro Detroit. And she said there is far more competition in the niche market than there has been in the past, with not only independent doctors getting into the business but also larger physician groups making house calls their focus.

[www.detnews.com/apps/pbcs.dll/article?AID=/20081027/LIFESTYLE03/810270323/1040/rss34](http://www.detnews.com/apps/pbcs.dll/article?AID=/20081027/LIFESTYLE03/810270323/1040/rss34)

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## Doctors and House Calls, Perfect Together

NJVoices: Star-Ledger Editorial Page

February 11, 2009

Doctors who make house calls have long been considered a nostalgic ideal, vividly recalled by people of a certain age, a relic of a simpler time when people had ice boxes, ate dinner together and went to church. But in fact, the practice is slowly being rediscovered — and today’s version is helping to shape a new approach to cost-saving medical care. The Robert Wood Johnson Medical Group launched a Home Visit Service last year, and other hospitals and medical groups around the country have experimented with bringing back house calls.

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Thomas Edes, director of the VA’s Home & Community Based Care, said a team of doctors, nurses, social workers and dietitians are dispatched to the client’s home at various times. The point is to reduce emergency room visits and expensive hospital stays, providing low-cost quality care at home. About 25,000 unique patients are seen each year, and the program has enjoyed high levels of satisfaction among patients. The Independence at Home Act, a bipartisan bill introduced last year by New Jersey Rep. Chris Smith (R-4<sup>th</sup> Dist.) and Massachusetts Democrat Ed Markey, draws on those experiences for a Medicare version of coordinated care. It would allow for a three-year demonstration in 26 states to aid Medicare patients with multiple chronic conditions, similar to the VA target population. An aide to Smith said this week the bill would be reintroduced in the current session of Congress. The idea is long overdue. New Jersey is listed in a study as one of 13 states having the highest Medicare costs and the worst outcomes for beneficiaries with multiple conditions. It should surely be a candidate for a demonstration project.

[http://blog.nj.com/njv\\_editorial\\_page/2009/02/house\\_calls.html](http://blog.nj.com/njv_editorial_page/2009/02/house_calls.html)

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## 2008 Comeback Stories: The Return of the House Call

Walletpop

March 5, 2008

From 1998 to 2004, the number of physician house calls increased 43% to two million annually, according to a 2006 study reported in the Journal of the American Medical Association (JAMA). House calls by physician assistants and nurse practitioners also increased during that time.

So far, the trend seems to be most common in urban areas where emergency room waits seem endless and where it can also be difficult to get an appointment with a primary care doctor. “It’s really designed for major urban markets where it is more difficult to get a doctor’s appointment,”...

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Most Doctors who perform house calls charge a flat fee for the service, unlike so-called concierge or boutique medical practices, where patients pay thousands of dollars a year to have 24-hour access to a doctor. For example, Sickday charges \$250 for a 30 to 40 minute visit some patients' insurance plans will reimburse them for the visit.

[www.walletpop.com/2008/03/05/2008-comeback-stories-the-return-of-the-house-call/](http://www.walletpop.com/2008/03/05/2008-comeback-stories-the-return-of-the-house-call/)

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## Dr. Elizabeth Landsverk Found Her Calling in the Murky World of Alzheimer's

San Francisco Chronicle  
January 11, 2008

I see people from Marin down to San Jose and over to Walnut Creek. The assessment takes an hour and a half to two hours. I like to have the family there and see the caregivers that work with them day to day because you get a very different understanding of what's going on than if you see the person in the office with the daughter who sees her once a week. I'll look through the medications and see if there is anything that may be causing problems. I'll do a physical exam, a cognitive exam and a screen for depression. I'll review all this with the primary doctor, and not make any changes without their approval. Then I'll come up with a plan of care to make things better for the person. I'll write up the report, which is usually three pages long, and send it to the person or their durable power of attorney, and their doctor and anyone else they request.

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I charge \$800 for the initial visit. That includes the report, and I also give everyone my cell phone number. It is private pay. I don't participate in Medicare. I can't afford to. They do not pay enough to support a house call practice at this intensity. Ten percent of my patients are needs-based sliding scale or pro bono. I want to be available to as many people as possible."

[http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2008/01/11/CM2KT5D65.DTL#ixzz0aH\\_oTDHMD](http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2008/01/11/CM2KT5D65.DTL#ixzz0aH_oTDHMD)

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## Doctors Make House Calls to Elderly

The Plain Dealer  
October 28, 2007

Willie Moore's red manicured nails were the only visible sign of the vibrant woman she once was. The former nurse and beautician has a litany of health problems, can hardly walk and may have some memory loss.

"Ms. Moore, you are quite a challenge," Dr. Peter Degolia said after he had spent an hour with her in her Woodland Avenue apartment. "We need to make sure you receive skilled nursing. I am extremely concerned about the clutter in the house. It is the source of potential falls. You have already fallen once, you don't want it to happen again."

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As he walked out of the building, DeGolia told three medical students who accompanied him on the house call that if Moore had come to his office he would have never seen her living conditions or discovered she had combined some prescription pills in one bottle.

“The future of geriatric medicine is in the home and community,” said DeGolia, director of the center for geriatric medicine at University Hospitals.

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He sits and chats in a bedroom instead of standing over the patient in an examining room. He also questions caregivers to make sure they are not under stress. “About half of them would be in an institution without their caregiver,” he told the medical students.”

[http://nl.newsbank.com/nl-search/we/Archives?p\\_action=list&p\\_topdoc=31](http://nl.newsbank.com/nl-search/we/Archives?p_action=list&p_topdoc=31)

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## The Digital Pioneer

### The Wall Street Journal

October 27, 2009

The government is spending nearly \$20 billion in stimulus funding to help hospitals and doctors switch to digitized records, and Medicare will start penalizing those who don't use them in a meaningful way by 2015. The goal is to boost the quality of care and slash costs by keeping better track of patients.

But the Department of Veterans Affairs made that digital switch years ago-with striking results. Independent studies show that the VA system does better on many measures, especially preventive services and chronic care, than the private sector and Medicare. VA officials say its technology has helped cut down hospitalizations and helped patients live longer.

Even though the sprawling health-care industry faces lots of challenges as it goes digital, advocates say that the VA's experience shows the technology, combined with quality measurements, can work on a large scale...

It also helps the VA monitor patient care at home, especially for people with complex, chronic illnesses, such as diabetes and heart failure. The VA gives those patients special gadgets free of charge to measure weight, heart rates, blood pressure and other conditions, and the daily results are automatically transmitted into the VA's medical-record system, says cardiologist Ross Fletcher, chief of staff at the VA medical center in Washington. If the numbers exceed target levels, a nurse is notified...

The VA says the system has brought dramatic improvements. Consider the VA's in-home monitoring program, which has about 40,000 patients enrolled. The VA says the program has reduced hospital admissions by 25% and length of hospital stay by 20%. The system's automated reminders have also boosted performance in many areas. For example, the patients receiving a flu vaccine rose to 83% last year from 27% in 1995, says Fernando Rivera, the Washington VA hospital's medical director. Colon-cancer screenings increased to 84% from 34% during the same period.

[www.wsj.com](http://www.wsj.com)

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## Doctors at Your Door

The Courier-Journal

December 31, 2006

In Kentucky and Indiana, the home care association lists five house-call doctors, including Banfield, who serves patients in both states. In Louisville, Norton House Calls provides services similar to Bendfield's company; there are about seven local, private practice physicians who occasionally make house calls in cooperation with Jewish Hospital & St. Mary's HealthCare's VNA Nazareth Home Care.

Many services are geared toward seniors or disabled patients who can't get to doctor's offices. House calls generally don't cost more than other doctor visits if they have insurance that the service accepts. Experts say demographics, plus a growing dissatisfaction among doctors with the usual practice of medicine, are driving the trend. While continued expansion of the field depends partly on Medicare reimbursement levels—home-visit payment rates are expected to go down slightly next year—experts said the need for house calls will be even greater in the future.

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Samuel Whittinghill said Bendfield's visits also make it easier for him to stay on top of his own health—reminding him to check his blood sugar regularly, for example.

"He keeps me straight," said Whittinghill, who sent Bendfield off with a bag of honey candy. "You got to answer to him."

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In Shaddock's apartment, Bendfield peered into her kitchen to see how she organized her pills. And he asked Shaddock's son-in-law, George Doyle of Florida, to help him check her cupboards to make sure she had nutritious food. After finding lots of frozen meals, he suggested she consider receiving Meals on Wheels and drinking a few cans of the nutritional drink Ensure daily to stay healthy as she recovers from pneumonia.

[www.courier-journal.com](http://www.courier-journal.com)

## Doctor's Calling

The Boston Globe

May 14, 2007

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During his visit with Shun Hoi Yu, the 92-year-old, Siu reviewed the dozen medicine bottles in the man's tiny one-bedroom apartment and discovered a potentially dangerous problem: Because of confusion over refills, Yu had several bottles of one drug, and had been taking a double dose of that medication. Siu directed him to throw the other bottles out.

Siu, 32, an internist who works at Tufts-New England Medical Center, started house calls last August; he's believed to be the only Cantonese-speaking doctor in Boston with a weekly commitment to see patients in their homes.

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Siu says house calls are beneficial for frail patients who can't easily get to his office; they might let symptoms go untreated too long, resulting in a hospital or nursing home stay. Studies about the cost savings and health benefits of house calls traditionally have shown mixed results, but more recent data

from the University of Pennsylvania and the US department of Veterans Affairs, both of which have house call programs, have shown reductions in hospital and nursing home stays for patients. Medicare is now studying the impact of house calls in two pilot projects in five states.

Siu is convinced that he discovers more problems by observing how patients live. He has seen patients whose homes, because of blocked doorways or torn carpet, put them at risk for falling and breaking bones. House calls may be particularly helpful for immigrants, who, because of language barriers and suspicions of Western medicine, can be even more reluctant to go to a doctor's office or hospital for care, he said.

"Seeing a patient at home really opens my eyes," Siu said. He didn't know, for example, that so many of his patients lived in poverty and needed additional services. "When they come to the clinic they dress well, so you never know how much help they need until you see them at home," he said.

[http://www.boston.com/news/globe/health\\_science/articles/2007/05/14doctor\\_calling](http://www.boston.com/news/globe/health_science/articles/2007/05/14doctor_calling)

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## Healthy at Home

### Advance for Nurses

January 13, 2010

Ancy Zacharia, MSN, RN, GNP, WCC, celebrated her 10-year anniversary with the nonprofit Home Care Physicians on Dec.6 — and she never would have predicted her job would become trendy again. Her days are spent driving around the 300 square miles radius from Central DuPage Hospital (financial supporter of the group) in Chicago's western suburbs and bringing her practice to those who have difficulty getting to outside appointments. Patients are eligible regardless of their ability to pay, and Medicare covers 80 percent of the cost with supplemental insurance often picking up the remainder of the tab. The practice is also supported by private donations.

"People love to be in their own homes. It keeps them healthier and more mobile. Some of these people can't afford caregivers and have to move to a nursing home. Managing them at home prevents this [premature nursing home placement] and also repeat hospital visits," she said.

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Much of the re-emergence of the house call can be attributed to the invention of portable technology. Zacharia can order X-rays, ECGs and ultrasounds to be done in the home, in addition to the regular primary care she provides. Although the practice doesn't officially have telehealth measures in place, a community nursing service rounds on the patients and electronically sends reports.

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"When you walk into the house, you can see any safety hazards. Is there a lot of furniture they could trip over? If the patient is diabetic, I can actually see what they're eating," she said.

In her initial assessment with 97-year-old Dorothy Postlewait, for instance, who was recovering from a fall and managing hypertension and COPD, Zacharia could see the patient needed a better bed. She ordered a hospital bed and Postlewait reported easier breathing once her head was elevated.

<http://nursing.advanceweb.com/Regional-Articles/Features/Healthy-at-Home.aspx?prg=19>

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# Making House Calls: Tampa Dermatologist Brings Office to Patient

PR News Channel

March 02, 2010

The Tampa dermatologist began his house call program a year ago, after receiving a call from a local assisted living facility asking for his help. "I stopped by the facility during my lunch break to see one patient, but when I arrived eight people were waiting for me," Dr. Forman says. He now has 20 patients at that facility.

Dr. Forman is limited to the procedures he can perform during a house call, but says he can cover the basics. "I can draw blood, perform skin biopsies and other simple tests."

He uses his laptop to access and update patients' medical records and can write prescriptions on the spot. If more complex procedures are required, Dr. Forman suggests an office visit or trip to the hospital.

The Tampa dermatologist says physicians are dropping Medicare because it's paying less to doctors—about 20% less in reimbursements. But he refuses to do that.

"You can tell by the number of patients I see during my house call visits how important it is to care for the elderly regardless of their insurance situation," he says.

<http://www.prnewschannel.com/absolutenm/templates/?z=0&a=2321>

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# Doctor's house calls are to homeless camps, shelters

Merced Sun Star

March 1, 2010

"A couple of years ago Golden Valley started a homeless program, so I helped out," Sandoval said. Part of the homeless program was a mobile van that Golden Valley used to go to shelters and encampments.

Then Golden Valley lost its funding for the homeless program. That didn't stop Sandoval.

"I had gotten involved with the homeless, I worried about them," Sandoval said.

Because there was no funding for the program, Sandoval took care of his homeless patients for free. He didn't just go to homeless shelters with the mobile van — he also went to their encampments along Black Rascal Creek or anywhere the homeless congregated.

"I've got a couple of students who are helping me now," Sandoval said.

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"If someone is very sick, the hospital does a wonderful job," Sandoval said. "If we can help that person with medications before they get so sick, it's saving everyone a lot of money."

Sandoval said people shouldn't look at the homeless as an aberration. "I see people who have lost a good job, and now they are homeless."

<http://www.mercedsunstar.com/2010/03/01/1332244/doctors-house-calls-are-to-homeless.html>

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## Physicians take care on the road and into homes

White Lake Beacon

March 1, 2010

Dr. William Nelson has been a physician since 1980 and has worked in hospital emergency rooms, in family practice and in the Michigan prison system.

Now, he is taking his practice on the road and he is enjoying it immensely.

Dr. Nelson, who has practiced in the Muskegon area, now is a doctor with the Visiting Physicians Association (VPA), a leader in house call medicines and specialists in geriatric care.

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VPA provides medical care in the patient's home, and specializes in working with the elderly and disabled who have difficulty in getting to medical facilities. Physicians also work with residents in adult foster care homes and in nursing homes.

Dr. Nelson said he enjoys the slower pace and patient interaction that the VPA practice offers.

"In the office, we had to see patients every 15 minutes," he said. We were always in a hurry. Now, we (VPA doctors) see 9-10 patients in a day."

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Dr. Nelson said regular visits to the homes of the patients has proven to keep medical costs down because conditions can often be managed before they get to the point of needing hospital visits.

He said the founder of VPA convinced Medicare that it could save money by covering in-home physician calls.

The VPA physician said the business has its own laboratory, and blood tests are focused on the conditions of the elderly.

Tests are taken for diabetes, kidney evaluation, blood chemistry, vitamin levels, para-thyroid hormone levels.

Dr. Nelson said they can also give in-home x-rays and ultrasound, and provide EKG tests and heart monitoring.

In addition to physician care, VPA also provides physical and occupational therapy, and medical equipment and oxygen monitoring.

<http://www.whitelakebeacon.com/news/20962-physicians-take-care-on-the-road-and-into-homes>

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## Tampa doctor is bringing back the house call

Tampa Bay Online

March 1, 2010

It's checkup time for Howard Peck, and the doctor's visit is happening right in his home.

Dermatologist Seth Forman pulls up Peck's medical records on his laptop and checks his vital signs. He examines his skin and scalp, and checks the area behind his right ear where he found melanoma last year. He also asks questions about his health.

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The American Academy of Home Care Physicians doesn't track the number of doctors who make house calls, but it estimates that 1 million senior citizens are homebound, and an additional 2 million to 3 million find it difficult to travel because of transportation and health issues.

Last year, legislation that promotes home visits, called the Independence at Home Act, was introduced in Congress.

Forman started making house calls last year, when Emeritus officials asked him to visit one of their homebound residents. Forman scheduled the visit at lunchtime. When he arrived at the center, there were eight patients waiting to see him.

He now sees up to 20 patients regularly at the facility. They have skin cancer, dry skin, eczema and abscesses – all common skin conditions among the elderly.

<http://www2.tbo.com/content/2010/mar/01/tampa-doc-bringing-back-house-call/>

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## House calls: Visiting Physicians Association provides health care to homebound

Michigan Business  
February 28, 2010

"We've seen him the last few months. It's a great thing for many people," said Geraldine Counahan. "Everyone is amazed. They say, 'You have a doctor that actually comes to your own place?' It has been wonderful for us because neither one of us is able to get out like we'd like to."

According to its Web site, Visiting Physicians Association has been in business more than 14 years. The company has 110 physicians and specialists, and approximately 800 employees. Its selling points are peace of mind, ease of service and personalized, confidential care as patients are treated within the comfort of their own homes.

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Word is spreading about the Muskegon office, and doctors are on the road all day, Terry said. Referrals come from home care agencies, nursing homes, and hospitals.

"The practice is young and growing. There's so many people in this area to serve," Terry said. "We're looking to expand and hire another doctor by the end of spring."

While many health care insurance companies don't pay for house calls, federal health insurance does.

"Medicare has learned through experience that it pays off to have us do this, that it's more economical if you can keep a patient out of the hospital," Overly said. "Our corporate director calculated that we could

see a patient every month for two years and it would still cost less than one hospital stay. It's the wave of the future, really. I anticipate it will be easier for patients to qualify for home care."

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"A lot of these patients haven't been to a doctor in years simply because they can't get there. They're very grateful, and I feel very much appreciated," Overly said.

Lestee Habirt of Muskegon Heights is one of the grateful. At 84, she is in a wheelchair and said she is thankful for visiting caregivers and visits by Overly.

[http://www.mlive.com/business/west-michigan/index.ssf/2010/02/house\\_calls\\_visiting\\_physician.html](http://www.mlive.com/business/west-michigan/index.ssf/2010/02/house_calls_visiting_physician.html)

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**Lee County dentist makes house calls to seniors unable to visit office**

News-Press.com  
February 23, 2010

Hers is something of a unique service in Lee County and one that may see higher demand in the coming years as more seniors opt to live at home longer rather than move into nursing homes. It is a trend known as "aging in place."

"Since 2000, local nursing homes have provided a large part of my patient base," Outlan said. "Now, as the aging-in-place concept is gaining wider acceptance, I'm expanding dental services to private homes for those unable to go out to a traditional office,"

Almost 20 percent of Florida residents are older than 65. About 5 percent of them are home bound or live in nursing homes.

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House calls are far preferable to taking the ailing woman to a dentist's office, they said. "It's just a godsend for us," said Smith's daughter, Maryann Krass. "More people should do these services. It's really needed."

Studies have long linked good oral health to good overall health. But many seniors may be avoiding the dentist's office.

A 2005 survey conducted by the University of Buffalo School of Dental Medicine found that more than half of the seniors who responded were not regularly seeing dentist. The most cited reasons: lack of adequate transportation, anxiety and cost. Medicare does not cover most dental procedures.

<http://www.news-press.com/article/20100223/HEALTH/100222071/1013/LIFESTYLES/Lee-County-dentist-makes-house-calls—to-seniors-unable-to-visit-office>

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**Health care comes home**

Akron Beacon Journal  
January 26, 2010

SummaCare recently launched an effort to bring back an old-fashioned medical tradition: house calls.

The Akron-based insurer has expanded its Physician House Calls Program to serve select patients who are enrolled in traditional Medicare, the federal health insurance program for people 65 and older and some younger disabled Americans.

Through the program, a geriatrician or nurse practitioner makes house calls to provide routine and preventive care for frail patients who struggle to get to their doctor's office.

Medicare pays 80 percent of the bill and patients pick up the remaining 20 percent if they don't have supplemental insurance, Zafirau said. The co-payment is waived for SummaCare enrollees.

The goal of the program is to keep seniors with complex medical problems as healthy as possible and out of the hospital.

"It's about weekly that we probably have a patient who otherwise would have gone to the hospital," Zafirau said.

Heart disease takes toll

More than 75 percent of Ohio residents have at least one risk factor for heart disease.

Among African-Americans, the heart-health picture is even more startling. In Ohio, African-American men die an average seven years earlier and African-American women die about nine years earlier than their white counterparts.

<http://www.ohio.com/news/82664017.html>

## He makes house calls — and provides a sympathetic ear

The Virginian Pilot

January 24, 2010

Rather than toiling in an office brimming with technology, he examines 95-year-old Isabella Harrison in the soft-lighted comfort of her Virginia Beach apartment.

"Where are you?" he calls out after being let in by Harrison's caregiver. "There you are. In the chair instead of the sofa?"

It's a small detail, but it gives him a hint of just how much the woman's hip has been hurting. She no longer wants to sit on the sofa because it's too difficult to get up.

"As I found people who needed a closer relationship and were willing to bring me into their homes for the care," Patterson said, "it became more and more interesting. You see what these people's lives are like. The office is an artificial environment as far as how people function in their homes. It's a whole new level of understanding."

Medicare pays more for a house call to make up for the time and travel, and he doesn't have the office overhead of equipment and staff. He also works for Sentara's hospice program, which treats people at home.

A house-call practice is not a financial move many doctors are willing to make. For Patterson, though, it works, and it has given him an appreciation of a more personal style of medicine.

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Patterson has had patients who stopped seeing their doctors because they couldn't get to their offices. Then they let their prescriptions lapse and ended up in the hospital. Small problems that could be addressed in early stages grew into big ones that required hospitals.

That's the kind of expense the Independence at Home project aims to reduce. It's also designed to be "budget-neutral." Savings in hospitalizations would go toward funding the home-based coordination of care.

<http://hamptonroads.com/2010/01/he-makes-house-calls-and-provides-sympathetic-ear>  
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## Doc On Your Block: Pediatrician Resuscitates the House Call

New York Post  
January 11, 2010

The Brooklyn-based doctor, who launched his new routine in August, is one of a small but growing number of mobile medicos who, at a time when the future of American health care is uncertain, are embracing the long-lost house call.

"It's unfortunate what managed care has done to the doctor/patient relationship," he said. "But I realized that everything I need for a routine office visit I can take with me."

Kulich carries a small black bag similar to the traditional one doctors would carry in the Norman Rockwell era, but he also lugs a 50-pound duffel bag on wheels.

He arrives at every visit with two stethoscopes, an ear scope, a blood-pressure cuff, a scale, a nebulizer, a respiratory kit, syringes and blood-drawing equipment, flu, strep, and H1N1 tests, materials to mix antibiotics, various vaccines, two laptops — and, of course, lollipops and balloons.

[http://www.nypost.com/p/news/local/brooklyn/pediatrician\\_resuscitates\\_the\\_house\\_XpgFL7q0q3LeEyGriHDZZK](http://www.nypost.com/p/news/local/brooklyn/pediatrician_resuscitates_the_house_XpgFL7q0q3LeEyGriHDZZK)  
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## The Return Of The House Call

Forbes  
January 11, 2010

Remember the days when doctors made house calls? Galitz is bringing them back, and changing the very way health care—and potentially myriad other services—are delivered in the Internet age. "We aim to deliver the same care a patient would get by visiting a doctor's office, but at the lowest cost possible," he says.

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Say a patient in California is suffering and needs a doctor's attention. Instead of going to the doctor's office, the doc is dispatched to the patient's home. On arrival, he begins sending a video transmission of his visit to a nurse practitioner back at the home office in Hollywood, Fla. The doctor is telling—and

*showing*—the nurse all the facts about the case in real time. The nurse enters the medical data simultaneously into a custom database that crunches the diagnosis, thereby reducing error. If the doctor in California needs a second opinion, he can get that from Florida, too, right on the spot. It's a team approach, and the patient never leaves home; the doctor in the field doesn't feel like he's all alone out there; and the company can be assured it's covering all bases and following a consistent procedure.

"It's like there's always someone else in the room ensuring that things are getting done correctly," says Galitz. "This way we gather accurate data, lower costs and improve outcomes."

<http://www.forbes.com/2010/01/11/ivisit-small-business-entrepreneurs-technology-marks.html>

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## House Visits Still Have a Pulse: He Found His Calling

Amarillo.com

March 6, 2010

"I think there is more need for house calls," said Guy, who completed his residence at the Texas Tech School of Medicine in Amarillo in 2001. "Some people don't want to go and be exposed to germs and people who are sick."

Guy and at least one other Amarillo doctor are starting practices where house calls are a regular, if not large, part of their business.

As the payment structure for physicians has changed to a fee-for-service form, the doctors argue that face-to-face time with patients has declined.

More doctors don't spend the necessary time they need to with patients because they aren't paid for their time, but rather the services to a patient.

"They're not giving their patients the time they need," Guy said. "I give them as much time as they want and they pay for the time."

In fact, there are a growing number of doctors across the state and country starting to make house calls their entire practice.

"I wouldn't say there's been a tidal wave of it," said Dr. Jerry Morris, a family medicine doctor in Dallas. "There's been some growing interest in it."

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"House call doctors can keep their overhead costs down," Guy said.

Dr. Ron Rankin, co-owner of Amarillo Medical Group, said rates for a home visit are probably three times what they are for a hospital visit.

Morris said the Medicare program altered its payment schedule in 2008 to make it more enticing for doctors to see patients in their home if they leave a hospital earlier.

"If we save them one or two hospitalizations in the life of a patient, we will more than pay for our making house calls," Morris said.

Guy hopes to attract patients who are too sick to leave their home, want to avoid others who are sick or want to wait at home rather than a doctor's office. He also will see patients in his office, where he has some basic medical equipment.

[http://www.amarillo.com/stories/030610/new\\_news1.shtml](http://www.amarillo.com/stories/030610/new_news1.shtml)

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## Dentist makes house calls, a mark of his caring ways

Arizona Daily Star

March 20, 2010

"In today's world, someone who goes out of their way to make house calls stands out in the community," Herr wrote in his nomination.

Pandhi, a self-described workaholic, spends his two days off each week providing treatment to homebound patients and those living in nursing homes and other care facilities. He is specially trained to treat patients with developmental and physical disabilities.

"He's the only one I've met who takes the time to go and do house calls," Herr said. "I thought that was the coolest thing. He's a fantastic person to be around – very passionate about the highest quality, always looking for the newest technology."

Pandhi has been practicing dentistry in Tucson for 26 years. Initially, at the behest of his parents, he planned to become a medical doctor. Pandhi had to wait a year for admittance to medical school; during that time he studied dentistry and fell in love with the profession.

[http://www.azstarnet.com/news/local/article\\_07e09fcf-2307-545d-a61d-1de5b4a783ff.html](http://www.azstarnet.com/news/local/article_07e09fcf-2307-545d-a61d-1de5b4a783ff.html)

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## Bay Area dentists who make house calls

San Francisco Chronicle

March 29, 2010

When Debbie Green's 92-year-old aunt lost a front tooth, she needed a dentist. But Green knew getting her to one wouldn't be easy.

For one thing, Green lives in Aptos (Santa Cruz County), and her aunt, Jean Christian, lives at Sunrise of San Mateo, a continuing care facility for seniors.

So Christian didn't go to the dentist. The dentist went to her. A team from Bay Area House Call Dentists went to her apartment, evaluated her dental health and took X-rays. They discovered that besides a new tooth, she needed root canals and a crown – "a huge reconstruction of her teeth," Green said.

Because she needed so much work, Bay Area House Call Dentists arranged transportation to its office in San Francisco, where all the work was done in about four hours. After a follow-up visit, "she did fine," Green said. "She liked the people. They kept us informed."

Even better, “She can eat now. She can smile,” Green said.

A division of the Blende Dental Group in San Francisco, Bay Area House Call Dentists specializes in working with seniors and people with disabilities or other special needs. The latter can include phobic, obese or immobile people, people with dementia, the homebound and people who can’t control their movements.

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After the visit, a patient care coordinator reviews the results with the patient or responsible caregiver to recommend treatment, which can be done by House Call Dentists or the person’s own dentist. Procedures that can be done at home include cleaning, extracting, and making or repairing dentures. The coordinator also schedules appointments, arranges transportation and facilitates communication between the dentist and the patient or caregiver.

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Besides going to private homes, House Call Dentists teams, joined by a patient care coordinator, visit senior facilities, where they offer the initial screening, including X-rays, for a group rate of \$35 per person. Residents may then schedule follow-up services.

Neither the American Dental Association nor the California Dental Association keeps any statistics on dentists who make house calls, since it’s a relatively new trend.

“It’s too soon to tell,” said Jennifer George, a spokeswoman for the state association, but “we certainly support that.”

Internet searches show a growing number of companies offer similar services for seniors, including HomeCareDentist.com, which also allows appointments to be made online.

AgeSong Laguna Grove and AgeSong Hayes Valley have had semiannual visits from House Call Dentists for about three years. AgeSong offers assisted living, memory care and hospice services.

The dentists “know how to work with seniors and people with behavior issues,” said Maris Corush, community relations director at the AgeSong facilities. “As people get older, they need more dental care.”

Elke Tekin, executive director of the AgeSong facilities, said that going to an appointment can be traumatic for people with dementia because changes in routine can upset them.

<http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2010/03/28/DDR31CKM8I.DTL#ixzz0jgxZO5VN>

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## House Calls to Avoid Emergency Calls

Health Leaders Magazine

March 8, 2010

For many of Eric De Jonge’s patients, their medical care starts at home. These patients are part of the 10% of the elderly population—the sickest of the sick, with multiple chronic conditions—who account for roughly 60% of the Medicare budget. But De Jonge’s patients also are part of the “Medical House Call” program, now 600 patients strong, which has been run for the past decade by 926-licensed-bed Washington (DC) Hospital Center.

De Jonge, director of geriatrics at the hospital center, shares duties with the program's cofounder, George Taler, MD. Their two medical teams, made up of nurse practitioners, social workers, and office staff, crisscross through a section of the nation's capital, providing home-based primary care to patients.

De Jonge and Taler are two of the approximately 4,000 physicians—in addition to nurse practitioners and physician assistants—making home visits part of their practice, according to the American Academy of Home Care Physicians. In 2007, more than 2.2 million house call visits were made, up from 1.5 million a decade earlier. But while that rate is up, it's probably not as high as it could be because of cost.

While it can be argued that the hospital center can make downstream revenue if patients are admitted for care, "I don't think that's a good long-term way to look at it," De Jonge says. Instead, he sees the program as providing patient-centered care for individuals who have trouble leaving their homes for a physician's appointment.

"I see their home: I have great information to take care of them. I talk to their family. I make sure they're taking their medications. We adjust their environment to keep them safe," De Jonge says. Keeping an eye on them can result in reduced hospital emergency department admissions or delayed admissions to a nursing facility.

But, the current fee-for-service program can be discouraging in taking care of this elderly population. The revenue of the program only accounts for 70% of the costs; the other 30% is made up through donations and philanthropy through the hospital center.

On the flip side, the program has been found to reduce the average inpatient length of stay from 8.3 days to 5.9 days. In addition, the house call program keeps patients out of more expensive nursing home care: Nationally, 75% of deaths occur in a hospital or nursing home, but in the House Call program, only 25% of patients were in those settings.

This is why both physicians have backed efforts to include a provision in federal healthcare reform legislation that calls for a pilot project to look at expanding current Medicare coverage for at-home visits. Under the "Independence at Home" proposal, which has received bipartisan support, if the amount of money spent on visits was less than what Medicare expected to spend, then the savings would be given to the provider or organization providing the healthcare.

In Akron, OH, a slightly different way to pay for house calls is being tried with the Summa Health System. Three years ago, a partnership was established among for-profit SummaCare Health Plan, not-for-profit Summa hospitals, and a local foundation to establish a house calls program.

SummaCare pays out on a per member, per month management fee that provides for visits, plus operational support, such as nurse care managers and a consultant pharmacist, according to William Zafirau, MD, medical director of the house calls program.

The program is a different medical model, says Kyle Allen, DO, Summa Health System's chief of the division of geriatric medicine and medical director of postacute and senior services. "It's more focused on care than cure. It has a lot more palliative care principles than strict medicine principles. There's a lot of defining the goals of care with the family and the patient," he says.

"The house calls program for us is really early diagnosis and treatment for patients that have functional or mental impairments that prevent them from getting care or enough care," says Annette Ruby, SummaCare's vice president of health services management. "We want to make sure our patients access the care they need to maintain their health."

Another aspect of the program focuses on meaningful conversations about the end of life and living wills. “When we look at patients terminating from the program, a common cause is death,” Ruby said. “But when the patients die, it’s often in their own homes instead of the hospital.”

To make the house call business model work requires several factors. First, it needs enough patients and good scheduling to reduce what Zafirau refers to as “windshield time.” This means scheduling patients so you’re “delivering more care than you are driving to deliver care,” Ruby says.

Sometimes house calls are performed as a supplement to primary care, as with the Just for Us program operated by the Duke Community Health in Durham, NC, under contract with Lincoln Community Health Center. Patients are enrolled as patients in Lincoln, which bills Medicare, Medicaid, or other insurers. Currently, 50% of the cost is reimbursed by Duke, but the goal of the program is to eventually make it self-sufficient.

The 24/7 responsibilities of providing healthcare falls on the primary care providers. However, enrollees in Just for Us—who are low-income seniors—receive care where they live that helps them, for instance, manage their diabetes, hypertension, or COPD, or receive assistance with diet and medication issues, says Fred Johnson, director of clinical and care management services with Duke’s Division of Community Health.

The program’s team—consisting of a supervising physician, a midlevel assistant, a social worker, a nutritionist, an occupational therapist, and a community health worker—visits 350 patients at least once every five weeks.

Many of the patients, who live in nearby high-rise buildings, will receive one-on-one visits in their apartments. (These are fully clothed visits that involve care above the navel, except for toenail trimming, Johnson says.) Some patients meet for group visits in their buildings’ community rooms. All of the participants are home-bound, with little family support, and show high rates of low literacy.

And is the program working? In one survey, the program found that ambulance service costs (which the county pays for) dropped by 49%, emergency room costs went down 41%, and inpatient costs declined by 69% from when the program started among the patient group studied; meanwhile prescription costs went up 25%, Johnson says.

And then there are the small victories such as a smoking-cessation group. After two years, “We’re down to no one smoking,” Johnson says.

<http://www.healthleadersmedia.com/page-1/MAG-247662/House-Calls-to-Avoid-Emergency-Calls>

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## Local doctor pays house calls with mobile medical service

The Post and Courier

November 26, 2009

Dr. JP Saleeby wants to make a career change that eventually would take him out of the emergency room and into a patient’s living room or office.

Saleeby, an emergency room doctor for the past 16 years, and his wife, Sharon, a respiratory therapist at the Medical University of South Carolina Children’s Hospital, launched Carolina Mobile MD in October.

With it, the Saleebys will bring care to patients rather than having patients come to them. JP Saleeby integrates traditional and alternative medicine but focuses on hormone management in his house-call

practice. The Saleebys geared their fee-for-service practice to the busy professional who wants to save time by avoiding a waiting room and spend more of it with a doctor. They do not take insurance and plan to offer services to patients living within a two-hour drive of the Charleston area.

Saleeby said he was inspired to make house calls because of what he's seen as the emergency room director at Marlboro Park Hospital in Bennettsville. There, Saleeby has treated a steady flow of patients who come to the E.R. with preventable problems, consequences of diabetes and hypertension, and avoidable heart attacks and strokes.

As an emergency room doctor, Saleeby said, he has just a few moments to make a diagnosis. His mobile program would allow him to spend 60-90 minutes with a patient, longer than a typical doctor-patient interaction.

Sharon Saleeby said medicine of today focuses on treating disease rather than preventing illness. The couple plan to take a different approach in their practice, offering patients a prescription for healthier living.

<http://www.postandcourier.com/news/2009/nov/26/local-doctor-pays-house-calls-with-mobile-medical>

## Markey Applauds Health Care Bill

GateHouse News Services

November 9, 2009

"This historic vote for comprehensive health care reform is exactly what I came here to Congress do," said Markey. "Thirty three years ago, I called for comprehensive health care reform in my first congressional campaign. And today, I am proud to say we are closer than ever to fulfilling that dream."

The bill also includes several Markey-authored provisions, including the Independence at Home Act, which creates a Medicare demonstration program which helps chronically ill seniors receive coordinated care from a team of health care professionals right in their own homes.

"This critical provision not only improves care for the most vulnerable among us, but also could save taxpayers money in the process by catching emerging health problems early, before they require a costly hospitalization," said Markey.

<http://www.wickedlocal.com/woburn/news/x255176498/Markey-applauds-health-care-bill>

## New Old Age

New York Times

June 30, 2010

Mary Wareheim suffers from a long list of health problems. She's an amputee who uses a wheelchair. She has diabetes, heart disease, high blood pressure and an irregular heartbeat; she takes 11 prescription drugs. At 83, she leaves home infrequently, perhaps twice a year.

Yet she's been the hospital just once in six years, probably because she's had excellent medical care and monitoring. Though she's essentially homebound, doctors come to her, in the Baltimore house she shares with her daughter, son-in-law and a Great Dane named Murphy, through the Johns Hopkins Elder House Call Program.

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House calls aren't a new idea, of course. Johns Hopkins has been sending attending physicians and residents out to see frail, elderly patients in their homes for 30 years. (I remember our family doctor coming to see me, black bag in hand, when I had the measles in my long-ago youth, so I wouldn't infect everyone in his waiting room.)

But the number of house calls has grown since Medicare agreed to raise reimbursement rates for them about a decade ago. The American Academy of Home Care Physicians estimates that about 4,000 doctors — from solo practitioners and university programs to a company that makes 10,000 visits a year in five states — now provide care at home.

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And these visits could become even more common if the Independence at Home demonstration program, part of the new health care law, shows that house calls can save Medicare money.

"They've been growing slowly, but not with anywhere near the speed we need to help the country solve this problem," said Dr. Bruce Leff, a Johns Hopkins geriatrics professor.

In an aging society trying not to drown in medical costs, the problem is that a majority of Medicare dollars are spent on a small sliver of very sick patients with multiple chronic diseases and disabilities — like Ms. Wareheim. A simple visit to a Baltimore emergency room, for instance, often tops \$2,000; even brief hospitalizations cost tens of thousands of dollars, and too often the medical carousel brings discharged patients back to the hospital within weeks.

House call physicians seem to slow that carousel. The Veterans Administration, for example, maintains a network of more than 160 house call programs. Last year, those programs cut days spent in hospitals by 70 percent among 9,400 elderly patients and reduced total VA and Medicare costs by more than a third, V.A. researchers announced at a conference last month.

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Doctors on house calls talk about "the kitchen biopsy" — seeing what's in the refrigerator, noticing a jumble of pill bottles that suggests hit-or-miss medication use, observing that descent to a basement washing machine involves fall hazards.

These doctors also say they develop deeper relationships with their patients. They know their families, their values and preferences. Dr. Jennifer Hayashi, who directs Johns Hopkins's program, can spot not only when her patient Mrs. Wareheim might need a higher diuretic dose, but also when her daughter Ms. Ricko is wearing out as a caregiver.

<http://newoldage.blogs.nytimes.com/2010/06/30/no-place-like-home/>

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## Local Doctors Making House Calls

WEWS 5 ABC News  
May 20, 2010

You might think house calls are a thing of the past, but that is not the case in Cleveland.

There's a big group of people who are still able to live at home, but for whatever reason, are not able to get to the doctor. Often, those seniors end up in a nursing home. Full-time care is expensive and not necessarily what the patient wants.

That's where house calls can make all the difference.

Dr. Karen Parker is an internist who drives her own car to house calls. She spent 20 years as a medical researcher and then decided she wanted to become a medical doctor, so she came to the profession later in life.

When she was a resident at University Hospitals, she was required to go on a house call.

"I thought this is fabulous, this is really how I have to do medicine," she said.

Much of her work brings her to the inner city, to neighborhoods with the highest crime rates in the county.

Because it cuts Medicare costs by keeping patients independent longer and out of nursing homes, Dr. Parker hopes that will help sustain the program, which is growing.

The doctors and nurses in the program see about 300 patients, with three to five new ones added each week.

You must live within a seven mile radius of the hospital to qualify. It doesn't matter how much money you have, only whether your mobility affects your ability to get to the doctor.

[http://www.newsnet5.com/dpp/news/local\\_news/local-doctors-making-house-calls](http://www.newsnet5.com/dpp/news/local_news/local-doctors-making-house-calls)

## House Calls Revisited

Journalgazette.net

June 13, 2010

SOUTH BEND – Right from the comfort of her own home in New Carlisle, Marge Horvath has had a doctor's exam, blood drawn and even an EKG performed, thanks to the new Visiting Physicians Association location in South Bend.

"It's fabulous," Horvath said recently after she'd just been visited by a VPA doctor. "Here I sit," she said. "I don't have to get dressed and go into a doctor's office."

Based in Farmington Hills, Mich., Visiting Physicians has more than 25 locations across the country.

The South Bend office opened recently. Its professional staff currently includes two physicians, a nurse practitioner and a medical assistant, said Karin Hobgood, spokeswoman for the local office. And plans are to bring another physician on board soon, she said.

The South Bend office's services are provided to patients in St. Joseph, Elkhart, LaPorte and northern Marshall counties in Indiana and Cass County in Michigan, she said.

While patients say they love the convenience of receiving medical care in their own homes, Marshall said there's an advantage for their health care providers, too.

"We can be nosy," he said. "I've been known to open a refrigerator or two."

Seeing a patient's home environment can give their physician clues about how well they're being taken care of and the quality of their diet, he said.

As far as billing for services goes, Medicare and most types of insurance are accepted, Hobgood said. As for Horvath, she said she's most looking forward to using the service when winter comes back around. "The main thing is, I don't have to drive," she said. "I'm so happy."

<http://www.journalgazette.net/article/20100613/NEWS07/306139867>

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## As older people grow in numbers, experts seek ways to handle the coming boom

The Washington Post

August 10, 2010

The tsunami looms: By 2050, nearly 90 million Americans will have passed age 65, and every corner of society will feel the impact. With our inadequate health-care workforce, outmoded retirement ideas and rigid housing policies, how can our country prepare? Beyond rethinking ways to ensure retirement savings (mandatory government savings plans?) and redefining retirement (phased retirements? Working longer?), researchers and professionals are trying out, and in some cases reviving, some ideas.

From hospital halls to cyberspace: telemedicine

Imagine a 75-year-old receiving wireless medication reminders, straight to his beeping wristband. Or an 80-year-old with a new hip, linked by body sensors to a device embedded in her carpet that tracks her movement patterns in case her mobility worsens.

In the future, we are going to start seeing telemedicine "as part of the medical home," says Dale Alverson, medical director at the Center for Telehealth and Cybermedicine Research at the University of New Mexico.

Although developers and advocates have promoted telemedicine for years, Alice Borelli of Intel points to barriers – including Medicare reimbursement policies and inadequate broadband in parts of the country – that have kept telemedicine a mostly conceptual solution.

One supposed barrier, wariness of new gadgets, may prove unfounded. "I was shocked; they love the technology," says Laurie Chichester, who directs home-care services at the Metropolitan Jewish Health System in New York, where 170 patients use remote monitoring.

Telemedicine can't replace hospitals or nursing homes, but it can delay the need for them. "We can move 30 to 40 percent of health care to the home," Borelli says.

Curing an ailing workforce

The health-care workforce for older patients is unwell. The country must recruit millions more doctors, nurses and aides with the skills needed for a surging geriatric population.

A 2007 study showed a 20 percent decline in the ranks of certified geriatricians over 10 years; only 11 percent of medical schools require students to complete a geriatrics rotation.

So Sharon Levine, a geriatrician, leads the Chief Resident Immersion Training program at Boston University Medical Center, where doctors from across the country gather for weekend boot camps on treating the elderly.

William "Skip" Nitardy, an internist at Marshall University Medical School in Huntington, W.Va., left the immersion program with greater knowledge of delirium and more interest in treating the elderly. "They've fought the world wars and built the country, and they deserve our best," he says. Meanwhile in Wisconsin, Cooperative Care provides home care by aides who are both employees and owners of the service, a possible key to retaining workers in a field known for turnover.

Enthusiasm for the work, plus profit sharing and higher wages, has translated into remarkably low turnover at Cooperative Care: less than 10 percent, a far cry from the 70 percent national rate.

Healing the workforce will take time, but it's essential. "These are all things that we've known about," says Tracy Harris of the Institute of Medicine. "It's not a pipeline that suddenly burst in the ocean."

Finding a home to grow old in

Older adults almost universally say they want to age in place.

"People want to be more in control," says Maribeth Bersani of the Assisted Living Federation of America.

But most seniors will require some form of care as they age. Some innovative ideas for senior housing:

-- College campus living: About 60 senior living communities have sprouted on college campuses, including Stanford and the University of Michigan, offering independent, assisted-living and nursing home services, plus university courses and activities and a multigenerational environment.

At Stanford, where the Hyatt-built community requires a deposit of more than \$1 million, "very few people end up going to the nursing home or assisted living center," says Victor Regnier, gerontologist and architect at the University of Southern California. "They'll stay in their own apartments."

-- Apartments for life: Already prevalent throughout northern Europe, these mixed-age complexes offer private units with home-care services available. In contrast to sprawling suburban campuses, these urban buildings promote activity and independence with medical services close by.

-- Accessory dwelling units: Modular homes constructed on the same property as a family member's house, these allow seniors to live independently while receiving care from family; when occupants move or die, the unit can be removed or resold.

A doctor in the house

Older Americans consume the greatest proportion of health-care dollars; people with five or more chronic conditions account for two-thirds of all Medicare spending. House calls allow doctors to treat elderly patients with such illnesses before they require expensive hospital visits or a nursing home.

Bruce Leff, a geriatrician at Johns Hopkins University, worked with a research team studying 455 patients who were treated in hospitals and at home over 22 months. The team's 2005 report found that home treatment cost about 30 percent less than hospital care, because home patients required fewer procedures and improved more quickly.

Similar results at other hospitals and doctors' practices have prompted the Independence at Home Act, part of the health-care overhaul; it provides for pilot house-call programs aimed at reducing costs.

On home visits, doctors and nurses can do more than write a prescription or take a blood sample. "Within two to three minutes, doctors at home can spot things," says Leff, the founding director of Johns Hopkins's Hospital at Home program.

"From a physician's perspective, it is a very satisfying experience," says Mohamed Aniff, a geriatrician at New York's Montefiore Hospital, which has 600 patients in its house-call program. Aniff typically spends nearly an hour with each of his patients at home. "We get to go through everything."

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## Doctor in the House

Daily Times of Delaware County PA

December 28, 2009

### Doctor in the house

When Michael Shank was a kid, the idea of a family doctor dropping in for a house call was no more unusual than waking up to find bottles of fresh milk on the front step.

"It seemed like a normal thing for a doctor to do in the early '60s when my brother and I were little," he said.

Now a physician who specializes in geriatric care, Shank said some of the patients he visits on Saturdays and Sundays are stunned to find a doctor at the door.

"The majority of patients I encounter are surprised that a physician will still make house calls," said Shank, who is also board certified in family medicine and clinical densitometry. "It is something I have been doing for 25 years and I find it both personally and professionally satisfying."

With the rapidly increasing senior populations, Shank said the number of doctors who perform house calls is rising. "It has been making a comeback, especially in the last three to four years," he said. "The need has increased, though I would say it has always been there, and more and more physicians have realized that."

The American Academy of Home Care Physicians was formed in 1988 for "physicians and related professionals and agencies interested in improving care of patients in the home" and scores of for-profit companies have emerged with fleets of doctors that will visit patients for a flat fee.

Shank schedules his house visits on weekends when traffic is the lightest and family members who would otherwise be working are home.

"I make the schedule up on Friday and schedule my house calls in a geographically efficient manner," he said. "No matter how you do it, they are inefficient — I could see five or six patients in the time it takes me to make one house call — but I think it makes a strong statement about a physician's loyalty and devotion to his patients."

For Shank, working outside the office can be challenging.

"It's not easy to practice in a home," he said. "There's no diagnostic equipment down the hall and you are forced to rely on your clinical skills and judgment to a higher degree."

Even so, Shank said having a feel for a patient's home environment helps him provide better care.

"Is their home clean? Are their nutritional needs being met? Is there help available if they fall? Are there appropriate safeguards in place?" he said.

"Most of my house calls last much longer than my office visits because those patients typically have many more medical issues than someone who is able to come to the office."

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## House calls ready to go national

Chicago Tribune

September 13, 2010

From the back window of his row house, Karl Schwengel can see the U.S. Capitol. But the 11 blocks might as well be so many miles, because he can barely walk across his bedroom, let alone go for a stroll.

Schwengel, 79, has [congestive heart failure](#) and arthritis. And though he lost 60 pounds during a recent hospital stay, he still weighs 260 pounds.

Last year he was retaining so much fluid that his calves were “almost the size of basketballs,” he says, and walking became nearly impossible. When he traveled to a clinic or the hospital for medical treatment — an ordeal in and of itself — he relied on neighbors and an unofficial godson to take him.

All that began to change about six months ago, when a community group put him in contact with the Medical House Call Program at [Washington Hospital Center](#). Now a doctor or nurse practitioner visits him every month to check his vital signs and medications and work with him to improve his health. A physical therapist recently joined the Schwengel team, and now he’s practicing using a walker at home.

“The doctor says we’re going to work on one problem at a time,” he says.

In this era of assembly-line appointments, when you’re lucky to get 10 minutes of face time with a physician, the idea of doctors making house calls seems old-fashioned. But for frail, elderly people with multiple health problems, bringing the medical establishment to the patient makes sense.

Because it’s hard for these patients to get to the doctor, small problems languish and turn into larger ones. Eventually these patients land in the emergency room or hospital. If they recover, all too often the cycle starts again.

Home visits make financial sense as well, notes Jim Pyles, a [Washington](#) lawyer and member of the board of directors of the American Academy of Home Care Physicians. “We found that you could afford to treat a patient for a whole year at home by avoiding just one hospitalization,” he says.

Washington Hospital Center’s program, which started 11 years ago and serves roughly 600 patients, has reduced expected hospitalizations among participating patients by almost two-thirds, says Dr. George Taler, a gerontologist and co-director of the program.

Now that program and similar ones may get their turn on a national stage.

The healthcare overhaul signed into law this year creates a three-year [Medicare](#) demonstration project to test the home visit concept on 10,000 Medicare enrollees who were the sickest and most expensive to treat. To be eligible for the project, called Independence at Home, patients must have multiple chronic conditions and be unable to perform normal daily activities such as bathing and dressing. They must also have been hospitalized or in need of other high-cost care in the last year.

Healthcare organizations that participate in the project won’t receive any money up front. If they succeed in cutting treatment costs by 5%, improving health outcomes and getting positive patient reviews, the groups share in any further savings. The program is slated to begin by January 2012, but some are pushing for a faster start.

Supporters say the project is a recognition of the increasing importance placed on growing old at home rather than in institutions. “It will help expand these programs and acknowledge Medicare’s role in them,”

says Elinor Ginzler, a senior vice president at AARP.

But making a success of these program is not simple. Although Medicare pays practitioners more for home visits than for clinic visits, it doesn't pay for time spent traveling or for coordinating patients' care.

Clinicians working for Chicago-based Home Physicians see just 10 or 11 patients a day, far fewer than the 30 or more patients an office-based doctor would typically see, says Chief Executive Craig Reiff. His 15-year-old private company has 60 clinicians — including primary care doctors, podiatrists, nurse practitioners and physician assistants — who serve 12,000 patients in Chicago and Baltimore.

To make the visits pay, Reiff says he has to schedule his clinicians' visits carefully. And he notes that they make calls in tight geographic areas. "It could be very difficult to make it work in rural areas."

Practitioners have had no trouble reaching Karl Schwengel's home in Washington.

"They've done everything in the world for me," he says. With their help, he hopes to keep losing weight and to be able to walk again. "There are so many things I want to do. I want to take my dog for a walk across the park."

Or maybe to the Capitol.

<http://www.chicagotribune.com/health/la-he-house-calls-20100913,0,3674456.story>

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## Tulsa Doctor Trades Office for House Calls

NewsOn6.com

August 26, 2010

TULSA, OKLAHOMA – Stories about medical services and how they'll be delivered in the future are in the news on a regular basis.

Well, how about a 21<sup>st</sup> century doctor who's gone a bit old school?

As News On 6 reporter Rick Wells found out, the doctor is not only in, he's at the front door.

Dr. Brian Raley and his nurse Jennifer have come to Cale Cozbey's house in Bixby for his four-month check up.

About nine months ago, Dr. Raley got the idea some of his patients might be ok with him coming to them.

"I wanted to establish a better relationship with my patients," he said.

So every Thursday he schedules his baby checkups. He and Jennifer show up with a scale and portable computer so he can update records and check history.

They have everything they'll need to check a patient's progress, right there in the living room with a parent sitting on the couch.

The computer will allow him to forward a prescription to the neighborhood pharmacy, which Kacie can pick up later.

Dr. Raley checks Cale's growth and muscle development, all the while asking and answering questions just like in the office.

He said he schedules eight to ten house calls every Thursday. He acknowledges it's many fewer than he could schedule in the office, but it's much easier on the babies, so it's worth it.

"I leave instead of him leaving," he said. "It's the way it should be. It's awesome."

And for mom, it's as easy as getting up to answer the door.

Dr. Raley said Thursdays have become his favorite day of the week and that it puts a little joy back in the practice of medicine.

<http://www.newson6.com/story/13051526/tulsa-doctor-trades-office-for-house-calls?redirected=true>

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## The R.I. Life: This doctor still makes house calls

Rhode Island News

August 30, 2010

Ed Martin bears little tangible resemblance to the physician in the famous Norman Rockwell illustration, "Doctor and the Doll," first published in 1929, when medicine was so different. But Martin shares the spirit of Rockwell's kindly old physician with his black bag, stethoscope and loving interaction with his patient.

That spirit is evident on this afternoon when Martin, 56, a doctor for three decades, makes a house call on a woman in his care. Ruth Gorton suffers from chronic heart failure. She greets Martin from her armchair in the living room of her home in a tree-lined neighborhood. An elderly woman, Ruth lives with her grown daughter.

[http://www.projo.com/news/content/Ed\\_Martin\\_08-30-10\\_I3JJLM5\\_v24.21c75fd.html](http://www.projo.com/news/content/Ed_Martin_08-30-10_I3JJLM5_v24.21c75fd.html)

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## House calls: Just what the doctor ordered

Live5news.com

September 24, 2010

DANIEL ISLAND, SC (WCSC) – Two local doctors are taking their practice back to the early days of medicine. As part of the "Doc At The Door" program Dr. Marion Cooper, M.D. treats patients in their homes, instead of a clinic.

For more than three years, the "Doc" program has provided in-home health care services for the elderly, disabled and homebound.

Cooper, a board certified family physician, drives all over the Lowcountry for house calls.

"For me, as a doctor, it's great to see patients literally in their home environment. I have a much larger window into what's going on with them."

Because the patients are in the comforts of their home, they're usually more at ease during physical exams or checkups.

"This is the way I was brought up. They came to the house back in my day," Miriam Wallace laughed.

Although she's a relatively new patient, Wallace, 84, already sees the benefits of the "Doc" program.

"It's convenient," she said, "I have a lot of time on my hands, but I don't want to spend it getting ready for the doctor."

According to Dr. Cooper, many of the patients he sees have mobility issues, and a trip to the doctor may be a big ordeal for them or their caretakers.

Michael Ayers' father is a patient of Dr. Cooper's. Even though Ayer's is grateful for the convenience of his father's physicals, his gratitude for the program runs much deeper.

"This concept is wonderful because it's been the difference between keeping him at home or in a nursing home," Ayers said.

In addition to the added convenience for patients, Dr. Cooper said house calls allow him to fully appreciate the reasons why he became a physician.

"I went into [medicine] because I wanted to have time with people. The great thing about home visits is that I generally have more time with someone in their home than I did when I was in the clinic," Cooper said.

Doc At the Door is affiliated with Trident Health System and accepts Medicaid and Medicare patients. For more information call (843) 847-3470.

<http://www.live5news.com/story/13214194/house-calls-just-what-the-doctor-ordered?redirected=true>

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## **Biking nurse makes house calls in Bellingham**

**The Seattle Times**

**October 18, 2010**

In days of yore, doctors, nurses and midwives made house calls on foot, horseback and by carriage.

These days, house calls are a rarity, but Jody Hoppis of Bellingham is pedaling her skills as a nurse practitioner by bicycle.

Two years ago she started Mobile Medicine, visiting patients at their homes and workplaces using a specially designed bike trailer to tote her supplies.

"You learn so much about a person by being in their home," Hoppis said. "I love my job."

Hoppis says the service saves her patients the time, bother and expense of getting to a clinic, and they can contact her quickly by phone or e-mail. And by keeping her overhead low, Hoppis says she can spend up to an hour checking on and visiting with her patients, rather than the handful of minutes typically available in a busy medical office.

Hoppis, 39, grew up in Ferndale and earned her bachelor's and master's degrees in nursing at Seattle Pacific University. She lived for a while in Seattle, where she endured a commute from West Seattle to Bellevue and yearned for a better place to raise her kids.

She and her husband, Joe, a real estate agent, moved to Bellingham a decade ago. They have three children, ages 6, 8 and 10.

Hoppis bicycled while at Seattle Pacific and began bicycling more after they moved to Bellingham. She worked part time at a family practice clinic but wanted to find work that better fit her family's schedule and allowed a stronger connection with patients.

She knew of a doctor who made house calls, and the notion intrigued her. Then, at a Ski to Sea parade, she saw some Bellingham bicycle police officers roll by.

She thought, "I want a job where I ride my bike." The idea of Mobile Medicine was born.

Finding a suitable trailer wasn't easy, until she got her hands on the design for a lockable, waterproof model used by postal carriers in rainy Scotland. She pedals a German-made Kalkhoff bicycle that carries a small electric motor for extra oomph when needed.

As a nurse practitioner, she can perform physical examinations, diagnose and treat illnesses and chronic health problems, prescribe medications and physical and other therapies, order and interpret diagnostic tests and refer patients to specialists.

Sean Hall of Bellingham and his wife and children use her service, including the time his son crashed into a tree and cut open his lip.

"She biked over and saved us a trip to the ER," Hall recounted in an e-mail.

Nearly all of Hoppis' calls are by bike, but she drove one time when snow covered Bellingham's streets, and she drives to see patients in Lynden. Phama Woodyard, one of her Lynden clients, likes how Hoppis stays in ready contact with her patients, and likes her overall approach to medicine.

"Most doctors treat test results, they treat numbers," Woodyard said. "Jody treats symptoms."

Another patient, Dana Brandt of Bellingham, called Hoppis last February on Sunday Bowl Sunday. Brandt, he later learned, had herniated a disc in his back the day before when he and his 6-year-old son kayaked to an island, where he proposed marriage. A short time later, he wrenched his back hauling his kayak onto a friend's sailboat for the trip home.

Brandt said he already knew Hoppis and her family, and managed to drive to her house for a medical assessment while Joe Hoppis watched the football game.

"I found myself in excruciating pain and needed someone on short notice," Brandt said. "It was a huge help to me."

[http://seattletimes.nwsourc.com/html/localnews/2013192371\\_apwabikingnursepractitioner1stldwritethru.html](http://seattletimes.nwsourc.com/html/localnews/2013192371_apwabikingnursepractitioner1stldwritethru.html)

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## Why Health Care Is Going Home

The New England Journal of Medicine

October 28, 2010

**This article has no abstract; the first 100 words appear below.**

In Albuquerque, New Mexico, and Buffalo, New York,<sup>1</sup> acutely ill patients have been sent out of the emergency department for hospital-like care at home. In Baton Rouge, Louisiana, and Little Rock, Arkansas, home health agencies provide chronic care management services, emphasizing care coordination and support for patients' management of their own conditions. In San Diego, California, physicians arrive at patients' homes with a new version of the black bag that includes a mobile x-ray machine and a device that can perform more than 20 laboratory tests at the point of care. Several engineering and electronics companies have developed products for . . .

[Disclosure forms](#) provided by the author are available with the full text of this article at NEJM.org.

This article (10.1056/NEJMp1000401) was published on October 20, 2010, at NEJM.org.

<http://www.nejm.org/doi/pdf/10.1056/NEJMp1000401>

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# Markey says his work isn't done

Winthrop Transcript

October, 27 2010

...Additionally, and on a personal note, Markey said he was able to include a piece of legislation in the Health Care Bill concerning Alzheimer's care.

Markey's mother suffered from the disease for many years until dying in 1998 at age 90. During those tough years, Markey said he and his father were able to care for her at their Malden home. However, he saw that it wasn't easy and maybe there could be changes.

"What became clear is we need a national plan to ensure that families who want to keep someone at home should have the resources to do it," he said. "We gave nursing homes and hospitals incentives to keep the people at home...I think this is very important to the kind of people who live in Revere and Winthrop where families are very central."

The measure is called the Independence At Home Act and is part of Medicare....

<http://www.winthroptranscript.com/2010/10/27/markey-says-his-work-isnt-done/>

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## Doctor House Calls May Be Coming Back

My Fox Atlanta

November 15, 2010

(CANVAS STAFF REPORTS) – House calls by physicians may increase under a provision of the [health care reform bill](#).

[The \(Wilmington, Del.\) News Journal](#) reported that currently there are about 4,000 doctors who make house calls in the United States. A section of the health reform law called the Independence at Home Act may encourage more doctors to do so by allowing them to share in any [savings](#) if they can prove they reduced hospital use, improved quality care and left patients satisfied.

The program is meant to focus on the sickest and oldest patients. Savings would be split between medical organizations and the federal Centers for Medicare and Medicaid Services, which would run the program.

The News Journal said such home visits can help because a doctor gets insights into a patient's lifestyle, eating habits, ability to take medicine and exercise.

"They know you're on their turf and that makes them much more relaxed and more comfortable and more willing to answer questions," Dr. Ina Li said. "You learn a lot of things that they wouldn't even considering saying in the office."

[KABC-TV](#) reported there is also a growing trend for pediatricians to make house calls. Dr. Ed Kulich said children are more relaxed and he is able to know more of what may contribute to an illness.

Costs are higher and often parents have to pay fees upfront and seek their own reimbursement from their insurance companies.

[The Los Angeles Times](#) reported the health reform program meant to save Medicare money has also led to home visits by nurses.

The program, launched in August by doctors' group Metcare, selected eligible patients depending on how many times they had been in and out of the hospital. They may have chronic health conditions that often require a visit to the doctor or, if recently discharged, may have confusion over what medication they are supposed to take.

It is meant to decrease how many seniors are re-hospitalized shortly after being discharged. Recent research in the New England Journal of Medicine stated one in five seniors are back in the hospital within 30 days of being discharged.

The nurses try to prevent that by being on-call and visiting selected patients at least once a week.

The Times said Johns Hopkins University's Center for Hospital Finance and Management studied a program similar to MetCare's and found each nurse hired saved \$75,000. Two-thirds of that was traced back to fewer hospitalizations.

There are drawbacks. Li said Medicare reimbursements are still inadequate, about \$54 for a new patient at home compared to \$37 at the office. The catch is there is travel time involved as well as less patients that the doctor can see during the day.

[http://www.myfoxatlanta.com/dpps/health/doctor-house-calls-may-be-coming-back-dpgoh-20101115-fc\\_10618602](http://www.myfoxatlanta.com/dpps/health/doctor-house-calls-may-be-coming-back-dpgoh-20101115-fc_10618602)

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## This doctor only makes house calls

Mt. Shasta News  
January 12, 2011

Siskiyou County, Calif. — A little over three years ago, a new doctor arrived in the region and began working out of the offices of Siskiyou Medical Group. He left SMG last July and revived an old medical practice, house calls. Today, Dr. Danny Drew is the only physician in the county who will see patients in their own homes.

Now it is the only way he sees patients. "I've always liked the concept of house calls," he said at the end of a busy Tuesday last week. "To me, it's just a little more personal."

Within three months of establishing himself as a mobile medical service provider, Dr. Drew had to stop taking new patients. Seeing up to 14 patients per day, normally 12, the demand had overcome his ability to serve.

"We have three pages of patients on a waiting list," he said, referring a team including himself and his wife, Rita, managing caseloads at their home. "We're thinking about hiring a physician's assistant. There's enough work for two full-time positions."

Dr. Drew sees patients all over the county, and then some. "I drive from Castella to Seiad," he said. He also sees a patient who drives up from Redding. "We meet in a park," he added.

While growing up in southern California, Little Danny Drew did not want to be a doctor. His life's path would be defined by two influences, becoming a born-again believer in his mid-teens and his talent on the courts. "I wanted to be a tennis pro," he said. "But that takes money."

He began drifting toward a career in law, beginning with work for a legal service. But the attraction there did not last long.

“At the counter at a courthouse, I took a look down the counter and I saw a guy in his 60s and I thought, this is not what I want when I’m in my 60s,” he recalled. “I did not want to look back on this as my life’s accomplishments in work.”

A little later in life, another influence entered. “In my 20s I had testicular cancer, and I was working with two physicians who were incredible examples in their professions.” He credits their efforts, combined with his devout faith, with his being declared cancer free, though their inspiration would not take full root for a while longer.

“I never thought about doing medicine,” Drew remembered. Instead, he started taking night classes at Simon Greenleaf School of Law, a private, Christian school of evidentiary law. Greenleaf, as Drew explained, became a believer after a student challenged him to apply evidentiary law to claims of the Gospel.

He said it was weird going back to school and learning, but he took to his classes. “I found I really enjoyed them, especially science of evolution and creation. And I began seeing, through biology and chemistry, God’s fingerprints everywhere. God was saying, ‘Change your life.’”

After returning for two more years in southern California, Drew and his wife worked odd jobs and juggled parenthood. Then they began looking for a Christian liberal arts school. “I received partial scholarship for playing tennis,” he said. This time, his schooling put him on the path to becoming a physician.

The next step on his path took him overseas. “We wanted a different medical school experience than the typical US school had to offer, usually just the core courses, programs and training,” he said. “I wanted something a bit different, a focus on international health and medicine.”

So they moved to Israel for three and half years so he could study at Ben Gurion, which provided him what he calls the core of his education. Next was residency in Washington state. I was fortunate to be picked for a family residency program, one of the top such programs in the country.”

In 2007, a recruiter introduced him to an opportunity at Mercy Medical in Mount Shasta. From there it was a small step to SMG. After leaving the medical group, Dr. Drew knew they would be staying in the area for a while. “We have a commitment to our 16-year-old daughter,” he said. “We’ve promised we’d stay until graduation.”

So they began to explore ways to provide medical services outside a clinic. “Before we started, we contacted a doctor’s malpractice insurance company. They said they would cover us,” he said. “And the last ten to fifteen years, [health] insurance companies have begun to reimburse on a continuous basis.” The reimbursement is to the doctor for services rendered.

“We thought about cash-only basis, but our biller told us we could accept insurance,” he added. He takes all insurance, including Medicare and Medi-Cal. Given that he would often be alone with a patient in a home, he does not provide services for some women’s health issues. “I considered obstetrics, but decided against it,” he explained. “The risk was a little too high.”

<http://www.mtshastanews.com/news/x703880902/This-doctor-only-makes-house-calls>

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# For country doctor, house calls are a hike down Grand Canyon

USA Today  
January 26, 2011

Family practitioner Ken Jackson is known around Kingman, Ariz., as the “Cowboy Baby Doctor,” though he says the nickname is a bit misleading — he doesn’t always ride a horse or wear his cowboy hat, and he prefers alternative rock to country music.

But for the past three years, Jackson has traveled by horseback once a month deep into the Grand Canyon to provide prenatal care for Supai, a remote Native American village of about 400 that is inaccessible by automobile. It is the last place in the USA to which the U.S. Postal Service makes deliveries by mule.

In winter, Jackson makes the trip by helicopter. But come spring, he’ll climb on one of his horses for the trip to Supai, on the Havasupai Indian Reservation.

Jackson, 62, who has worked on Native American reservations and in small and medium-sized towns for most of his 36 years as a physician, was recently named 2010 Country Doctor of the Year. The award, which honors a primary care physician who exemplifies the spirit of rural practitioners, is given by Staff Care, the largest physician staffing service in the country, to physicians practicing in communities of 30,000 or less.

For 16 years Jackson also has made medical visits to the Indian Health Service clinic on the Hualapai (pronounced ?WAH-lah-pie?) reservation in nearby Peach Springs, Ariz. In addition, he sees patients in his family medicine practice in Kingman and serves on the labor and delivery staff at Kingman Regional Medical Center.

A family medicine physician certified in obstetrics, Jackson estimates that he has delivered more than 4,000 babies.

Whether it’s making a visit to Supai, driving home at 3 or 4 a.m. after a complicated delivery, or treating one of his family practice patients for a routine ailment, “what I do is very validating,” says Jackson. “Every single encounter that you have is important, and it’s important that you give the best that you can to everyone who comes through the door.”

That philosophy of compassion and sincerity helped Jill and Chuck Cone of Kingman select Jackson as their family doctor.

“He has a way of relating to each person and making them feel respected and cared about,” says Jill Cone.

Jackson delivered three of Kendra Hernandez’s children. The nurse’s aide at the Peach Springs Health Center says Jackson always makes extra time for expecting and new moms at the clinic, even if they’re not on the schedule.

“He’s on top of everything ... and we always have a good time with him,” adds Hernandez, whose ancestry is Hualapai and Mojave. “He makes everyone laugh.”

Debbie DeMarce, an infection prevention specialist at Kingman Regional Medical Center, nominated Jackson for the country doctor award and says she was impressed with his commitment to an under-served community that often battles high rates of diabetes, alcoholism, poverty and teen pregnancy.

Jackson was raised in Colorado and graduated from Baylor College of Medicine in Houston. Early in his career, he accepted a position at the Indian Health Service Hospital on the White Mountain Apache Reservation in Whiteriver, Ariz.

Before arriving in Kingman in 1991, he spent a decade working in a private medical practice in Pinetop, Ariz., which borders the White Mountain reservation.

Over the years, he says, he has developed a fascination with and respect for the Southwest and Native American culture; he has twice crossed the state of Arizona on horseback (west to east and north to south) and recently published his first book, *Manifest West*, a fictionalized suspense novel about a physician on the Fort Apache Indian Reservation. Now he is working on a sequel, but he says he hasn't given any thought to quitting his day job.

"I love the contact with the patients and the health care people who are working to help our patients," he says. "Every day has its challenges, but at the end of the day, I feel worthy. With every encounter, you have the chance to do the right thing."

[http://www.usatoday.com/yourlife/health/healthcare/doctorsnurses/2011-01-24-countrydoc24\\_ST\\_N.htm](http://www.usatoday.com/yourlife/health/healthcare/doctorsnurses/2011-01-24-countrydoc24_ST_N.htm)

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## Doctors Make House Calls Despite Higher Costs

NBC-DFW

February 16, 2011

Tough economic times and rising costs still are not deterring some doctors from going the distance and making house calls.

One North Texas physician, Dr. Frank Elliott, sees patients in his office in the morning and visits home-bound patients in the afternoon.

Elliott has been a primary care physician for more than 30 years and has spent the last five making house calls to about 100 patients, complete with his medical bag.

"I enjoy this. I sit around and talk to my patients usually, and they become friends," said Elliott, whose practice is in the Dallas Medical City building. "It's rewarding. And I enjoy driving and I enjoy listening to the radio."

He makes house calls, despite the higher cost of everything from malpractice insurance to the gas needed to drive to patients' homes. The patients appreciate his visits, which don't cost them a cent more out of pocket.

Christy Johnson's 84-year-old grandmother, who lives in Richardson, would have a hard time physically getting to the doctor's office.

"She has diabetic neuropathy, so she has calluses on her feet and they hurt really bad. So, it's a big challenge for her to get up stairs and in the elevator," Johnson said.

Johnson said house visits are "much more comforting and personal than going to a hospital."

Elliott said he has saved other patients from rushing to the emergency room with every problem, which saves taxpayers money since Medicare pays the bills. It's just another reason he criss-crosses the Metroplex to visit the sick.

Though there are other doctors in North Texas who make house calls, The Texas Medical Association does not see it as a growing trend.

<http://www.nbcdfw.com/news/health/Doctors-Make-House-Calls-Despite-Higher-Costs-116321334.html>

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## Doctor Bringing Back the House Call Concept

8newsnow.com

March 17, 2011

Waiting to see your doctor can be frustrating. Whether it's an office visit or a trip to the emergency room, it can be hours before you are seen or treated.

But a Las Vegas doctor has come up with an idea that brings the medicine to you. Doctor Charles Hornbaker has been an ER doctor for 25 years and wanted to give better, more thorough care to his patients. So he brought back the house call.

"My thought was I would like to see better care that has the patients first and foremost," he said.

Dr. Hornbaker understands patient's frustrations with the long wait.

"Nationwide, some of these non-threatening emergency waits can be as long as seven hours," he said.

So he started a group called, AM PM House Calls. His team of six doctors come to the patients.

"Our goal is to be at the patients bedside, ready to go and with diagnosis and therapy within one hour of their call," he said.

Hornbaker says his physicians typically spend up to an hour with a patient in their home. AM PM House call doctors mainly specialize in minor emergencies. But they can do check-ups and physicals in your home as well.

The cost of a home visit starts at \$600. Some insurance companies do cover mobile physician care. AM PM requires the patient to pay up front.

<http://www.8newsnow.com/story/14272850/doctor-bringing-back-the-house-call-concept>

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## More doctors making house calls

NWItimes.com

March 20, 2011

Whether the need is for post-hospitalization follow-up, diabetic foot care or simply a routine check-up and flu shot for the disabled patient, help is on the way. Literally.

Thanks in part to a provision called Independence at Home, part of the recently passed and continuously contentious Patient Protection and Affordable Care Act, more physicians are making house calls. That's right, house calls.

Merrillville physician S.B. Sinha, M.D., visits patients to take their blood pressure, check on medication dosages/interactions and perform a battery of tests and procedures right in their home.

While Dr. Sinha's in-home medical practice is a recent addition to Northwest Indiana, the number of physicians like him is increasing. A Chicago-based firm called Mobile Doctors also has physicians, podiatrists and medical technicians who provide in-home health care services to patients in Northwest Indiana. And a quick search on the American Academy of Home Care Physicians' website (AAHCP.org) yields the names of other medical providers serving most states including Indiana, Michigan and Illinois.

It is estimated there are approximately 4,000 physicians, nurse practitioners and other medical professionals nationwide who either specialize in in-home care or at least make it a part of their practice.

Is this special artisanal health care reserved only for the wealthy? Definitely not.

According to Dana Robinson, Vice President of Marketing for Mobile Doctors, the vast majority of their patients are seniors on Medicare, and many are low-income Medicaid patients. Dr. Sinha also says that the bulk of his patients are on Medicare.

Both Dr. Sinha and Mobile Doctors accept private insurance as well. However, many private insurance companies require prior approval. In addition, Dr. Sinha notes that he cares for several patients who have no medical insurance at all. "When I took the Hippocratic Oath I meant it. I am not in this to become wealthy," he says.

Even so, according to both Ms. Robinson and Dr. Sinha, the cost is not prohibitive but is comparable to the cost of a visit to a physician's office. And as the AAHCP notes, "house calls are more likely to prevent unnecessary and far more costly [emergency room] visits and hospitalizations. At \$1,500 per ER visit, the cost of 10 house calls is offset by one ER visit prevented."

This is something that Dr. Sinha is particularly proud of. "I can check up on patients to make sure they are taking the correct dosage of their medications, observe the challenges they encounter in their homes and work with family members to assure the best quality of care."

If a patient requires supportive short-term services such as wound debridement, catheter care, physical or occupational therapy, etc., the Indiana University Health LaPorte Hospital Visiting Nurses Association also makes house calls.

Again, private insurance, as well as Medicare and Medicaid cover the costs for many of these services. However, they are limited to short term and/or intermittent needs.

The scope of their services ranges from nursing care to bathing and even house cleaning, according to Director Suzanne Manthey.

AAHCP Executive Director Constance F. Row notes that although the number of physicians offering home-based services is growing, demand is outpacing supply.

"While 4,000 medical professionals are currently making home visits, the need is for more like 10,000," she says, because of the millions who are suffering with multiple chronic conditions.

It is a number that is expected to escalate so, in order to attract more physicians, the AAHCP advocates physician education in primary home care as well as adequate reimbursement.

[http://www.nwitimes.com/niche/get-healthy/health-care/article\\_fc4afedc-7d6c-5d9c-b8d8-fe601149160c.html](http://www.nwitimes.com/niche/get-healthy/health-care/article_fc4afedc-7d6c-5d9c-b8d8-fe601149160c.html)

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## House calls: A new vision of elder care

Hospital News

April 2011

A bout of pneumonia combined with a bad fall could have been disastrous for a 100-year old man living alone in a Toronto apartment. The fall inevitably meant hospitalization and, for many older adults, a hospital stay is seen as a setback, a journey that often takes an older person out of the home-setting forever.

But a revolutionary partnership changed the outcome for Mr. W, and laid the groundwork for a new vision of elder care in Canada. "We've created a hybrid model of home-based, primary and specialty care for frail seniors," explains Dr. Mark Nowaczynski, Mr. W's family physician, and a new addition to Mount Sinai Hospital's Ray D. Wolfe Department of Family Medicine.

Dr. Nowaczynski is the pioneer behind House Calls, a project reminiscent of a time when the doctor was at the patient's doorstep instead of in an office. He created House Calls in 2007 as a pilot project, and received full funding from the Ministry of Health and Long Term Care in 2009. The program brings together an inter-professional team made up of a physician, nurse practitioner, occupational therapist, social worker and a coordinator to provide care to some of the most vulnerable in society — marginalized, house-bound seniors.

In November 2010, House Calls forged a unique partnership with Mount Sinai Hospital, and Dr. Samir Sinha, the new Director of Geriatrics at the hospital. Dr. Sinha formed an integrated and inter-professional

team to deal with every aspect of an older person's care in hospital with the hope of returning that patient to the home, when possible.

When Mr. W arrived at the hospital, already on antibiotics for pneumonia, Dr. Nowaczynski's "heart sank." A hospital is not always the best option for a frail, older person. An older person can be particularly vulnerable to suffering functional decline in hospital, and one in three older adults discharged from hospital leave with a higher level of disability.

In previous months, Dr. Nowaczynski's House Calls team had worked tirelessly with Mr. W, helping him lead a largely independent life. The older man had made great strides; he went from a bedbound man to one who could travel up and down the elevator to visit the plaza below his apartment building.

But Dr. Sinha and his team, continuing Dr. Nowaczynski's philosophy of care, gently approached Mr. W in hospital and asked him an important question. "If we can get you better, where do you want to go when you leave Mount Sinai," Dr. Sinha asked his patient.

"I want to go home," said Mr. W.

Mr. W is one example of how the traditional model of care is changing in Canada.

Systems of care in the country developed at a time when the population was younger, and generally healthier. Patients who visited the hospital usually had one issue, and it made sense for a person to be treated by one unit or one program.

Today, older people may suffer from multiple chronic conditions, hospitals are overwhelmed with an increase in the number of older adults, and the situation isn't going to improve.

Baby boomers started turning 65 this year and by 2030 Canada's 65 plus population will double. The population for those 85 and older will quadruple.

"Mount Sinai's partnership with the House Calls program hopes to transform health care in Canada," says Dr. Sinha. He can now make sure a patient receives the best possible care, whether that is in the emergency department, on inpatient units or outpatient settings or even in the home. "I can tell you this, no other hospital in Canada has been able to develop such a true continuum of care," adds Dr. Sinha.

"The House Calls program fills a gap," says Dr. Nowaczynski, and it makes a difference to people who, otherwise, would not have been able to access clinical care. "I've come across patients who could only get to their family doctor's office if they booked an ambulance and paid three hundred dollars."

"One woman told me she sometimes had to decide between going to see the doctor or eating, and hearing things like that gives me a wave of nausea," he adds. Dr. Nowaczynski has strived to give a voice to the elderly in the health-care arena, and he sometimes takes his camera with him during visits to capture poignant images of willing patients in their homes.

For Mr. W, after two weeks of care at Mount Sinai, where he underwent aggressive therapy to help him walk again, he was able to return home.

Dr. Sinha and Dr. Nowaczynski stopped by Mr. W's apartment several months later for an in-home geriatric consultation, and were greeted by a smiling man who was on his feet and ready to entertain. Mr. W, a "true polish gentleman," had laid out a delicious spread of pies, treats and coffee for the doctors.

"We have to adapt our system to meet the needs of our highest users. By doing that, we can preserve independence, and we can allow people to keep living longer and living well," says Dr. Sinha, referring to Mr. W's successful plan of care. "More importantly, it allows 100-year-old patients like Mr. W to remain in their own homes, which is where they want to be, and where they can thrive."

Mr. W turned 101 on February 17, 2011. Dr. Nowaczynski indicates he continues to do well.

<http://www.hospitalnews.com/modules/magazines/mag.asp?ID=3&IID=153&AID=1857>

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# Living out your years at home can be challenging

Kansas City Star

April 16, 2011

A treasured collection of china doll heads watches over Winnifred Whited from shelves in her cozy living room in the Kansas City house where she has lived since 1942. "I'm plugging along by myself," said Whited, 98, who worked in a bag factory for 30 years. "I pray every night to be able to stay in my own home."

Whited is doing what most old people want to do: to "age in place" — with a little bit of help when needed.

She has Snowball, her cat, and nightly phone calls from a niece. These keep her company between Meals on Wheels deliveries, visits from an aide who gives her a bath, and outings with relatives or friends who take her to the grocery or the doctors.

"I'm happy here," said Whited, whose husband and son have died. "I crochet big afghans. I work my word puzzles. I sit out on the porch when it's nice."

Whited is among the fortunate. It isn't easy to age in place.

In the coming decades, more of us are going to find that out.

For the next 20 years, as 79 million baby boomers age, 10,000 people a day will turn 65, an average of one every 13 seconds.

And here's another wrinkle: At least a third of Americans who reach age 65 are likely to reach age 90, perhaps frail and needing lots of help.

Kansas City will be in the bull's-eye of this unprecedented demographic shift. Just under 200,000 people aged 65 and older live here now. In our five-county metropolitan area, that will almost double by 2030. Johnson County will be hardest hit, with the number of seniors growing from about 60,000 to 130,000.

This surge of elderly residents will provide a difficult test for Kansas City. More than in many cities, we live in sprawling suburbs dominated by two-story, single-family homes and rely on cars to get around.

When the elderly can no longer climb their stairs or drive their cars, we'll pay dearly for decades of building a spread-out, car-centric culture.

And consider another factor particular to the Kansas City area: We smoke more and are fatter than the average metropolitan area, raising the likelihood that more people will age with physical problems.

Beginning today, The Kansas City Star examines the transportation and in-home care issues at the heart of aging in place.

The challenges will be enormous. Among the needs:

- An affordable, on-demand and door-to-door system to transport frail seniors across city and county lines. The patchwork of transportation services that exists now often depends on volunteers and can't take someone from, say, Raytown to a doctor in Leawood.
- Retrofitted houses to accommodate those who no longer can climb stairs, turn door handles or use their bathrooms.
- New and affordable technology and devices that assist the elderly with daily living and remote monitoring of their health.
- More well-trained and affordable in-home care aides, both around-the-clock and short-term.
- More trained volunteers and family members to work with the elderly.

“We need to keep people in their homes, but we need builders to renovate them and care givers to come to their homes,” said Eugene Wilson, a volunteer concerned with aging issues. “We need the medical community to think more about delivery of care at the home level and use hospitals only as the last option. We need to revisit the now-radical view of doctors making house calls.”

Beyond the desire of the elderly to age in place, there’s a practical matter to consider: Because of money, their options may be limited. They won’t be able to afford to retrofit their houses and add technology to assist them, or pay for help with transportation.

Most also won’t be able to afford costly residential centers that specialize in “active senior living” and a progression of life-care services. Many centers have a buy-in price of a quarter million dollars or more. Note, too, that the midpoint cost of a nursing home room in 2010 was \$75,190 a year — \$15,000 higher than five years ago.

So there’s at least one more huge challenge for the area. For those who decide to give up the dream of aging in place, we’ll need more affordable senior living communities.

Fred Bentley, director of the affordable-housing tax-credit program for the state of Kansas, sees firsthand the growing demand for lower-cost senior apartments. This year, for the first time in his 20-year career, applications for senior housing outpaced those for family units.

“This need goes up and up, and it won’t abate in our lifetime,” Bentley said.

A phalanx of service providers is working on solutions for the coming elderly surge and the desire to age in place if they can. But so far there’s no widespread public will or money to tackle senior housing, transportation and care needs. As the needs continue to soar, governments and major philanthropies must dedicate more of their resources to those purposes.

“Home is where the heart is,” said David Baxter, senior vice president of AgeWave, a national think tank on aging. “Moving away from memories is a challenge. But aging at home is not always the ideal solution.”

Reluctant to seek help

Today there are about five people under age 65 for every older person. By 2030 there are expected to be only three for each over-65 person.

Throughout history, the younger generation has been called on to help their elders. But what happens when there aren’t as many young people to help support — physically and financially — the needs of the elderly?

Families have been getting smaller. And many young professionals have followed jobs to other cities, reducing the number of adult children available to help with Mom and Pop.

It was the desire not to be a burden to her two sons that dominated Gloria Schlossenberg’s thinking.

“My children have been wonderful, but they have their own lives,” said the 87-year-old Overland Park resident. “I don’t want them to feel guilty if they don’t call or can’t rush over.”

Schlossenberg’s husband, Irving, died in February. After that she couldn’t see continuing to live in their longtime home.

As a couple, they had adapted to using a network of help from family, friends, taxis and agency bus services to shop for groceries, visit their doctors’ offices or keep up with the community activities they had long valued in Overland Park.

But “it was very difficult,” she said. “I can’t stress what it does to you to ask for so much help.”

Schlossenberg, just one among thousands whose wishes about staying in their homes will play out daily across the metropolitan landscape, had the desire and money to move into a complex that specializes in older adults.

“Fortunately, I can afford it,” she said. “But, oh, I do worry about those who can’t.”

### Staying in their homes

Nine in 10 elders will never be in an elder-care campus setting, said Bill Bergosh, who is affiliated with John Knox Village in Lee’s Summit. “They are going to have to stay in their own homes ... with assistance.”

And that is where Marie Norrise finds herself. The 92-year-old Kansas City woman hasn’t left her midtown Kansas City home in four, maybe five, years — and she’s fine with that.

“I don’t feel lonely,” she said. “I read The Living Word, the Bible, Guideposts, the newspaper, all the junk mail. I watch TV in the evening ... not in the day. I don’t have time for that. It takes longer to do things when you’re in a wheelchair.”

For 46 years she has been happy in her home. It’s paid for. It’s full of things she loves. She knows every nook and cranny, and has the furniture arranged so that her motorized chair can move from room to room.

Her mobility is limited by diabetes and high blood pressure, Norrise wears a panic alert button in case she needs help. Once emergency crews had to break a pane in her front door to get in after she fell.

From the chair she cleans with a long-handled duster. She cooks, mostly in the microwave, since she now keeps her pots and pans within reach in her conventional oven.

“I do just fine,” Norrise said, pointing out a long wooden pole with a coat-hanger loop stuck on the end. She motors to her front door and uses the hook to pull in the daily paper, left on her front porch by her delivery agent.

“I thank God I can still read,” she said. “First thing I thank God for every morning is for keeping me in my right mind.”

Norrise worked in a dress shop for about 30 years before retiring. With her husband, who died 12 years ago, she enjoyed gardening. The rosebushes in the back yard, untended for years, are gone, but she keeps a rainbow of plastic flowers potted on her front porch.

“It’s not a busy life like I used to have, but I’m satisfied. I’m hoping that when it’s time for me to move, it’s time for me to go home,” she said, waving her left hand heavenward.

Meanwhile, she relies on some help to stay in her home. Nieces do her grocery shopping. Nuns visit from St. Therese Little Flower, the Roman Catholic church where Norrise said she proudly served on the altar guild.

Perhaps most important, her physician makes house calls. Nevada Lee, the doctor, said it’s a mission she felt compelled to do.

“She’s a prisoner in her own home,” Lee said. “She can’t get out.”

But Lee pointed to low reimbursement rates from Medicare and long driving distances between homes in the Kansas City area. Those facts have made it nearly cost prohibitive for physicians to serve homebound patients.

“There are probably just a handful of us who make house calls in the area, but the demand is there,” Lee said.

### The burden on families

When Lee makes house calls, she sees how aging in place affects generations of family members.

“There are so many families in the metro area who are providing 24/7 care for someone in their homes,” she said.

Count Norma Jean Bernard and her daughter, Debbie Denton, among those struggling to provide round-the-clock care.

Bernard's husband, Eugene, 80, a TWA mechanic for 32 years, has been incapacitated by strokes, heart attacks and lung disease. Unable to stand or walk since September, he requires a \$4,000 EZ Stand lift for his wife and daughter to move him from bed to chair and back again in the Bernards' snug, memory-filled home.

Most of the work these days falls to Denton, who retired early from a secretarial job and now is the prime caregiver. In her late 50s, she has back and shoulder problems of her own. But her mother, 80, has neuropathy in her feet and no longer has the strength to handle her husband.

"I used to do it all, but after his last stroke I couldn't," Bernard said. "If Debbie weren't available, I don't know what I'd do."

Since last fall, Denton has had little time for her own husband and home. She's at her parents' home in western Wyandotte County to get her father out of bed in the morning and to put him to bed at night.

It is a labor of love. She's not paid.

"We don't have the money," Bernard said. "We can't go anywhere fancy. And if I got him in a home, where would I be? I'd have nothing to live on. So our goal is to stay here. It's hard on both of us, but we have wonderful friends who help. And I'd be completely up a creek without Debbie."

Every week the cost of adult diapers, of bed pads, of medications eat away at the Bernards' savings. Higher gasoline prices dig into Denton's pocket for her daily commute. Property taxes have skyrocketed.

"His pension of \$786 a month isn't much," Bernard said. "I've sold his coin collection and his car. We're running out of money, but we make too much to get (government) help."

But it's not the financial strain that bothers them the most. It's the emotional drain.

"People don't understand until it happens to them," said Bernard, who admitted she struggled with depression. "This is a complete change in your life."

Denton, who tends to bring laughter and a positive outlook to her care-giving role, also admitted the occasional regret: "I'm bummed. When I retired I wanted to travel up one coast and down the other."

"This is very much a sacrifice for her," Bernard said, dabbing tears with a tissue.

In the midst of a make-the-best-of-it conversation about preventing bed sores and rashes, Eugene awoke in his recliner and was drawn into the conversation.

"I want to stay here," he said when asked. And he smiled.

Change is necessary

At the Shepherd's Center, which dispatches volunteers to help the homebound elderly, executive director JoEllen Wurth said the Kansas City area needed to do far more to help those who wished to age in place.

"We need to get into the (legislative) chambers, into city halls to affect policies and planning and funding for housing and transportation. This is more than just a family issue," Wurth said.

Linda Wright, an adjunct lecturer at the University of Missouri-Kansas City and former director of the Kansas City Area Agency on Aging, rues that the area already is "late to the party."

"We have a lot of aging housing stock that people are growing old in," Wright said. "Those homes won't accommodate them well as they develop mobility problems. Their neighborhoods aren't aging-friendly. Transportation? Ay-ay-ay! It's critical. ... There's no cohesive effort across cities and counties. There's no grand plan."

Indeed, some experts on aging say far more radical moves are needed.

"Maybe we need to take those blocks of split levels in Prairie Village or those blocks of two-story houses in Brookside and raze them," suggested Dave Ekerdt, a sociology professor at the University of Kansas. "Anything with stairs isn't a good idea. We need downsized housing in retirement communities with all the services they need."

Ekerdt said part of the challenge was creating a mindset in which seniors let go of things they've accumulated over a lifetime — and that would require a wholesale rewiring of American materialism.

Indeed, in home after home, seniors readily admit that they're attached to their furniture, their knick-knacks, the rooms in their homes.

For Lee Rathbone-McCuan, a professor of social work at the University of Missouri-Kansas City, the bigger concern is that aging brings illness, frailty and dependence on others.

"I really believe that longevity is putting the American family at grave risk," she said. "We're calling on people to be care givers without the support system needed. We have huge mobility barriers. Middle-class families have trouble paying for long-term housing and care.

"The missing component is not just money. It's decision-making authority. It's time to bring out the big sticks. We're past community forums. We know the problems."

<http://www.kansascity.com/2011/04/16/2804933/a-long-way-home-challenges-faced.html>

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## The Benefits of a Family Doctor's Personal Touch

NY Times

May 2, 2011

Re "Family Physician Can't Give Away Solo Practice" ("Doctors Inc." series, front page, April 23):

Mary Pat Dorsey, Dr. Ronald Sroka's patient, asserted that Dr. Sroka had saved her thousands of dollars in unnecessary trips to emergency rooms "because he knows me." In fact, he probably saved her health insurance company tens of thousands of dollars with his unreimbursed intimate knowledge of his patient and his 24/7 availability.

A little-known part of health care reform, the Independence at Home Act, provides incentives to doctors to return to the old-style practice of personal medicine by letting doctors share in the savings they generate for Medicare. The act promotes the provision of care in the home for the sickest segment of the population.

The "disdain" that some doctors feel for single practitioners, believing that they are the source of medical errors and higher costs, is unwarranted. It is hospital- and specialty-based medicine that is the culprit. These institutions — where patients are left to the mercies of ceaselessly changing shifts of anonymous physicians and nurses — drive up cost while committing errors and infecting their patients at alarming rates.

People should be admitted to hospitals only if they need surgery or an intensive care unit. Almost all other care for the severely ill — nursing, intravenous medications, lab tests, imaging studies — should be provided in the home and be supervised by personal physicians who know their patients well and are always available.

JACK RESNICK

New York, April 26, 2011

[http://www.nytimes.com/2011/05/03/opinion/lweb03doctors.html?\\_r=3](http://www.nytimes.com/2011/05/03/opinion/lweb03doctors.html?_r=3)

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## On the road again

Daily Commercial

May 14, 2011

Paul and Geraldine Snyder proudly brag that their doctor is a one-of-a-kind medical professional – a physician who makes house calls.

“If we need him during the night, he would come,” Geraldine, 83, said. “You don’t normally see a doctor that will do that.”

The Leesburg couple, married for 64 years, are fans of Wellness on Wheels program provided by Dr. Ambrosio Romero, who delivers the type of medical services and care that patients receive from a full-scale health care facility, but in the convenience of their own homes.

“He comes whenever we call him,” said Paul, 85. “And it’s nice that we don’t have to get out on the highway.”

“He does everything that the doctors in offices do: X-rays, EKGs, checks the heart and breathing,” added Geraldine. “And if something is wrong, he’s going to tell you and you don’t have to sit back and wonder. He’s just fantastic and I would recommend him to anybody.”

Last Thursday was the fourth time Romero has come to the Synder home, where he devoted more than an hour with the couple and did some bloodwork for Geraldine.

“I normally just panic when I see a needle coming towards me, but I never felt a thing when he put that needle in,” she said. “I told him, ‘You can give me a shot any time!’”

Even if she had felt the needle, she said it wouldn’t have changed her mind about Romero.

“He is so polite; we just adore him,” Geraldine said, adding she and her husband look forward to having him in their home.

The board-certified family doctor and geriatric specialist, who has been in practice since 1984, was trained at the University of Medicine and Dentistry of New Jersey, and is licensed to practice medicine and surgery in Florida. Romero said he came up with the concept of Wellness on Wheels with his partner, Feema Khanna, who serves as the CEO.

Romero believes making house calls is the ideal way to serve older residents who are homebound, those with transportation problems, memory loss or cognitive impairments, yet Wellness on Wheels is available for anyone who request house calls.

“You don’t have to be homebound to get a house call, but most of them that I see are homebound,” said Romero, who began the service in The Villages, the community where he has resided for the past year. He said he has been doing house calls as a business in Florida since 1992.

“This something that a lot of people take advantage of when they can’t see their regular doctor and they have something acute going on,” he said, adding there are times when he’s able to treat patients sooner than they can see their regular physician.

Some patients rely on Wellness on Wheels as a back up, while others have chosen to make Romero their primary doctor.

“A lot of times people pick this to be their primary care physician, simply because we come out to home,” he said.

Romero noted he’s also able to spend 45 minutes to one hour with a patient, which he finds many people appreciate.

“I get to know my patients personally,” the physician said. “All of my patients have my cell phone number so they can call me personally at any time if they have an emergency. We have regular working hours, but we also are on call.”

He believes going to the patient’s residence – whether it’s in the home, assisted living facility, or skilled-nursing care site – provides him the chance to see patients in their normal surroundings and environment, and a chance to get to know them better.

It also allows him to address other problems patients may have, that most physicians in offices would not be aware of, he said.

"We are able to see social problems and people in need of financial help, or need Meals on Wheels," he said. "That's actually my philosophy of my job, to try to make their quality of life better. I love taking care of my patients and providing the services that I provide, and I have a lot of experience working with home health agencies and state agencies and getting people the help that they need, even the medications if they can't afford them."

Romero travels all over Lake and Sumter counties in making house calls, and also has gone to Orlando, Deltona, Ocala, Lakeland.

On a typical day, he sees about eight patients, he said.

Ann Spivey, marketing director for Wellness on Wheels, said she enjoys visiting groups and telling them about the service. She also delights in hearing praise from patients about how much they appreciate the house calls and Romero's pleasant bedside manner.

"It's amazing that all of the patients love him," Spivey said. "We always hear how caring, considerate and compassionate that he is, and I just absolutely enjoy working with him, too. He is a gentleman, who will do all that he can for his patients."

#### HOUSE CALLS

What: Dr. Ambrosio Romero, through Wellness on Wheels, provides medical care at residents' homes, assisted living, independent living and skilled-nursing facilities. House calls are covered by Medicare and Blue Cross Blue Shield.

When: 9 a.m. to 6 p.m. Monday through Saturday.

Services: Laboratory services, on-site mobile imaging services, specialist referral services, holter monitors, oumadin checks, electrocardiograms, lung functioning tests, home sleep studies and more.

<http://www.dailycommercial.com/localnews/story/051411DocOnWheels>

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## Mid-Missouri doctors continue house calls, a dying practice

Boonville Daily News

May 17, 2011

Malessia Graves was resting her swollen feet on a powerlift chair as she watched a game show on television when her doctor walked in the door past the narrow steps leading up to the house on a rainy day.

Dr. Hope Tinker called on her patient in Fayette last week for a routine check of blood pressure, pulse, breathing and medical records that Graves' home care managers had filed. Tinker also checked on Graves' teenage grandson, who was graduating that day.

"I ain't able to get out," the 86-year-old Graves said. "I go get the mail but can't cross the steps." She also can't sit for too long in the seats at doctor's office. The last time she went to Tinker's office was in July last year.

For patients like Graves—elderly people who have difficulty getting out of the house—doctors that make home calls provide needed continued medical care. Few primary care physicians in Cooper and Howard counties make house calls but the handful who do fill a gap in care needs, and help in community bonding. They are also able to structure care better after visiting their patients at home.

"Lack of time," Tinker said, on why she doesn't make more home calls.

The Fayette-based physician's home visit last week in her small town, took 40 minutes from the time she left the office.

Tinker, who runs a family health clinic in the town of little more than 2,600 people, makes home calls only when necessary, especially for old patients who are invalid. Home calls do not constitute a big part of her practice.

It's not expensive and takes a little more time than seeing patients at clinic, Tinker said. "It depends on me and my willingness to do it."

And it comes down to finding time in her schedule to visit patients at home. Medicare and Medicaid reimburse doctors making home calls at rates which differ from clinic visits if they document the time.

"If somebody is really sick and needs lab work and chest X-Rays, there's no use for me to go see at home," she said.

The need, however, is there for doctors to visit patients at home beyond the patients who are invalid.

A resident doctor at University of Tennessee's College of Medicine was frustrated for some time at a patient's inability to follow instructions such as exercise, to check diabetes, recalled Dr. Mukta Panda, professor and chair of Department of Medicine at the university.

The resident, at Panda's encouragement, checked on the patient at home.

"What the resident saw was that there was no room for exercise at home, and the neighborhood was too unsafe to take a walk," Panda said last week.

<http://www.boonvilledailynews.com/news/x2005899610/Mid-Missouri-doctors-continue-house-calls-a-dying-practice>

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## Independence at Home Act to facilitate aging at home

Cape Cod Times

June 06, 2011

While not as comprehensive as the Program of All-inclusive Care for the Elderly, the Independence at Home Act is expected to help improve the quality of care for seniors suffering from multiple illnesses.

The new law, passed by Congress last year, is based on the doctor/nurse house call model, which has been found to reduce health care costs and hospital visits by chronically ill patients.

### Related Stories

Preparing for the Cape's elderly wave  
Editorial: Senior health care solutions  
Editorial: Picking up the PACE  
Editorial: An age-old challenge  
Elder care by the numbers  
In brief, the Independence at Home Act, which will be implemented in 2012, allows Medicare beneficiaries suffering from multiple chronic conditions to receive coordinated, primary care services in their home or residences. These patients account for a disproportionate amount of Medicare spending and account for a majority of hospital admissions, prescriptions and physicians visits.

A team of health care professionals, directed by physicians or nurse practitioners with training in the care of chronically ill patients, will coordinate all of an eligible beneficiary's health care across all settings, including the patient's home, according to Jim Pyles, who represents the American Academy of Home Care Physicians.

Funded entirely from the savings it achieves, the new program is expected to reduce the cost of providing health care services for Medicare's most costly beneficiaries.

The law, sponsored by U.S. Rep. Edward Markey, D-Mass., is intended to avoid unnecessary hospitalizations, ER visits and nursing home admissions.

"People with multiple chronic diseases comprise only 10 percent of the Medicare population, but account for over 60 percent of the costs," Markey said. "This critical program will improve care for the most vulnerable among us, and has the potential to save taxpayers money in the process by catching emerging health problems early, before they require a costly hospitalization."

The law, Pyles said, also is expected to provide support for family caregivers, particularly those who have special needs dealing with patients with Alzheimer's disease and dementia. Allowing patients to receive care in their homes can provide much-needed respite for family members who provide around-the-clock care for a loved one suffering from chronic illness.

This summer, a pilot version of the program will be launched somewhere in the United States. We urge Sens. John Kerry, Scott Brown and U.S. Rep. William Keating to promote the pilot on Cape Cod.

The law is based on the doctor/nurse house call model, Pyles said, which has been operating for decades at numerous locations across the country, including:

The Urban Medical Housecall Program in Boston, which has been operating for more than 30 years, is treating nearly 600 high-cost Medicare beneficiaries with multiple chronic diseases and has reduced hospital admissions for those patients by 29 percent and hospital days by 34 percent.

Veterans Affairs' Home-Based Primary Care program, which has been operating for 32 years, exists in 130 locations in 48 states. It treats 17,000 chronically ill patients and soon will be available at every VA facility. The program has reduced in-patient days by 62 percent and reduced overall costs by 24 percent.

The VA's program has received a patient satisfaction rating of 82.7 percent, which is the highest satisfaction rating ever received by a VA health care program.

The Virginia Commonwealth Medical Center house calls program in Richmond, Va., has reduced hospital costs by 60 percent for high-cost beneficiaries with multiple chronic diseases.

The Call Doctor Medical Group has operated a physician house call practice for 25 years in San Diego. It focuses on Medicare beneficiaries with multiple chronic diseases and has reduced ER visits by 59 percent and generated per capita savings of \$1,075.

The Home Physicians program in Chicago currently treats 7,000 high-cost Medicare beneficiaries with multiple chronic illnesses. That program has shown a reduction in ER visits and hospitalizations from 35 percent to as high as 60 percent over the years.

The Mount Sinai Visiting Doctors program in New York City has been treating elders with multiple chronic diseases for 14 years. It has an annual census of 1,100 beneficiaries and has reduced hospitalizations for those patients by 66 percent.

The Mount Sinai program has found that 100 percent of the patients/caregivers believe the program improved their quality of life, 92 percent reported the quality of care as "outstanding" or "very good" and 88 percent reported that the program "definitely meets their needs."

Geriatric Specialty Care of Nevada house call program has operated for eight years with a patient census of 850 patients.

Urban Medical in Boston, Virginia Commonwealth Medical Center and others report that they have waiting lists of patients with multiple chronic diseases who wish to enroll in their programs.

The Independence at Home Act is compatible with the Medical Home proposals, but it is the only Medicare health reform proposal that focuses on the highest-cost segment of the Medicare beneficiary population and is completely self-funded by the savings it achieves.

<http://www.capecodonline.com/apps/pbcs.dll/article?AID=/20110606/OPINION01/110609857/-1/NEWSMAP>

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## REVIVING HOUSE CALLS: Asheville doctor turns medical practice into mobile business

Citizen Times

ASHEVILLE — Dr. Allen Lalor rolls a small suitcase down his Fairview driveway and opens it to reveal the contents of his new mobile health care business.

A plastic case is filled with pills for pain and nausea. Syringes and needles sit beside tongue depressors and a dosing chart for infants.

Along with a black computer bag, a white coat and his silver Mini Cooper, the emergency room doctor has all he needs to run Asheville Mobile Physicians, a service he started last month to treat minor medical problems in patient's homes, hotel rooms and offices.

About 500 physicians around the country have started businesses like Lalor's that promote direct financial relationships between doctors and patients, and the number is growing, according to The Society for Innovative Medical Practice Design.

Lalor said he is the only doctor he knows in Western North Carolina offering the service.

Lalor says the service is nothing more than an old-fashioned house call and gives him a break from the busy emergency room, where he worked the past 16 years.

"It's fun for me to sit down and talk to people," he said. "It just feels like a total different ball of wax."

#### The ER at home

Lalor borrowed his business model from Dr. David Gray, who left emergency medicine after 25 years to start a medical house call business in Breckenridge, Colo., seven years ago.

"What really bothered me was businesspeople telling me how to practice medicine. I just said, 'Enough is enough,'" Gray said. "I rebelled at all that and happened to see a niche up here to provide the same emergency room care without the confines of a hospital."

Lalor heard of the idea from a colleague treated by Gray during a ski trip. He cut back on his ER shifts, bought his own medical supplies and started promoting his business at hotels, gated communities and other places around Asheville. Lalor saw his first patient in early October, and since then has had eight calls.

Asheville resident Dustin Maze was one of his first patients. The 34-year-old assistant teacher had been sick with chest congestion for about a week when his wife brought home a flier from her dance studio.

"Other than TV shows from the '50s, I haven't seen mobile physicians anywhere," Maze said. "I was very reluctant to try it. I assumed it was going to be very pricey."

Maze, who does not have health insurance, discovered that a visit by Lalor would cost about as much as a visit to an urgent care center and half as much as an emergency room visit. Lalor examined Maze in his home. The doctor called in Maze's prescriptions and delivered them to his home.

"It was very convenient, and he definitely knew what he was doing," Maze said.

#### A growing industry

Dr. Chris Ewin, president of The Society for Innovative Medical Practice Design, said it is hard to tell how fast the idea of doctor-patient financial relationships will spread, but the number of such businesses is growing.

"I think it's going to be determined by individual physicians who just get fed up," Ewin said.

Lalor and other doctors say there is more paperwork and administration, along with more and sicker patients in the ER.

Emergency rooms around the country are seeing more patients. Mission Hospitals' emergency department, which increased in size two years ago, will soon see 100,000 patients a year.

Doctors said because of the increased burden, they are unable to spend as much time as they would like with patients, and patients can wait hours to see a doctor. Many patients don't need to be seen in the emergency room but could be treated in their homes or over the phone, they said.

"This gives us the opportunity to practice the way we want," said Dr. Phyllis Shelton, an emergency room physician who is interested in working with Lalor.

#### Critics of new practices

But critics of these new medical practices say they fragment the health care system and are largely inaccessible to poorer patients. Patients are also responsible for getting reimbursed by their health insurance companies.

But Lalor and his colleagues are quick to point out Asheville Mobile Physicians is not just for the rich and is different from "concierge medicine," in which consumers pay money to get convenient, no-wait appointments with a doctor.

Although he does not accept health insurance, Lalor will provide the codes patients need to file paperwork on their own.

Gray, the Colorado doctor, said about 75 percent of his patients with health insurance get reimbursed. Not dealing with insurance companies and paperwork and spending more time with patients are worth the cut in pay he has taken by starting his house call business, he said. "I've rediscovered the joy of medicine," Gray said.

Dr. Tim Carey, director of the Cecil G. Sheps Center for Medical Research at UNC Chapel Hill, said he worries the new businesses indicate larger problems with the nation's health care system.

"When we see behavior like this, it's a canary in the coal mine event," he said. "The burden of the health care system administration is stressing us all."

<http://www.citizen-times.com/article/20071113/LIVING/105280011/REVIVING-HOUSE-CALLS-Asheville-doctor-turns-medical-practice-into-mobile-business?odyssey=nav%7Chead>

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## Medicare, private insurers exploring house calls to save money

Tampa Bay Online

June 10, 2011

Standing at Kathy Larson's front door last week, Dr. James Condon offered up the latest health care innovation: a house call.

For the next hour, Condon sat across from Larson in her living room, chatting as he checked her vital signs, reviewed her prescriptions and gauged her overall well-being.

"Are we happy?" Larson asked as Condon performed his exam.

"So far," said Condon, a retired surgeon turned primary care doctor.

The house call is as old as medicine itself, but it has fallen out of favor in recent decades as doctors have grown more specialized and health care has moved to medical offices and hospitals.

Now Medicare and private insurers are turning back to house calls as a way of putting the brakes on escalating health-care costs, particularly for chronically ill people with complex health problems. With millions of Baby Boomers coming onto Medicare rolls in the near future, house-call doctors could play an important role in keeping a lid on costs, medical experts say.

Advocates say house calls eliminate the expensive, specialized transportation many patients with serious health problems need just to get to the doctor. House calls also help doctors catch health problems before they turn into costly trips to the emergency room or, in the worst case, life in a nursing home on the government's tab.

"By going to [patients], you make it much more possible for them to have the care that they need, when they need it," said Peter Boling, a geriatrician and instructor at the Medical College of Virginia, who literally wrote the book on making house calls – "The Physician's Role in Home Health Care" – in 1997.

“If we can keep them out of the hospital,” Boling added. “We’re probably also going to keep them out of the nursing home.”

The ranks of house-call doctors are growing, responding to demand from patients weary of expensive, time-consuming treks to the doctor.

“There are so few providers to meet any definition of demand,” said Constance Row, executive director of the American Academy of Home Care Physicians. “People open their practices, and they fill immediately.”

An office visit works for people who can get around on their own, but people with complex, chronic illnesses – quadriplegics, stroke victims and others with limited mobility – often need costly specialized transportation to do the same thing.

If patients seek care when they’re already ill, they can end up in the emergency room followed by a lengthy and expensive hospital stay.

“Every time we prevent an E.R. visit that’s an unnecessary E.R. visit, you’re saved the cost of an E.R. visit,” said Jannifer Harper, vice president of medical operations at Blue Cross Blue Shield of Florida. “In the end, it’s about providing the best health care for each patient.”

Blue Cross plans to begin a house-call service in the Tampa Bay region this year. It will mirror similar services already running in the Orlando area and South Florida. Under the program, Blue Cross hires My Home Doctor, a consortium of house-call doctors, to treat complex patients with a history of hospital readmissions, Harper said.

Medicare will test the house-call approach on a limited basis in January. The Independence at Home program, created under last year’s Affordable Care Act, will try to bring more doctors into the house-call field by offering them a piece of the money they save the government.

In 2009, Medicare spent \$17.4 million on house calls in Florida, according to the most recent figures available. That represents a modest increase of about 5 percent, compared to 2008, even without efforts enticing more doctors to make house calls.

More money will be needed, though. Medicare’s \$17.4 million works out to a little more than \$80 per patient – not enough to entice many doctors to make house calls their calling, Boling said.

The average complex patient costs Medicare \$50,000 a year, so a savings of 15 to 25 percent can add up to big bucks pretty quickly for both doctors and the government, Boling said.

By getting more doctors to make house calls, the Independence at Home program, which Boling helped get into the health care law, could also solve problems for patients and insurers, Boling said, by:

- Avoiding the costly ambulance services needed to transport patients with complicated health issues to the hospital.
- Catching problems early to keep patients from showing up in emergency rooms.
- Keeping patients out of nursing homes, which account for the bulk of Medicaid spending.

New Port Richey-based Mobile Physician Services, which employs Condon, won’t discuss the size of its client base. But Practice Operations Director Jeff Wacksman said the company plans to add a psychiatrist to its staff of seven doctors, nurse practitioners and physician’s assistants. It will also add a mail-in pharmacy.

The company has patients spread across Hernando, Pasco, Pinellas and Hillsborough counties. Most are Medicare recipients, Wacksman said.

Staffers see seven or eight patients on their rounds. Each visit can take about an hour, compared to the average 15-minute office visit, Wacksman said.

Sitting in Larson’s living room last week, Condon, a retired surgeon, traded jokes and stories with his patient. The two go way back: Condon removed Larson’s gall bladder years ago when he worked at Community Hospital in New Port Richey.

Condon drew from his black satchel high-tech versions of the traditional doctor's tools to check Larson's blood-oxygen levels, blood pressure and temperature. At one point, he used a smart phone app to double-check the dosage of one of Larson's nine medications.

A stroke 10 years ago put Larson, 72, in a wheelchair. She lives with her 52-year-old son, Robert Eynard, who has his own health problems but is her main caregiver. Neither drives, so getting to a doctor can be a real chore.

The monthly visit from Condon or a nurse practitioner is a welcome change.

"This is the best thing since rye bread," Larson said.

<http://www2.tbo.com/news/breaking-news/2011/jun/10/3/medicare-private-insurers-exploring-house-calls-to-ar-236303/>

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## Portland doctor makes house calls by bicycle: practical, green, healthy Orgeon Live June 27, 2011

Before leaving the office to visit a homebound patient, Dr. Tony Ohotto gathered a few necessities: his stethoscope, medical notes, and a pair of well-worn bicycling shoes.

Dark clouds threatened rain, so Ohotto packed a rain slicker before hopping on his 10-speed. Kevin Callahan, a certified occupational therapy assistant, joined him for a 15-minute ride to their patient's home, a residential care facility in Southeast Portland.

"When you roll up on a bike, it gets you some street cred with patients and caregivers," says Ohotto, a geriatric specialist and staff physician at Providence ElderPlace, a program that provides health care, housing and other services for older adults.

Through good weather and bad – and despite the social and professional pressures favoring car transport – Ohotto and Callahan have found on-the-job bicycling to be eminently practical.

Callahan took up cycling for the obvious benefits: exercise, avoiding traffic jams, spending less money on gas. Ohotto says he began using his bike for home visits more or less out of necessity. He wanted to commute by bike, which left him without a car at work.

Both have discovered unexpected benefits. Callahan said the impression he makes when he shows up on a bike helps establish rapport with the chronically ill and disabled people he cares for.

"I tend to get a little easier buy-in," Callahan says. "People see you as regular human being rather than the intimidating medical professional."

Bicycling also improves the caregiver's state of mind. Callahan says riding to a client's home gives him a few invigorating minutes to breathe fresh air, get the blood circulating and clear his head. It helps lighten up interactions with clients. "I'm feeling refreshed, energized, and ready to roll," he says.

"It helps with attitude adjustment," Ohotto agrees.

Greg Rillera, who runs two adult care homes with his wife and sister, was surprised the first time he saw Ohotto arrive on a bicycle.

"I didn't realize he was a doctor," Rillera says. He decided that the doctor was serving as a good role model, engaging in healthy exercise and polluting less. But he wondered if bicycling would waste too much time.

"All I know is, time is gold, you need to work faster. That's what my question is."

Because of time pressure, Ohotto doesn't ride as often as he'd like. For many home visits, he carools with a one of ElderPlace's registered nurses. Not only can he travel faster, but he can also use the time in the car to discuss care issues and solve problems.

But Callahan says that in five years, he's rarely needed a car. "My visits tend to be with residences and skilled nursing facilities within 4 or 5 miles. So it's relatively efficient."

Despite the much talked about animosity of motorists toward cyclists, Callahan says in his experience, Portland drivers are overwhelming polite. Oregon's notorious weather isn't as bad as its reputation either, he says.

"There is no such thing as bad weather, just bad clothing."

[http://www.oregonlive.com/environment/index.ssf/2011/06/portland\\_doctor\\_makes\\_house\\_ca.html](http://www.oregonlive.com/environment/index.ssf/2011/06/portland_doctor_makes_house_ca.html)

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## MINUTE WITH MELINDA: Doctor, home health agency revives house calls

Murfreesboro Post

July 24, 2011

Decades have passed since doctors visited patients at home, but one local physician is bringing house calls back into practice.

Murfreesboro physician, Dr. Jim Garner, has expanded his practice to include house calls for clients of Family Staffing Solutions, Inc. on an exclusive basis, according to company president and CEO Becci Bookner.

"The return of house-call visits by a doctor is welcome and needed by many older people in our community who simply cannot manage the trip to the doctor's office," she said. "Clients of our company may now again access the familiar and longtime appreciated service of a doctor's house calls in the privacy and convenience of their homes."

Garner is an internal medicine specialist and a lifelong resident of Murfreesboro who has a sincere interest in the health care of community residents, a news release states. He has served in many prominent positions including both the chief of medicine and chief of staff at MTMC, and his philosophy of medical practice combines the foundation of evidence-based knowledge with commonsense and compassion.

"It is our mission to take care of people. The alliance with Family Staffing Solutions will create new and innovative ways to facilitate this mission as the health care climate continues to change and evolve," said Garner, a graduate of the University of Tennessee Medical School who completed his residency at Pensacola Educational Program.

Bookner added, "Many of our clients who are enjoying the advantages of remaining in their homes, independent, and in charge of their lives have, in the past, had to access their personal physician by traveling to the doctor's office or to the emergency room.

"Through this strategic partnership with a physician, clients of Family Staffing Solutions can, upon request, now can access Dr. Garner's staff to provide in-home visits for their primary care medical needs," she said.

Additionally, Booker said, this new agreement between her company and Garner provides the same level of access to primary medical care as concierge medicine, but without the annual fee

<http://www.murfreesboropost.com/doctor-home-health-agency-revives-house-calls-cms-27936>

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## Longmont doc part of the house call comeback

## Longmont Times-Call July 26, 2011

When Paul Martinez Sr. sees the doctor pull up to his home in a black Volvo, he sees what might as well be the Lone Ranger on a white horse.

Before Martinez found House Call Physicians in Longmont, he and his wife, Fiorella Martinez, spent the better part of a day preparing their son for ambulance rides to various appointments.

Now, Dr. Brian Mathwich comes to their door as if they lived in a bygone era when house calls were the standard of care.

"But this is not a concierge service," Mathwich, 51, said.

All of his patients must undergo an eligibility evaluation to prove that they need to make a "considerable and taxing effort" to keep doctor appointments.

Paul Martinez Jr., 23, fits that category.

The Longmont man suffered a heart attack and brain damage after someone slipped an animal tranquilizer into his drink at a 2008 New Year's eve party, according to Paul Martinez Sr.

Now he's entirely dependent on his father and stepmother to meet his basic needs.

Typically, though, a House Call Physicians' patient is much older. A breakdown by age shows 83 percent are older than 65; 15 percent older than 50; and only 2 percent under age 50.

He drives about 100 miles daily to visit patients living at home with a family caregiver or receiving care from one of the 18 home health care agencies or 12 hospice agencies in Boulder, Larimer and Broomfield counties that partner with his practice.

"Some of our demented folks, just getting them ... to the office, it can take them three days to calm down," he said. "This is a totally different experience. A patient can stay at home and sit on their couch holding their cat during the visit."

Mathwich established House Call Physicians in Longmont in 2010 after 15 years at a traditional practice when technology improvements made returning to the old-fashioned house call practical.

He brings a laptop computer and

Dr. Brian Mathwich of House Call Physicians heads to his next appointment after seeing Rella Marcantonio for a checkup at her home in Longmont on July 19. (Richard M. Hackett/Times-Call)smart phone with him on every call, giving him access to electronic medical records and prescription information. He contracts with various services to order blood and urine lab work, X-rays, ultrasounds and electrocardiograms.

His ballpoint pen helps, too, Paul Martinez Sr. said.

The doctor has saved the Martinez family many trips by signing off at their kitchen table on the slew of paperwork they face, be it the rare wheelchair refitting or the regular evaluations.

Despite the patient need and the technology recently available to make house calls more practical, Mathwich acknowledges the challenge of making this new business model work without university affiliation or grant-funded nonprofit status.

Medicare pays 30 percent less than commercial insurance and Medicaid pays 47 percent less commercial insurance, House Call Physicians office manager Stephanie Hales said.

Mathwich joined The American Academy of Home Care Physicians for guidance when he launched the practice.

"But there aren't enough numbers out there or big enough practices to generate accurate, detailed business benchmarks," Mathwich said.

To make his bottom line, he uses his business acumen – Mathwich finishes a master’s degree in health care business administration this fall – and focuses the efficiencies that come from delivering care before a small issue, such as a urinary tract infection, leads to an emergency room visit.

So far, the strategy works.

House Call Physicians employs six staff with the potential to add a new provider every four months, Mathwich said.

Rella Marcantonio, a Longmont resident who turns 92 Friday, called Mathwich a “godsend.”

During a routine visit in mid-July, she sat in her favorite chair surrounded by photos of her grandchildren – in pumpkin patches and petting horses – while he sat across from her and pulled up her chart on his laptop computer.

She benefits.

But so does he by getting a better sense of his patients than he would under the fluorescent lights of a small office with paper on the exam table.

“One of my patients actually knew Buffalo Bill,” he said. “And working with this population is the only job where I still get to be called ‘kid.’”

[http://www.timescall.com/features/health/ci\\_18548198?source=most\\_emailed](http://www.timescall.com/features/health/ci_18548198?source=most_emailed)

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## Ansonia doctor still making house calls

Wtnh.com

August 04, 2011

An Ansonia doctor goes above and beyond for his patients.

Dr. Joel Zaretsky consults with his medical student before visiting patients at home that are too debilitated to see him at the office.

“Whatever ills they have, you have to be there for them. It’s not a job that you can just forget about those people. Those people must be managed properly,” Dr. Zaretsky said.

Dr. Zaretsky is an internist who teaches at several schools, including Yale School of Medicine.

“For me there is no downside because this is why I went into medicine. This is the beauty of medicine. This is taking care of people from the heart,” he said.

Taking care of people like 77 year old Charlotte Campbell who is bedridden with a long list of ailments.

“Every time we call Dr. Zaretsky, he is there,” said Charlotte’s daughter, Donna.

Dr. Zaretsky at her bedside helps ease her stress.

“I would not be able to take care of her. She would be in a convalescent home,” Donna noted.

Dr. Zaretsky’s approach is a novel idea to aspiring doctors.

“I was just talking to a resident at the hospital I worked at and I told her I’m excited to make my first housecall and she said what’s a housecall,” said medical student Asra Shah. “I always thought house calls were a thing of the past until today and I realized that no, we can still do it in this day and age.”

With the advent of family centered medicine, there are advantages.

“You don’t lose money. Actually the insurances welcome the fact you are making housecalls. You are reimbursed properly for those because they would like to keep people out of the hospital. They like to keep the people healthy,” Dr. Zaretsky explained.

Dr. Zaretsky makes on average one house call a day and sees about 30 to 35 patients a year.

## ANALYSIS: A new kind of house call

lwatch.com

August 8, 2011

Dr. Bruce Kinoshian still makes house calls, and he's proud of it. In fact, he introduces himself as a physician who goes to see his patients in their homes rather than insisting that they come to see him at his office.

He's convinced that if more doctors did what he does, we could eliminate billions of dollars we currently spend in this country in an often-futile—and almost always incredibly expensive—effort to get people well.

Much of that savings, he says, would accrue to the Medicare program, making it unnecessary for Congress to even consider eliminating benefits or raising the eligibility age.

Kinoshian, associate professor of medicine at the Hospital of the University of Pennsylvania in Philadelphia, is a leading advocate of the Independence at Home (IAH) program, which quietly has been saving the Department of Veteran's Affairs (and taxpayers) lots of money—and improving the quality of life for thousands of veterans—for nearly three decades.

The IAH health care delivery model is designed to focus on the growing number of people with high cost multiple chronic conditions. It not only provides primary care to these patients in their homes, but it also coordinates their care when they have to go to the hospital or nursing home.

The VA's IAH program, which has grown over the years to serve veterans in almost every state, has compiled enough statistics by now to demonstrate that this approach to care really works. An analysis of data from a 2002 VA study of more than 11,000 patients showed that after veterans were moved to an IAH program that year, hospital days dropped by 62 percent and nursing home days by 88 percent. Overall costs fell by 24 percent. As spending went down, patient satisfaction went up. The VA says veterans consistently give the program a high satisfaction rating, no doubt in part because patients enrolled in the program are living longer than their counterparts who are not.

In a typical IAH program, a team of providers, including doctors, nurses, social workers, pharmacists and other caregivers, works together to deliver comprehensive, coordinated primary care to patients where they live. A growing body of evidence shows that because of this enhanced coordination of care, IAH programs have helped patients avoid trips to the emergency room, hospitalizations, and moves to nursing homes.

So impressive have the results been within the VA and in a number of other IAH-type programs that Congress included funding in the health care reform law for a new demonstration project that will target the high risk, high cost Medicare beneficiaries with multiple chronic conditions. This Independence at Home demonstration program, scheduled to begin January 1, 2012, will serve up to 10,000 Medicare beneficiaries.

The idea to include the demonstration project in the reform law grew out of a separate piece of legislation, called the Independence at Home Act, that had been introduced by Reps. Ed Markey (D-Mass.) and Chris Smith (R-N.J.) in the House and Sens. Ron Wyden (D-Ore.) and Richard Burr (R-N.C.) in the Senate. The IAH Act was one of the few health reform measures that attracted broad bipartisan sponsorship. That's why lawmakers added it to the Affordable Act as it was working its way through Congress.

Markey and Wyden sent a letter to the Center for Medicare and Medicaid Services in late June to ask that the demonstration project be expedited. CMS responded that it would try to get the project up and running this year rather than next, with CMS Administrator Don Berwick commenting that, "Given the number of Medicare and Medicaid beneficiaries with multiple chronic conditions, focusing on the integration and coordination of care for this population is critical to achieve better care and health for beneficiaries, and lower costs through greater efficiency and quality."

Expediting the project should be a no-brainer. According to the Congressional Budget Office, five percent of Medicare beneficiaries account for more than 43 percent of costs, and 25 percent account for 85 percent of Medicare costs. Not surprisingly, the CBO found that highest cost beneficiaries were those with multiple chronic diseases. A separate study by Johns Hopkins University estimated that 98 percent of Medicare expenditures involve beneficiaries with multiple chronic conditions.

While the costs of caring for people with multiple chronic diseases are high now, they will be astronomical in the future. According to that same Hopkins study, the number of Americans with one or more chronic diseases will reach 157 million by 2020—up from 145 million in 2009—and almost half of them will have multiple chronic diseases.

With numbers like that facing us, we clearly need more doctors like Bruce Kinosian who see the wisdom of going back to the future to deliver care in the setting that makes the most economic and humane sense—the home.

<http://www.iwatchnews.org/2011/08/08/5573/analysis-new-kind-house-call>

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## Doctors Who Make House Calls – and More!

AARP

October 25, 2011

When Mom came home after four months in hospitals and a skilled nursing facility, she was able to use a walker to go short distances. But the idea of getting to all of her doctors' appointments seemed overwhelming. Visiting the doctor would take at least half a day: getting ready to go, making her way to the car, riding there, getting out of the car, waiting in the doctor's office, and then making the return trip and recovering from it all. The very thought of it all was exhausting.

On top of all that, mom was fighting C Diff, which causes terrible diarrhea. So frequent trips to the bathroom made doctors' appointments even more complicated. When I expressed my concern to mom's home health supervisor, she offered to call [Mobile Doctors](#) and have someone come see her at home. I was stunned.

“You mean there are still [doctors who make house calls](#)?” I asked in disbelief. Indeed there are!

When I told Mom about this, she visibly relaxed upon learning the news. The very next day, the kind and experienced doctor, along with his assistant and a medical student, arrived at our home. Wow. It was so efficient for everyone involved – imagine such a thing in the health care system!

But wait....there’s more!

Next, the mobile doctor offered to set up a [carotid artery](#) ultrasound test for Mom — right in her own home. At the time, I was out of town on business so helped arrange this all by phone. By the time I returned from my trip, a technician had already been at my parents’ apartment and completed the ultrasound – with Mom lying comfortably on her bed! “Push-pull-click-click and it was done,” my Dad related in utter amazement. Half an hour as opposed to half a day. Not bad.

It gets better.

As Mom was getting stronger, she still had terrible pain in her right hip, knee and ankle. She had a fall, and the mobile doc was summoned. He wanted to make sure there was nothing fractured, so he ordered x-rays of all 3 joints. You guessed it: An x-ray technician drove up in a van and wheeled the x-ray machine in, taking all the required [x-rays with Mom enjoying the comfort of her own bed](#). Our dog Jackson even got into the act – supervising the whole process.

Mom has also received good quality nursing care, specialized wound care, [physical therapy](#), occupational therapy and speech therapy at home.

Mom still has to make the trek for occasional doctor visits for things the mobile docs can’t do: She had to go for an MRI at a diagnostic imaging facility, and also had to make a trip to the doctor’s office when her stitches came loose. But the mobile docs have sure made Mom’s recovery and treatments easier. They all seem to really enjoy their work too – pleasantly meeting the family and Jackson. I get the feeling that they feel more of a connection with their patients when they see them as individuals in their own homes.

I’ve since learned that these doctors who make housecalls are available in many cities. So the next time your aging parents are ill or need testing, be sure to check around for [in-home services](#). You can ask a home health agency, doctor’s office, social worker or other care provider for referrals, or contact your local Area Agency on Aging through the [Eldercare Locator service](#).

These services were much less arduous for my Mom and sure made my life as a caregiver easier too. Who knew?!

<http://blog.aarp.org/2011/10/25/doctors-who-make-house-calls-and-more/>

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## Return of the house call

The Province

October 25, 2011

On a warm fall day, Jay Slater rings the buzzer of an apartment in Vancouver’s West End.

He walks through the courtyard to a first-floor unit. The front door is unlocked: The patient is in.

“How are you feeling, Enid?” asks Dr. Slater, dropping a black duffel bag containing his laptop and medical equipment onto the floral bedspread beside Mister the cat.

He takes her blood pressure and pulse, asks her to hold her hands palms up, then extends his own hands and asks her to squeeze them as hard as she can.

“Sweet. That’s terrific, Enid.” Just a little over a month before, on her 92<sup>nd</sup> birthday, Enid had woken up in the apartment unable to move her right side.

It was a stroke. Legally blind and already battling a host of chronic diseases, including diabetes and congestive heart failure, the stroke should have sent Enid to a hospital or a care home.

But today, she remains in the apartment she has lived in for 24 years, making remarkable progress, thanks to Vancouver Coastal Health’s Home ViVE program, which offers house calls to about 350 homebound elderly.

Its mandate: Treat patients in their homes and delay or avoid, for as long as possible, admission to hospital and residential care facilities.

House calls – a once-common practice now considered quaint – could be the answer to the modern-day dilemma facing Canada’s already stressed healthcare system. It could be key to the future of care for seniors, whose numbers are projected to soar from 4.2 million in 2005 to 9.8 million in 2036.

Advocates say house calls are a winwin concept: They keep seniors in their homes, which is what most want, and cost the health system less.

In Vancouver, the burgeoning movement was spearheaded by Dr. John Sloan, who had been making house calls to a small roster of about 250 patients for 15 years before Home ViVE took over his practice in 2008.

The experience left Sloan with the belief that the elderly are ill-served by Canada’s current health-care system, which is geared toward acute care, not toward the ordinary business of getting old.

“We need to recognize there is such a thing as frailty,” he says. “It is OK to say, ‘It’s all right. I don’t want to be on a bunch of medication that is not demonstrably helping me. I don’t want to be going to hospital every time I sneeze.’”

Home ViVE patients are typically in their 80s with chronic conditions, creeping cognitive problems and limited mobility. For most of them the most crucial thing is to maintain their function and independence for as long as they can.

“Most people will invariably say, “If you can give me a reasonable shot of sensible treatment at home, I’d rather be home,” says Sloan.

“In an ideal world, we should be able to come to them with practical, highend, high-quality home care.”

In Canada, dedicated house-call programs like Home ViVE remain rare.

In Victoria, fellow house-call doctor Ted Rosenberg has been toiling quietly with the help of two nurses. In Toronto, Dr. Mark Nowaczynski heads up a well-established program called House Calls.

As the first baby boomers turn 65 this year, Sloan says, Canada is poised for a change.

He believes boomers, now taking care of their elderly parents and with old age looming on the horizon for them, want a better system in place.

“Baby boomers are nothing if not selfinterested,” says Sloan with a chuckle. “They’re saying, ‘We’ve got to fix it before I get there.’”

In recent years incentives have been put in place to encourage house-call practice among medical students. B.C.’s remuneration rate for house-call doctors, at \$108.50 per consultation, is the highest in the country. In Ontario, the age-old practice got a boost last month when the government made an election promise to spend \$60 million to revive house calls.

In Vancouver, at least, the practice is thriving.

Home ViVE has just added another doctor to its team, bringing the total number to the equivalent of about three full-time GPs. It’ll help, says Slater, to chip away at the wait list of about 60 patients.

It has also expanded into Home ViVE Plus, an enhanced service for the frailest of the frail, offering support services such as rehab, occupational therapists and other health-care practitioners to clients in their homes.

Preliminary numbers suggest the program has been successful in reducing visits to the emergency room and hospital, says Slater.

House calls open doors for conversations about the optimal care for patients as they age.

Seeing patients in their home environments, for example, gives doctors crucial information they might otherwise not get.

“Is the place cluttered?” says Slater. “Is there food in the fridge, filth in the sink? Are they taking their pills well? With house calls, you can get a sense of that.”

Back in the apartment, Slater and Enid talk about her stamina, her meal schedule and her goal of getting to a new fish and chips place on Denman via taxi.

Then the doctor makes an appointment to see her next Friday. “I’ll be here. I know the drill,” says Enid.

Read more:

<http://www.theprovince.com/health/Return+house+call/5601533/story.html#ixzz1c5obAF00>



## A Model for House Calls

The Ottawa Citizen

December 15, 2011

The days of house calls by greying doctors with black bags are virtually over in Ontario, and that’s not such a bad thing. If the McGuinty government is serious about bringing back house calls — which was a \$60-million election promise — it should look beyond the country doctor model.

It was once commonplace, especially in rural Ontario, but the number of doctors who make house calls has dipped dramatically in the province in recent years. At the same time, though, new models of health-care teams offering house calls in big cities have developed. The province should build on these in order to help keep some seniors in their homes and save the system money.

In Ottawa, nurse-practitioners from the Somerset West Community Health Centre, for example, visit patients at home, something that helps keep health workers in touch with frail elderly patients who might otherwise have a difficult time getting in for appointments. The nurse-practitioner can perform many of the same tasks as doctors, and, crucially, they can see where and how the patient lives, which is a good clue with the elderly as to whether they are getting the food and support they need to stay in their homes. Nurse-practitioners who are part of community health groups will also do so for less money than doctors.

Community health centres, which combine doctors, nurses, nurse-practitioners, physiotherapists and others are a successful model for appropriate health care with strong links to communities.

In fact, it is unlikely many doctors with busy practices — which most have, given the doctor shortage — will be willing to add house calls to their existing caseload; they simply take too much time. One Toronto doctor who does make house calls noted that in the time it takes to do one house call, you can see three patients in the office. Some doctors add house calls on at the end of the day or on weekends.

But there is another service in Toronto called House Calls which, like community health centres, provides an “interdisciplinary model,” which includes a doctor, an occupational therapist, a nurse-practitioner, a nurse, a social worker and more, that offers home visits to seniors. The service is a project of Toronto LHIN as part of its strategy to keep seniors in their homes.

The medical director of House Calls claims that for every dollar the government spends on its program, it saves between five and 10 dollars in the health system, by avoiding costly hospital visits and admission to long-term care.

Every Ontario community should have at least one such team, either through community health centres or a special group such as House Calls. The money committed during the provincial election should help build similar services.

To simply make money available in the hopes that busy individual doctors will embrace house calls is both unrealistic and unlikely to have much real impact.

<http://www.ottawacitizen.com/health/model+house+calls/5859788/story.html>

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## Video Links

[Washington Hospital Center House Call program from Nightly Business Report](#)

[The Washington Center House Call Program](#)

[House Calls Make a Comeback, NBC Nightly News with Brian Williams](#)

[Making House Calls Can Help Save Lives, Says Tampa Dermatologist](#)

[Dr. Boling on Independence at Home Act](#)

[Dr. Seth Forman Talks About House Calls](#)

[Home-based Primary Care of Frail Elders](#)

[House Call Portraits](#)

[Texas Doctor Makes House Calls To Medicare Seniors](#)

[Doctors Reviving House Calls](#)

[Home Care Physicians](#)

[Ohio Doctors Make House Calls](#)

[Nurse Practitioner Travels Texas Making House Calls](#)

[The Return of the House Call](#)

[Dr's Housecalls making a comeback](#)

[Doctor House Calls Becoming More Common](#)

Mt. Sinai Visiting Doctor's Program:

[Introduction](#)

[Dr. Ana Blohm Visiting a Patient](#)

[House Calls Save Money](#)

[House Calls Making a Come Back](#)