North Coast Physician

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Cover Photo
"AUTUMN WALK IN THE REDWOODS"
Stephen Kamelgarn, M.D.

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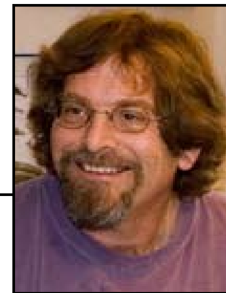
"Forward Into The Past"

Stephen Kamelgarn, M.D.



There's an old saying: "The more things change, the more they stay the same." Medical "fads" tend to come and go and come again. The latest "fad" making a comeback is the return of the house-call back into our medical milieu.

From the Eighteenth through the mid-Twentieth Centuries, the primary mode by which Western Physicians met their patients was the house-call. Many physicians did not maintain offices, but they met their patients in the patients' homes–on their home-turf, so to speak. I'm old enough to remember Old Dr. Goldberg making house-calls to see me when I was a small child back in the 1950's.

However, as medical care became more sophisticated and technologically oriented, the house-call fell out of favor, and became merely a nostalgic touchstone to the past. I remember my medical school professors telling me that there was little one could accomplish with a house-call–all the cool technology was in the hospital. In addition, by the 1970s, house-calls had become a money losing service.

I absorbed these lessons, and during my first years in practice, I would rarely venture out to a patient's home. Usually, I would only go when a patient was bedridden, and possibly terminally ill. In contradistinction to my professors, I would find the house-call quite useful. Those few times I would go out, I could gain great insight into the lives of my patients: how they lived, what were the barriers that prevented them from complying with the therapeutic regimen, what were their support networks like. It allowed me to see who my patients actually were. It was fascinating and wonderful.

As the years went on, I found my self enjoying these house-calls more and more. However, they were quite time-intensive, and they were never cost-effective. I could generate much more practice income by bringing the patients in to me–the mountain coming to Mohammed, so to speak. Therefore, for many years, I kept my house-calls to a minimum. But, as I acquired more and more housebound patients who required more care, I found myself going out more and more. Finally, about seven or eight years ago, I began blocking out one afternoon a month, just for making house-calls. Often I would go out with one of my office nurses and the two of us could see five or six patients in the course of an afternoon. We could draw blood, and obtain other lab specimens, we could re-dress surgical wounds, we could often head off small problems before they became large problems, and mostly, we just showed the patients that we cared. Everybody came out ahead. The Hell with "productivity" (a four-letter word if there ever was one) for an afternoon.

Now, it turns out, that I may have been slightly ahead of the curve. Medicare is experimenting with reinstating and paying for house-calls. The new iteration toward the house-call is called "Independence at Home." This is the old-fashioned house-call paradigm, modernized and updated.

Under the law creating the program, practices could join only if they make house calls to at least 200 patients with traditional Medicare who have been hospitalized and received rehab or other home health care within the past year. These patients also must have trouble with at least two activities of daily living, such as dressing or eating. The health care practitioners must be available 24 hours a day, seven days a week. They make visits at least once a month to catch any new problems early, and more often if patients are sick or there's an emergency. "This is a very sick group of people, with multiple chronic conditions, taking multiple medications and [they] have a very long problem list," said Terri Hobbs, the executive director of "Housecall Providers of Portland" She also noted that about half of the patients in the Portland, Oregon practice have some degree of dementia.

Even with the house-calls taking care of the sickest of the sick, Medicare is finding that having physicians making house-calls is a money saver. In the first year of the pilot experiment Medicare reported an overall savings of $25 million. These savings were passed on to the groups that participated in the pilot study and they earned bonuses of almost $12 million. This is serious money.

But the more important question is: are these patients being well-served by receiving their care at home? The answer seems to be a resounding, "Yes!" A key study, published in 2014, in the Journal of the American Geriatrics Society, found that primary care delivered at home to Medicare patients saved 17 percent in health spending by reducing their need to go to the hospital or nursing home.

Part of the reason for this is that not

"PAST", Continued on Pg 20

Something on your mind? Want to share your thoughts with your colleagues? Please send those thoughts for publication in the North Coast Physician or if you're insecure about your ability to write - let us help you.

“PAST”, Continued From Pg 4

only do the home visiting physicians do the usual “medical stuff,” but many of us also take a look around the home. We’re changing the paradigm from a strictly medical model of patient care and interaction to a “medical-social model.” This is what makes the difference. We’re dealing with people holistically. We look into refrigerators to make sure that patients have enough to eat, we can actually look at the patients’ medications and make sure that in-home conditions are conducive to taking the meds appropriately. Many of these “house-call practices” have easy accessibility to social workers and nurses to make sure that any necessary adaptive equipment: hospital beds, home oxygen, bedside commodes, shower chairs, etc., is available and in the home. Many programs also include visiting physical, occupational and speech therapists. It truly is becoming integrated home centered care

Up here in Humboldt County, Medicare has recently started a new program called PACE (Program of All-inclusive Care for the Elderly). The selection criteria for patient participants are the same as “Independence at Home.” The patients are essentially the same type of patients that are in the other Medicare-funded home visit practices--the sickest of the sick. Therefore, a large part of this program involves the medical staff making a large number of house-calls. In fact, many of the patients only receive home care, and never come into the clinic, which is housed next to the Alzheimer’s Resource Center of the Humboldt Senior Resource Center.

Also, like the other home care practices, the program also has a panoply of nurses, physical and occupational therapists and social workers to work closely with these patients at home. I have been reliably informed by the staff that this program has significantly reduced the number of hospitalizations and re-hospitalizations of our ninety-plus patients. Again, everybody wins.

House-calls. An institution whose time has come again.

Addendum: I have been contracted to substitute for Dr. Heidmann, the medical director, for a couple of weeks in late June and early July, while she takes a well-deserved vacation. And I’m really looking forward to it. §

Comments or letters, which may be published in a future issue, should be sent to hdncms@sbcglobal.net

CMA
California Medical Association

Physicians’ and Dentists’ Confidential Line

Substance Abuse
Depression
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Stress

About the hotline: We are a confidential service dedicated to assisting physicians and dentists who may feel overwhelmed by aspects of their personal or professional lives. Our goal is to help our colleagues before their lives and practices are in jeopardy.

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The Physicians’ and Dentists’ Confidential Line is a project of the California Medical Association and the CMA Alliance, with additional support from the California Dental Association.

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7/13	(Wed)	TUMOR BOARD	SJH
7/19	(Tues)	TUMOR BOARD	RMH
7/20	(Wed)	TUMOR BOARD	SJH
7/27	(Wed)	TUMOR BOARD	SJH

AUGUST

8/3	(Wed)	TUMOR BOARD	SJH
8/10	(Wed)	TUMOR BOARD	SJH
8/16	(Tues)	TUMOR BOARD	RMH
8/17	(Wed)	TUMOR BOARD	SJH
8/24	(Wed)	TUMOR BOARD	SJH
8/31	(Wed)	TUMOR BOARD	SJH

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