

FAQ for House Call Solutions web site

1. What is a medical house call program?

A medical house call program (MHCP) is an inter-disciplinary medical practice that provides personalized, coordinated care in the patient's residence, not in an office. The MHCP strives to care for frail, chronically-ill seniors who are no longer able to visit their PCP in the office due to mental or physical limitations. While in most instances the MHCP physician becomes the primary care physician (PCP) for these patients, the MHCP physician can collaborate with the office-based PCP if requested.

The house call physician leads a team that includes nurse practitioners or physician assistants (providers with advanced clinical training that work collaboratively under the physician's supervision), as well as other allied health professionals, such as social workers. The team develops a comprehensive care plan for the patient that addresses not only the medical issues, but also environmental and social concerns that may be affecting quality of health and life. Most MHCPs provide all primary care and many tests and minor procedures in the patient's residence. Specialist visits, as well as other, more complex testing and procedures are done in traditional settings and arranged for the patient by the MHCP.

2. Can you describe a typical medical house call visit?

While there is not a "typical" house call visit, there are three general types of visits. The first visit a MHCP patient may have is a comprehensive new patient visit. During this extended time with the physician, the patient and often at least one care giver is present. A complete evaluation of the patient's medical condition is conducted, as well as of the home and support situation. Often, a discussion of the goals the senior and the family have for medical care is begun. Based on this assessment, a care plan can be developed that incorporates the full range of issues effecting the health and well-being of the patient.

Another type of visit is the follow-up visit. Often performed by the NP or PA, these visits are a periodic progress "check-in" to determine compliance with the care plan and monitor medical conditions. These visits occur based on the professional judgment of the MHCP team, but every 4 - 8 weeks is common. The physician may conduct these follow-up visit every third or fourth time to review progress or when particular development warrant. These visits typically include a portion of caregiver education, as well as patient and/or family counseling. Through information and advice, the provider can make the patient and family more

comfortable with the senior's health status and anticipated progress. This often reduces uncertainty and confusion, alleviating stress in the home.

The third and final type of visit is the urgent care visit. Often, the underlying medical conditions MHCP patients can worsen unexpectedly. Sometimes, this may mean a trip to the ER. However, many times, a visit by an MHCP physician, NP or PA can address the situation completely and keep the senior in the comfort of their own home.

3. How are the services of a medical house call program different from a traditional office-based medical practice?

As you can see, the MHCP seeks to provide a special service to a special population. The unique needs and challenges of the frail elderly require a different, more tailored approach. The fundamental difference: the MHCP affords the provider a chance to evaluate the patient and their family/caregiver in their home carrying out their daily activities. If vision impairment, hearing loss or stability while walking are issues, is the home appropriately appointed so as not to compromise patient safety? Are medications well-managed and not expired? Is there food for a healthy well-balanced diet in the refrigerator? This environmental assessment is in large part what distinguishes the MHCP from the office-based practice. The information gathered in the home enables the team to create a customized care plan that not only addresses medical issues, but also impacts environmental concerns that may well be as important as the medical issues for a chronically-ill frail senior. These issues may be dealt with through caregiver/family education, referrals to social service agencies or other suggestions to bring in resources necessary to safely continue to live in the community.

In addition, if the MHCP is affiliated with a hospital, there is often very close coordination between specialists, home health and hospital-based services, such as outpatient testing and inpatient services. Appointments are scheduled, information is appropriately shared and the MHCP providers follow the patient's progress closely, often visiting in the home upon return. This is done because it is primarily during the time of transition in the provider or the location of care that medical conditions and physician limitations worsen. Through the more integrated care delivery that health system-affiliated programs have, these issues can be minimized.

4. Who is an appropriate patient for a medical house call program?

House call programs generally target patients who have great difficulty leaving their home to get to a physician's office usually due to mobility

and/or cognitive impairment. While some patients meet Medicare's definition of homebound, most do not and a patient does not need to in order to be eligible for a MHCP. Most patients are older adults with multiple chronic health conditions, any of which may, if left unmanaged, be aggravated by frequent acute flare-ups. These patients are also likely to have chronic disabilities and need assistance with basic activities of daily living such as eating or bathing or dressing. The MHCP physician ultimately determines if a patient is eligible for the MHCP they represent.

5. Are medical house call visits paid for by health insurance?

Medicare covers house call visits, whether they are made by a physician or a NP/PA, just like an office-based visit. After the annual Medicare deductible is met, Medicare covers 80 percent of each house call visit. If the patient has insurance that supplements Medicare, the remaining 20 percent is submitted to the patient's secondary insurer. In most states, Medicaid will usually cover the remaining 20 percent for those persons who are enrolled in Medicaid. PACE providers and some Medicare Advantage HMOs may also pay for medical home care. Not all house call programs accept Medicare, Medicaid or other forms of insurance and one should clarify what forms of payment the provider will accept.

There are an increasing number of house call programs operating under the sponsorship of a health system or hospital. These programs may have greater flexibility to serve residents regardless of their insurance or ability to pay. In addition, they may be able to subsidize the cost of additional services that are not covered by Medicare, such as a social worker or dietician. This is due to the fact that these programs are more likely to receive some financial subsidies, such as donations or grants, to help supplement insurance payments.

6. How can I get my low-mobility elderly family member enrolled in such a program?

Unfortunately, not every community has an MHCP to serve the frail elderly. One place to start is by contacting your local hospital and asking if they have a MHCP. Note that an MHCP is different from a home health agency, which provides focused skilled nursing or therapeutic care for a defined period following a medical event. The MHCP provides comprehensive, ongoing medical care in the home under the leadership of a physician.

Another place to look is the web site of the American Academy of Home Care Physicians (AAHCP) www.aahcp.org. This is the professional association for physicians, NPs and PAs dedicated to advancing the art

and science of house calls. The AAHCP maintains a listing of house call providers by city and state, including independent, health system-affiliated and those associated with the large national for-profit firms.

7. I understand the benefit to patients and their families/caregivers. Who else does a medical house call program benefit?

The MHCP is one of the few programs that actually benefit each participant in the complex health care industry. Of course, the frail elderly patient and their caregivers/family members benefit, as described above. However, house call programs assist:

- a. Health insurers, including Medicare, to reduce expenses and potentially lower premiums due to increased access to medical care, which improves control over unnecessary tests, procedures and other health care services.
- b. Hospitals by helping them to manage scarce, expensive resources such as emergency department and inpatient beds; this is due to better care and management of those illnesses common to the frail elderly which, if left untreated, often result in emergency department visits and hospital stays.
- c. Office-based PCPs whose practices, even if these patients could readily get there, are high volume and not well-positioned to deliver or coordinate the type of time-intensive multi-disciplinary care that is necessary to improve outcomes for these patients.

8. What can I do to help?

All of us can help ensure that medical house calls are available to those frail elderly who need this critical service.

- a. Get informed by visiting the web site for the American Academy of Home Care Physicians (www.aahcp.org). Learn more about The Independence at Home Act, known as IAH, a part of the current health reform efforts. IAH establishes a nation-wide demonstration project for medical house calls (www.iahnow.com).
- b. Call/write your congressman/senator and let them know how important their support of community-based medical is to you.
- c. Call/write your local hospital and/or health insurer. Ask them if physician lead medical care in the community is currently available or is in their short-term plans. If not, ask why not. Frail, medically-complex

seniors deserve it.