<u>EXCERPTS OF MEDIA COVERAGE OF THE INDEPENDENCE AT HOME PROGRAM</u>
January 14, 2010

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.

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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."

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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#ixzz0ZOkVaJLE

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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 Sentinal

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.

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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 Affair's 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 daysper 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

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Keep Patients Away

Growth RX

November 02, 2009

Tom Cornwell is on pace this month to make his 25,000th 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.

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

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

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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.

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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.

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"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.

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"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

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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.

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''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

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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

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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.

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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.

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

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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

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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

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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

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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.

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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."

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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

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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."

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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.

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"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.

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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 ahs about 2,400 patients I 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.comm/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-4th 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

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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/

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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/cgibin/article.cgi?f=/c/a/2008/01/11/CM2KT5D65.DTL#ixzz0aHoTDHMD

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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

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

Mt. Sinai Visiting Doctor's Program:

Introduction
Dr. Ana Blohm Visiting a Patient
House Calls Save Money