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## When do doctors make house calls

The fastest growing segment of the American population is adults over the age of 85 and the number of people aged 65 or older is projected to double over the next 15 years. Not only is the elderly population increasing steadily, they are spending more and more time in the hospital for treatment of chronic diseases like stroke, heart disease, and cancer. According to the Centers for Disease Control and Prevention (CDC), two out of three older Americans have more than one chronic condition and treatment for these conditions accounts for nearly two-thirds of the country's healthcare spending. Not only is it expensive to treat chronic conditions in the elderly, the current hospital-focused method is inefficient. Now, doctors are beginning to rediscover that in-home health care and treatment for the elderly can reduce hospitalizations and improve the management of chronic diseases. The Return of House Calls in the United States In-home medical care was once a staple of American life. It was common practice for doctors to visit patients in their homes for both preventive care and medical treatment. In fact, up until the 1940s, about 40% of doctor visits were completed in the home. After World War II, however, physicians began to take their practice out of the home and into the office – it was simply no longer financially advantageous to visit patients in their homes. Though medical house calls largely fell out of practice, they are once again on the rise. According to Medicare data collected by the American Board of Family Medicine, the number of home visits made by physicians doubled between 2000 and 2006. Regarding elderly patients, a study published in Health Affairs revealed that over 5,000 primary care providers across the country completed more than 1.7 million house calls to beneficiaries of Medicare in 2013 alone, and some physicians make more than a thousand house calls per year. The Pitfalls of Fee-for-Service Care Many hospitals and clinicians advertise a patient-centered attitude, but the current model for healthcare in the United States is very provider-centric. The existing fee-for-service model that reimburses physicians for each individual service they perform encourages over-testing and superfluous treatment. It also dictates what care services patients should receive, as well as when and where they should receive them. It is all about what is convenient for the physician, not necessarily for the patient. In-home medical care is the opposite – the patient is the priority. What Do Medical Home Visits Look Like? One of the primary advantages of home health care is that it can be customized according to the patient's needs. Medical home visits can be used to provide everything from preventive medicine to management of complex chronic conditions, and it can be executed by a wide range of medical professionals, including primary care physicians, physical therapists, occupational therapists, speech therapists, and more. Medical house calls can provide a wide range of services, including the following: Primary care Routine follow-ups Specialist consultations Skilled nursing care Physical therapy Occupational therapy Speech therapy Palliative care Dementia care Medication management Transitional care Diabetic counseling Health and nutrition counseling Wound care In-home doctor visits can be customized according to the patient's need and may include any combination of the services listed above. By providing in-home health care, house call doctors are able to provide better continuity of care for patients who might not otherwise have access to regular or reliable healthcare services. Who Qualifies for In-Home Healthcare? Adults over the age of 85 are the fastest-growing segment of the American population, as well as some of the most common beneficiaries of in-home doctor visits. In-home health care is an excellent option for the elderly, but other patients can also benefit. In order to qualify for in-home doctor visits, a patient must have a valid reason for being unable to visit the doctor's office. There are a wide variety of potential reasons, but some of the most common include the following: Mobility problems such as disability or injury Lack of transportation (or access to transportation) Vision problems that make driving or traveling dangerous Mental health problems or memory problems (such as Alzheimer's) Multiple chronic conditions with complex management In addition to these general qualifications, there may be specific qualification requirements if you hope to have your medical home visits covered by Medicare. To qualify for home health coverage, you must meet the following criteria: Considered "homebound" by the Centers for Medicare & Medicaid (CMS) criteria Require skilled care on an intermittent or part-time basis to improve, manage, prevent, or slow a current health condition Be under the care of a doctor who completes and documents an in-person visit either 3 months before starting home health care or within one month after starting it The Centers for Medicare and Medicaid definition of homebound requires that the patient needs the help of another person or medical equipment such as a walker, crutches, or wheelchair to leave the home, or if the patient's doctor believes that leaving the home could worsen the patient's health or condition. It is also a requirement that the patient considers it difficult to leave their home. The Benefits of In-Home Medical Care for the Elderly The main benefit of in-home medical care for the elderly is that it helps keep patients out of hospitals, emergency rooms, and nursing homes. According to the American Association of Retired Persons (AARP), more than one million older Americans are completely homebound and another 2-3 million are sufficiently disabled that they cannot go to the doctor's office. Even elderly adults who are not completely homebound are likely to put off visiting their primary care doctor because it is simply too much of an ordeal. As a result, their conditions worsen and treatment becomes more expensive. In addition to reducing the frequency of hospitalizations and ER visits, in-home care is more personalized than the care most patients receive in a doctor's office or hospital. Many physicians see 20 or more patients per day and each visit is very brief. By bringing care directly to the patient, it becomes far more personalized; treatment is customized to each patient's individual medical needs. It can also give both patients and their loved ones peace of mind knowing they are being cared for in the comfort of their own home. In-home medical care for the elderly also enables patients who live a significant distance from any hospital or medical office the opportunity to receive routine care. According to Nengliang Yao, assistant professor of public health at the University of Virginia School of Medicine, most elderly homebound patients live 30 miles or more away from their medical provider. Increasing the availability of house calls would increase the availability of care for those patients. Does Elderly Home Care Really Work? The benefits of house calls for the elderly are more than just theory – various programs have proven that this model of patient-centered care actually works. For example, the Independence at Home Act released in 2012 revealed that home-based care saved Medicare beneficiaries \$32 million over two years. For each beneficiary, annual savings averaged \$3,000 for the first year and more than \$1,000 for the second. Statistical data also showed a decline in hospital readmissions as well as a decrease in emergency room visits and inpatient hospitalizations during the testing period. The Future Looks Bright The state of healthcare in the United States is constantly changing; however, increasing availability of house calls for the elderly is promising and is indicative of a trend toward more patient-centered care in the future. How to Become a House Call Patient Located in Idaho? The first step to becoming a house call patient with Keystone is to complete the New Patient Form and either fax it or upload it through our secure, HIPAA-compliant form. Click below to get started. Become a Keystone Patient "Connected care" refers to a large and growing portfolio of digital tools, from video consultations with psychiatrists to in-home sensors passively detecting when a senior falls to devices that measure diabetics' blood glucose and send messages to their families' or doctors' smartphones when intervention might be needed. One very valuable service is telehealth, whereby physicians use email, phone, text, or video for consultations, reducing the need for time-consuming in-office visits. The benefit of this is illustrated by the story of Felipe Perez, a patient of the Sharp Rees-Stealy Medical Group in San Diego County, who used to have to take a five-hour long bus and trolley trip to get to his appointments. However, we should not fall into the trap of all-or-nothing thinking, expecting patients only to see their doctors either in the office or remotely. With a little creativity, we can envision mobile health technology leading to the restoration of an almost forgotten medical tradition: The house call. Imagine the connected doctor travelling to patients as needed, with a portfolio of cloud-enabled diagnostic, therapeutic, and decision-support tools at her disposal. Dr. Eric De Jonge of Washington Hospital Center conducts a Medicare house call at the home of... [+]

patient Beatrice Adams, in Washington, Thursday, Aug. 7, 2014. (AP Photo/Molly Riley) House calls used to make up 40 percent of U.S. doctors' visits in the 1940s, before going into decline in the 1960s. These days, they comprise less than one percent of consultations. Many believe that more house calls would increase quality of care at low cost, which led Medicare to launch an "Independence at Home" demonstration project for seniors with multiple chronic conditions in 15 states. Starting in 2012, the project has had promising results. This invites the question: Why did house calls decline? In a recent tweet, Jay Parkinson, MD, founder of the extremely innovative Sherpaa medical service claimed: "There's a reason why house calls went out of fashion. Grossly inefficient use of very expensive doctor time + extremely limited capability." Dr. Parkinson's identifying house calls as an inefficient use of doctors' time is a very limited view of costs in health care. The almost complete elimination of house calls has not increased efficiency, it has only transferred the cost of travelling and waiting from doctors to patients. Keith Wagstaff of ABC News covered this very well in his discussion of a study estimating the average American lost \$43 in wasted time waiting for a scheduled appointment – more than the amount of the out-of-pocket payment! Further, the time spent actually consulting the doctor has shrunk to maybe 15 minutes. So, from a patient's perspective, the ratio of productive time to wasted time has declined. Although Dr. Parkinson insists that we also wait in barbershops and lawyers' offices, I beg to differ. Like most men, I drop in for a haircut, and can therefore ensure I wait at the least expensive time for me. My wife, who makes appointments, would never tolerate waiting as long for her hairdresser as for her doctor. Nor do lawyers keep clients with scheduled appointments waiting for an hour or more to read old magazines in a "waiting room." (In other sectors of society, they are called "reception areas.") The most significant factor explaining the shift in costs from doctors to patients is patients' having lost control of paying doctors. According to the National Health Expenditure Accounts, private patients (not those enrolled in programs like the military, veterans' benefits, or workers' compensation) paid 67 percent of the aggregate bill for consultations in 1960. By 2014, that had collapsed to 11 percent. Private insurance increased to half of spending on physicians in 1992 and has stayed around that share since. By 2014, Medicare paid 27 percent, and Medicaid and Children's Health Insurance Program 13 percent [Chart I]. As patients' lost control of payment, they lost the ability to signal how much they valued their time, and house calls declined. Remarkably, this was over a period when people's time became more valuable as our incomes increased, and our tolerance for queuing and visiting different vendors shrank. This is one reason for the rise of department stores, supermarkets, and (later) big box stores. Remarkably, Dr. Parkinson's own business, Sherpaa, is a solution to this problem: We're doctors and insurance guides, empowered by our first-of-its-kind secure communication and care coordination platform, who diagnose, treat and partner with your employees to get them better fast." Sherpaa uses innovations such as mobile technology to deliver faster, better care to clients' employees. Those clients don not care about the doctors' time. They care about their employees' time. As long as we allow the system, instead of patients, to control spending on doctors, house calls and connected care of all types will struggle to maximize their value.

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