

## The Birth of a House Call Practice

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*Increasingly, physicians of all specialties are frustrated with the complex, unrewarding system of third-party billing in the United States. It has led many physicians to wonder how best to change their practice to ameliorate these challenges or leave their practice altogether. It is possible that family physicians suffer most because they are trained to provide comprehensive care to all comers, regardless of reimbursement status. What they may not know is that leaving the practice might be the best thing for everyone, and it doesn't necessarily mean leaving medicine! As I realized during my experiences working in South Florida, transitioning to a house call practice can be emotionally and financially rewarding.*

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At the time, I was a new hire as a medical assistant for a primary care practice outside Miami. Although I was a physician, as a foreign medical graduate, I was in the United States studying for the boards with hopes of securing a family medicine residency position. Dr Barbara, an extremely busy internist, spent each day trying to both see his patients in clinic and follow them in the hospital. He had been doing it for some time and, when I started, it was clear that he was growing weary of the stress and demands of being a full-spectrum clinician. Then, one day, we made a house call, an experience I will never forget.

We arrived at a home southwest of Miami, where we encountered coffee ready on the table and a pleasant elderly woman from Nicaragua. Although she was once a very active and dynamic member

of the community, now because of complications of diabetes, she could not leave the house by any means other than ambulance. As we spoke that morning, her daughter gave us an update on her condition and shared with us how having a bed-bound family member has affected her own life and her family. We were able to speak with her and care for her mother in the comfort of their own home, without the phone ringing or charts piling up. We were able to be flexible family doctors, delivering point-of-care service to a family in need. Right then I knew that this was not just a medical visit, but it was an answer to the prayers of this family. Her mother would no longer need to endure the pain of taking an ambulance just to have her blood pressure checked or her medications refilled.

Dr Barbara and I both felt similarly affected by this experience, and within a short time, the office practice was becoming more of a home visit practice. We had the interest, and as the US population older than 65 years is expected to grow to more than 70 million by

2030,<sup>1</sup> the demand was certainly there! Each day, more new patients were being referred to us by other physicians, home care agencies, and patients themselves. Now, armed with an idea, we needed to figure out how to make the big transition. Patients would not be seen in the office anymore so there was no need to pay an expensive lease on a medical building or retain a large staff. We would need a way to travel to patients' homes and communicate from the road. And, of course, we would need to determine all the billing and reimbursement rates to make the practice's ends meet.

One of the first moves we made was to replace the office with a much smaller storage space in which to keep the medical records and other necessary items locked. The support staff was reduced to just an administrative assistant and a medical assistant. We equipped a minivan with wireless Internet, e-fax, printer, global positioning system (GPS) device, and cell phones, and although reimbursement per visit was more than adequate, we were ready to accept financial loss-

es for at least the first 6–8 months. Instead, surprisingly, the practice grew very large, very fast!

As was clear when we saw our first patient, the lovely woman from Nicaragua, the purpose of a visiting physician is to care for home-bound patients and their families. In many cases, this involves maximizing the level of care that can be delivered at home, including delivering medications and obtaining phlebotomy services and imaging studies. In South Florida and other parts of the country, there is a well-established network of resources that makes this possible. For example, if a bed-bound patient is complaining of cough, fever, and shortness of breath, it would only take few minutes to e-fax a prescription for a chest X-ray to a mobile diagnostic company, and within a few hours a technician would arrive with a portable X-ray machine. Services are not limited to X-rays, however, since mobile diagnostic companies can now perform echocardiograms, venous and arterial duplex and ultrasounds, with a fast turnaround for reports e-faxed to car or office.

Another valuable resource for home-bound patients and their physicians are home care agencies. Home care agencies provide home attendants and visiting nurses who can check vitals signs, administer medications, provide wound care

for decubitus ulcers, and perform glucose monitoring and teaching for diabetic patients. Home care agencies also provide physical, occupational, and speech therapy. And in some cases, they can provide telemedicine as well. A device placed in the patients' home transmits information like vital signs through a phone line directly to a company, where it is received by a nurse and communicated to the physician if necessary. Without this support and care, it would be difficult for home care physicians to ensure that quality medical care was being provided to their patients.

Of course, physicians need to know about the bottom line. Can you make a living as a house call physician? The answer is a resounding yes. In fact, billing is much easier because there are mainly two payers: Medicare and Medicaid. Private insurance companies account for a small portion given the demographic. To be eligible for a house visit through Medicare you must have part B Medicare<sup>2</sup> (usually without enrollment with an HMO), and reimbursement is higher than that of an office visit. In 2005 the allowed charge for a detailed visit to an established patient was about \$110,<sup>3</sup> and there are none of the frustrating private insurance issues, referrals, or endless

paperwork. We would e-file claims directly from the car or office and expect payment in a relatively short period of time.<sup>4</sup>

House calls are definitely not for everybody, but for family physicians who enjoy caring for a geriatric population, a flexible, outdoors working environment, and developing strong relationships with families of home-bound patients, transitioning to a house call practice may be the right choice.

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