



These doctors do make house calls

Medical Center at Lancaster tries to keep ER numbers down

Friday, September 7, 2007

By CAROLYN TILLERY / Special Contributor to The Dallas Morning News

No one wants to go to the emergency room. There's the wait, the discomfort and the cost. Dr. Ike Osuji (left), with business development director Andre Gonzalez, is one of seven doctors in the program. The Medical Center at Lancaster is taking steps to keep patients out of its emergency room the old-fashioned way: by making house calls.

Andre Gonzalez, the hospital's director of business development, said house calls not only address a serious need in the community but also can improve hospital efficiency. As the population ages, more and more baby boomers will need in-home visits, Mr. Gonzalez said. Furthermore, many homebound patients don't have a primary physician. "They get a cold, which untreated turns into pneumonia, and they end up in the hospital," he said. "We thought, let's get together a group of interested doctors and tackle this problem."

Dr. Ben Olusola has been making house calls for about three years and is one of the seven doctors in the program. He said patients need in-home visits for many reasons.

"Mobility and transportation can be real issues," he said. "Some are old and simply don't need to get out. You are not only their doctor; you become part of the family. You learn about their children, their marriages, their lives. It's getting medicine back to what it used to be."

The program is administered by the hospital and gives doctors the ability to perform many hospital functions in the patient's home, so they don't have to come in to have blood drawn, physical therapy or assessments.

It works like this: A phone call is referred to a physician, Mr. Gonzalez said. Information is shared between a visiting home physician and the patient's primary physician, if there is one. If the patient still has to go to the hospital, physicians' orders are already in place, saving time.

"The beauty behind the program like this is when the patient is discharged, a family nurse practitioner will go to the home and evaluate the patient," he said. "If they need physical therapy, wound care management, many of these services can be taken care of on the spot. They ensure their prescriptions are filled and being taken."

However, just like emergency room visits, house calls are costly, particularly to the hospital.

"The bill comes to my doorstep," Mr. Gonzalez said. "It's an extraordinarily expensive program to have. But it is what it is; we want to be proactive. ... The hospital works more efficiently if those who don't need to be in the hospital aren't."

From an insurance perspective, bills are high for hospital stays, he said. People who are in the ER but don't need emergency care have to wait longer as cases are prioritized. Medicare spends \$1,000 per patient, while a doctor's bill could cost about \$50, Mr. Gonzalez said.

"Insurance and Medicare don't pay the whole tab, so the patient gets a bill," he said. "The ER is not an efficient way to go. I wish it were cheap, but quite frankly it's not."

Mr. Gonzalez said he believes the savings for the hospital will come in the form of a more efficient emergency room. But financially, the hospital could lose money in the short run on the program.

"I think we can provide the people in our community with a real service," he said. "If nothing else, we tried to do something nice for the community."

Program participants Dr. David Ukoha and his partner, Dr. Ike Osuji, also have been making house calls for years. Dr. Ukoha said they spend almost an hour with each patient and it's time well spent.

"Most patients at home are very elderly," he said. "Some don't have families; the fact that we come see them makes them so happy. Often, we provide emotional support. They talk about their problems.

"It's more holistic care. Some illnesses are caused my malnutrition. Some of them have no one to check on them. Even when we're not visiting, we're making follow-up calls to check on them. We work with home care nurses to make sure they're OK. This is bringing medicine full circle back to where it started."

Carolyn Tillery is a Dallas-based freelance writer.

E-mail tillery@swbell.net

© 2007, The Dallas Morning News, Inc. All Rights Reserved.