

THE PHYSICIAN'S ROLE IN HOME CARE

(OR MARCUS WELBY RIDES AGAIN!)

Medical Automation 2007

Vital Signs : Saving Lives : Cutting Costs

Hospital at Home

Pre-conference Workshop ~ October 28, 2007

David O. Barbe, MD MHA

Who is this guy anyway?



Family Medicine, prev added qual geriatrics
24 years in rural practice ~ 4,500 pop
Regional Pres., St. John's Clinic, Springfield, MO
⌘ 450 physician, multi-specialty group
⌘ #1 integrated delivery system, #1 patient satisfaction
Past Pres. Mo State Med Assn
AMA Council on Medical Service (health policy)
Low volume, low tech home visits
I'm here to learn, don't know it all, but...
'Expert' in knowing the mind of the average
physician

What's up for the next hour?



Introductions (if not already done)

Anyone ever done home visits?

What do YOU want from me?

Overview of prepared remarks:

⌘ History of the Home Visit

⌘ Demographics favoring home care

⌘ Financial implications for physicians

⌘ Home care technology

⌘ The physician and the home care team

⌘ Discussion... Lots and lots of discussion

The History of the Home Visit



Once Upon a Time...



Typical care
in 1700's - 1800's



First hospitals

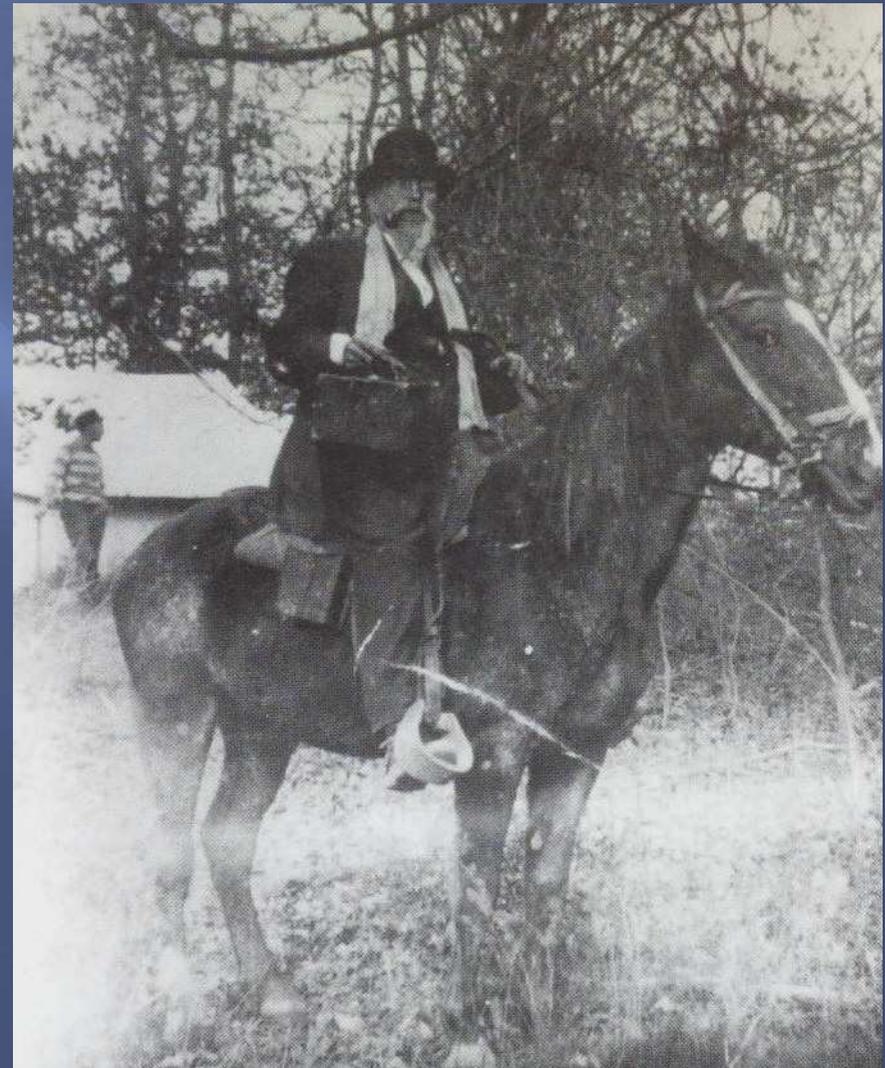
⌘ 1751 Philadelphia

⌘ 1791 New York

⌘ 1823 Mass General

⌘ 1883 St. Mary's - Mayo

⌘ were for poor who
couldn't afford /
provide home care



The History of the Home Visit

- Once Upon a Time...
Common even
into the early 1900's
- Logistics – easier for
physician to go to patient



The History of the Home Visit



Once Upon a Time...
 Clinical care – nothing
 more to offer at ‘office’
 or hospital than
 at home

<p>IF this should ... meet the</p>  <p>OF ANYONE troubled with Dropsy, Bright's Disease, Seminal Weakness, Gravel, Reten- tion of Urine, Diseases of the Bladder, Liver or Kidneys. They are strongly advised to take a few ... doses of ... Dr. J.H. McLEAN'S LIVER AND KIDNEY BALM. Justly celebrated as the standard liver and kidney remedy of America. \$1.00—A BOTTLE—\$1.00</p>	<p>ELY'S CREAM BALM CURES CATARRH PRICE 50 CENTS, ALL DRUGGISTS</p>	<p><i>For a First-class Shave, Hair-cut or Shampoo</i> —Call on— N.A. BEACH City—Barber—And—Hairdresser All work guaranteed strictly first class. Razors honed and put in good order for FIFTEEN cents. 50-yl</p>
<p>If the Baby is Cutting Teeth Be sure and use that old and welltreated remedy, MRS. WINSLOW'S SOOTHING SYRUP for Children Teething.</p> <p>When a man plays cards for a stake he sometimes gets a roast.—Philadelphia Record.</p>	<p>TOWN AND COUNTY Local News Items, O.C. Conkin has been sitting up with a sore hand, caused by a kick from a horse.</p>	<p>THE LONE STAR DRUG STORE J.T. SPEAR & CO. Proprietors. —BIRD SPRING, MO.— A full supply of Family Gro- ceries, Pains, Oils, Brushes, Perfumeries, Dyestuff, etc. Compounding Prescriptions Carefully attended to Day or Night.</p>
<p>"Hanson's Magic Corn Salve." Warranted to cure or money refunded. Ask your druggist for it. Price 15 cents.</p> <p>Sometimes a man keeps his word because no one will take it.—Picayune.</p>		<p>Hood's Is the Best Fall Medicine, because it purifies, vitalizes and enriches the blood, and therefore gives strength to resist bad effects from Colds, Catarrh, Rheumatism, Pneumonia, Malaria, the Grip, etc. Take it now and avoid the danger of serious illness. It may save you many dollars in doc- tors' bills. Be sure to get Hood's and only Hood's.</p> <p>Hood's Cures <i>Barsa- partilla</i></p> <p>"I can truly recommend Hood's Sarsaparilla as an excellent medicine. I have taken four bottles and I am better than I have been for two years past. I was all run down, my limbs swelled and my blood was in a very bad condition. Now I am free from neuralgia and better in every way." Mrs. H. Cobleigh, Hume, N.Y.</p> <p>Hood's Pills cure all liver ills, biliousness jaundice, indigestion, sick headache. 25 c.</p>
<p>J.C. BISHOP Physician and Obstetrician THORNFIELD, MO. Will practice in the Western part of Ozark County</p>		

The History of the Home Visit



Mid 20th Century

Insurance 1930's

WWII – explosion of technology, specialization

Mid '60's – Medicare / Medicaid

Logistics – transportation

Urbanization

Trend fewer and fewer home visits

The History of the Home Visit



Recent history



Gradual resurgence of the home visit



Initially mainly in rural areas?



Evolution of physicians / groups 'specializing' in home care – mainly in urban areas



Why??

- ⌘ Demographics – increasing elderly
- ⌘ Professional stressors / dissatisfaction
- ⌘ Technology advances
- ⌘ Other

The Future of the Home Visit

Who knows?? Maybe depends on this meeting...

Dependent on several variables:

- ⌘ Demographic needs / demands
- ⌘ Financial considerations
 - Physician reimbursement
 - Cost to payer / patient
- ⌘ Technologic capabilities and cost
- ⌘ What it means for physicians
- ⌘ Successful coordination of care – ‘home care team’
- ⌘ Delivery of Value – all stakeholders

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"He says he makes housecalls, and he'll be over
as soon as he gets his horse back from the blacksmith."

Getting Old Isn't for Sissies

Favorable Demographics



Aging population

Increasing burden of chronic disease

Increasing cost of traditional medical model

⌘ Per procedure, technology creep

⌘ Per person / disease

⌘ End of life care



Changing patient expectations

⌘ I want it 'my way' – boomers, but not exclusively

⌘ Berwick IHI – What Patients Want: Relationships – mutual care and respect, Access and Availability, Integration of care, continuity



Logistics

⌘ More home-bound patients

⌘ Fewer family – friend caregivers

Follow the Money

Financial Considerations



Why current medical model – office visit

- ⌘ Piecemeal, except capitation

- ⌘ Limited opportunity for non professional revenue



Downward pressure on physician reimbursement

- ⌘ Managed care – less than Medicare in many markets

- ⌘ Medicare – signif behind medical inflation, looming cuts



Ancillary revenue – you can't take it with you
(or can you??)

Follow the Money

Financial Considerations

Office visit vs Home visit vs Hospital

new patient

99202 \$56

99342 \$74

hosp initial

99221 \$81

99203 \$83

99343 \$108

99222 \$113

99204 \$128

99344 \$142

99223 \$165

established patient

99212 \$33

99347 \$39

hosp subsq

99231 \$34

99213 \$54

99348 \$62

99232 \$61

99214 \$82

99349 \$96

99233 \$87

99215 \$112

99350 \$142

Follow the Money

Financial Considerations



In home ancillary – traditional

- ⌘ EKG
- ⌘ Spirometry
- ⌘ Oximetry
- ⌘ I-Stat
- ⌘ Lab
- ⌘ X-ray



Emerging...
(you tell me!)



An elderly patient is seen in her bed at home. Ridgway takes her pulse while the thermometer records her temperature.

Follow the Money

Financial Considerations



Is there 'value' in home care?



Payers not interested in convenience

- ⌘ Cost

- ⌘ Outcomes independent of cost (maybe?)



Opportunities for shared savings



'Value based purchasing' – P4P



Case management – care coordination fees



Could translate into improved reimbursement for home care

The Toys Physicians Need (Want) Technology in Home Care



The Toys Physicians Need (Want) Technology in Home Care



Physician's reluctance to leave 'comfort zone'
The 'Black Bag' ... a relic of days gone by
Home Visit 2007...The Black Bag on steroids!

"I arrive at the patient's home carrying a solar-powered portable scale and a medical bag with the essentials: blood pressure cuffs of all sizes, stethoscope, otoscope, ophthalmoscope, thermometer, pulse oximeter, folding ruler, gloves, reflex hammer, tape measure, chart forms and personal digital assistant... Should I need them, and EKG machine, mobile lab, nebulizer, halogen light source, and an assortment of drug samples are in the trunk of my car. With these tools, I can do 95 percent of what I used to do in an office setting..."

Andrea L. Brand, MD in Family Practice Management, Feb 2006

The Toys Physicians Need (Want) Technology in Home Care



Emergency Department in a bag

“Stashed in his black bag – actually, a blue and gray fishing tackle box – was a miniaturized version of every diagnostic tool he needed to assess her symptoms as well as a full supply of standard emergency care drugs to treat them.

“You’ve got to stop thinking about bricks and mortar. Today, I am the emergency room...Welcome to pocket sized medicine...”

Christine Gorman, Time Magazine, Sept 23, 1996 re: Dr. G. Bayne

The Toys Physicians Need (Want) Technology in Home Care



Pros and Cons of home care technology

Takes effort, duplication of equipment

Portability... in evolution – the future is here!

New Technology

⌘ Smaller, lighter, more portable/durable

⌘ Higher tech

⌘ In home monitoring / telemonitoring

⌘ Cost???

The Toys Physicians Need (Want) Technology in Home Care



Back to the Future: The Telemedicine House Call
– A.F. Jerant, et al. Fam Pract Mgmt Jan 1998



“Telemedicine is not software or hardware, although it employs both. Nor is it ‘doctorware’ or ‘econoware’, despite its value to physicians and administrators. When all is said and done, telemedicine is ‘patientware.’” – Ira Denton, MD. Healthcare Informatics 1993



The Electronic Housecall Project – 1996 at
Eisenhower Army Med Ctr, Ft. Gordon, GA

- ⌘ High utilizers of office / hospital services
- ⌘ Video-teleconf, basic monitoring
- ⌘ 13 patients, 5 telemed worked consistently
- ⌘ \$15k savings each for 5 patients

The Toys Physicians Need (Want) Technology in Home Care



Medical IT in the home care setting

Electronic Health Record

⌘ Static

⌘ Asynchronous

⌘ Real-time



Connectivity – WAN, Cellular broadband

Input from diagnostic services (lab, x-ray, consultants, etc.)



Input from home monitoring devices

Patient interactivity



Interoperability

Affordable

The Toys Physicians Need (Want) Technology in Home Care



Hospital at Home – the ultimate in home care

Origins – France 1960s

Johns Hopkins – National HAH Demonstration
Project 2000-2002. Published 2005 Ann Int Med (43)

⌘ Pneumonia, heart failure, COPD, cellulitis (skin infection)

⌘ 69% chose home hospital care

⌘ Clinically favorable results, less dementia

⌘ \$2,400 savings per case (33%)



The Cochrane Library review July 2005 – HAH
programs

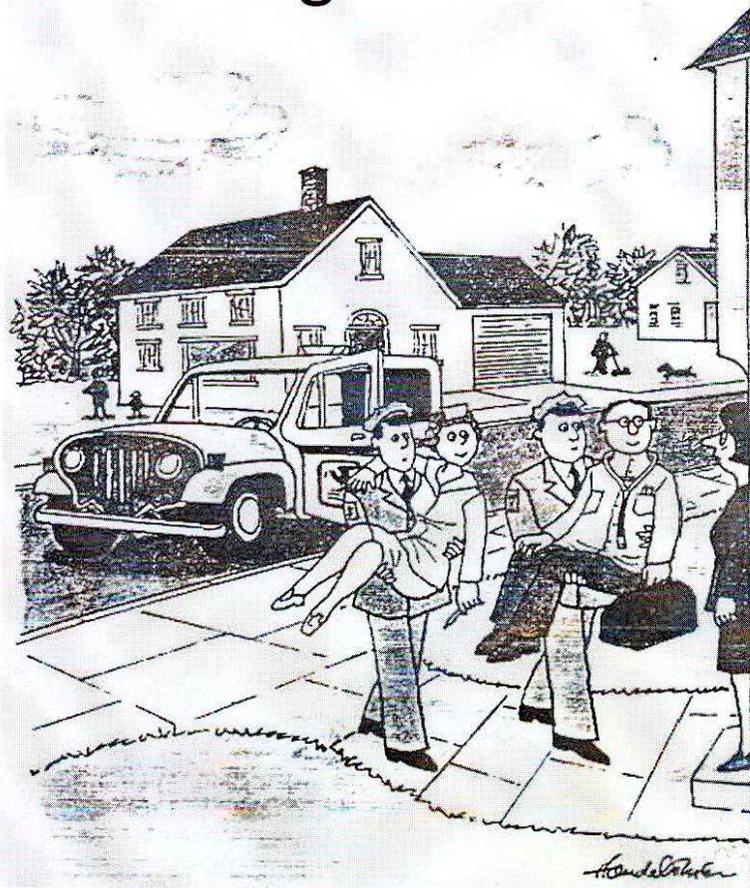
⌘ “this review provides insufficient objective evidence of
economic benefit.”

⌘ “Increased patient satisfaction... but the view of
caregivers was mixed.” Huge burden on caregivers

Plays Well With Others

Physicians on the Home Care Team

Delivering Health Care
to the High-Cost User



Plays Well With Others

Physicians on the Home Care Team

- ✦ Physician paradox – Captain of the Ship, but shortest exposure to the patient
- ✦ When is a team not a team??
- ✦ Extension / expansion of the home health nursing model
- ✦ Team conferences vs ‘sign the papers’ –
J. Zimmer. AJPB Feb 1985, 75(2)
- ✦ “must organize their teams to encourage regular, ongoing multidisciplinary meetings” –
A. Frock. HH Care Mgmt & Pract 2003 15(4)

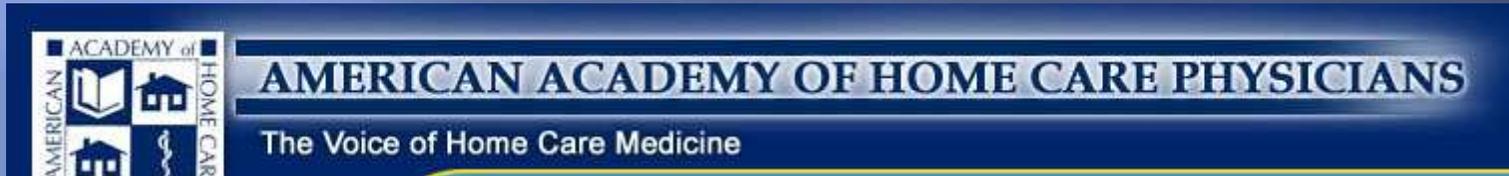
Plays Well With Others

Physicians on the Home Care Team

- ✦ Not all home visit physicians are created equal
- ✦ Weekend warrior – rare to occasional visits – vast majority of US physicians and visits
- ✦ European model 20% - 45% of visits by GPs - P. Van Royen. Arch Pub Hlth 2002
- ✦ Emerging trend: home visit specialists – multiple models
 - ⌘ Boutique practices – mix of office and home visits, private pay only
 - ⌘ Home visits only – a growing ‘specialty’

Plays Well With Others

Physicians on the Home Care Team



- American Academy of Home Care Physicians
8 500 physicians, 150 allied health
- Home Care Credentialing Exam
- From NY to HI, WI to FL
- Increasingly sophisticated services, large groups, multi-state operations

Start Your Own Medical House Call Practice!

HouseCall Doctors, a Mobile Medical Practice, is seeking physicians interested in a practice opportunity.

[LEARN MORE ►](#)

Plays Well With Others

Physicians on the Home Care Team

Our promise to you:

Superior, personalized and confidential care from the comfort of your own home.

Peace of mind. You will be cared for by experienced primary care physicians who specialize in house call medicine.

You will take part in the decisions that affect your health and be treated with respect and dignity.

Ease of service. We bill Medicare and most insurance companies for you.

To request a House Call phone us toll free at xxx

[Click here](#) to Request a House Call

Some of our services include:

Comprehensive review of your medical history, physical examinations and treatment

Medication management and medication refills

State-of-the-art lab and diagnostic testing such as portable diagnostics: EKG, Holter Monitoring, Pulse Oximetry Testing, Vascular and Doppler studies, X-Ray, Bone Mineral Density Tests*

Medical Balance Assessment and treatment*

Physical therapy and specialized rehabilitation services*

Transitional Care Program from hospital to home; coordination of entire discharge process including the coordination and management of home care services and equipment

Community placement consultations

Physician Review for Authorizations:

- ⌘ Home Health Authorizations and Care Plan Oversight
- ⌘ Medical Equipment Authorizations
- ⌘ Diagnostic Testing Authorization

Plays Well With Others

Physicians on the Home Care Team



“Why would I want to make a house call” –
or...What’s in it for me?

⌘ Professionally satisfying

- Generally more time spent with patient
- Close relationship with patient / family
- “Feel-good approach to medicine”

⌘ Good medicine

⌘ Alternative practice style

⌘ Improving financial outlook



Where does this leave us?

- Favorable demographic trends
- Favorable financial trends – provider and payer
- Suggestive favorable quality trends
- Suggestive favorable value equation
- Favorable advances in technology
- Increasing physician awareness of home visit as an alternative
- Increasing pressure on ‘traditional’ medical model
- Small, but growing number home visit specialists
- **Bottom line: Almost certain increase in interest in home visit / hospital at home**

THANK YOU !!

Discussion...

David Barbe, MD MHA