DOCTOR AT YOUR DOOR

The Senior Housing Community's Guide to Medical House Call Programs

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Institute for the Future of Aging Services
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The Institute for the Future of Aging Services (IFAS) is a policy research institute whose mission is to create a bridge between the practice, policy and research communities to advance the development of high-quality health, housing and supportive services for America's aging population. IFAS is the applied research arm of the American Association of Homes and Services for the Aging (AAHSA). AAHSA members serve two million people every day through mission-driven, not-for-profit organizations dedicated to providing the services people need, when they need them, in the place they call home. AAHSA's commitment is to create the future of aging services through quality people can trust.

Dear Colleague,

Over two million low- and modest-income older adults live in publicly subsidized housing. Most are elderly women in their 70s and 80s. Many have difficulty obtaining the health services they need because of their poor physical and/or mental health, financial limitations and/or lack of accessible transportation. You personally know some of them. They live in your housing communities.

Picture your residents who are very frail and have multiple chronic health problems. They may be frequently very sick from an acute flare-up of their diseases. They may have cancer, hypertension, diabetes, arthritis or congestive heart failure, and probably two or more of these conditions. Many are taking multiple prescription medications in addition to over-the-counter drugs. Some are likely to be terminally ill. They may use a wheelchair or walker to get around, if they are able to get around at all. They may have to wait weeks or even months to schedule appointments with their many different physicians each of whom treats one aspect of their overall health problems. Picture your residents who are anxious about going to the doctor because they fear ending up in a hospital or a nursing home, or who are so stressed about losing their independence they never see a doctor at all. Picture unscheduled ambulance trips, midnight visits to the ER, your concerns that a few residents are so sick and/or disabled neither you nor their families see how they can continue to live safely in their own apartment.

One potential resource to help your residents address these challenges is a medical house call program, where, on a regular basis, a team of physicians and nurse practitioners or physician assistants come to your most vulnerable residents who have difficulty leaving their apartment. We hope that you will carefully read our guide to medical house calls. Perhaps you will decide that developing linkages between your housing community and these types of programs is another worthwhile step in helping support your residents to age in place.

Thank you,

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President and CEO
American Association of Homes and
Services for the Aging

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Introduction

This guide has been developed with support from the McGregor Foundation for senior housing sponsors, property managers and service coordinators. Its purposes are to:

- Educate senior housing communities about the potential benefits of medical house call programs;
- Demonstrate to senior housing staff how house call programs can be a useful part of the portfolio of services available to residents and may even make their job easier; and
- Help senior housing staff explain to residents what these programs are and how they might gain access to them.

What is a Medical House Call Program?

Some people can remember when doctors actually went to their patients' homes. Unfortunately, those days seem to have gone the way of rotary phones and good old-fashioned typewriters. In recent years, however, medical house calls have been making a comeback. According to the *Journal of the American Medical Association,* house calls to Medicare beneficiaries rose by 40 percent from 1998 to 2004.

What is a medical house call program? An interdisciplinary medical team, typically consisting of a physician and a nurse practitioner or physician assistant, cares for the patient in their home. They come to the patient's home with portable diagnostic equipment and medical supplies, diagnose the patient's health problems, design a treatment plan, provide medical care, arrange for any other needed health services and coordinate the patient's medical care with other health and supportive service providers. The house call physician fulfills the role of the patient's primary care physician or works with the existing primary care physician when the patient is no longer able to get to his or her doctor consistently.

The goal of house call programs is to ensure the best care and quality of life for the patient for as long as possible, in the setting that most patients prefer—their own home. The programs are designed to provide patients a personal relationship with a physician, continuity of care across time and place, and care where it is needed, for as long as it is needed. The house call team will generally provide the following services:

- Health assessment, diagnosis, and plan for treatment;
- Assessment of the home environment for factors that may contribute to health and safety problems;
- Ongoing medical care;
- Care management and oversight, both within the patient's home and across settings, e.g., from home to hospital and rehab facility and back home again;
- Coordination of health services with visiting nurses, medical specialists, hospital staff, hospice services and community agencies to improve the continuity of health and medical care and facilitate hospital admissions; and
- Support and education to patients and their families so they can make informed health care decisions.

House call doctors and nurses may also assist patients with identifying medical equipment needs, authorize and oversee durable medical equipment and home health providers, and conduct routine tests in the patient's home, such as blood work, urinalyses, EKGs and x-rays. Some house call programs also provide end-of-life hospice care.

House call programs are organized in a variety of ways. Some are free-standing practices. Others are operated under the auspices of a health system, a hospital, a home health agency or an HMO. Doctors from the Program of all Inclusive Care for the Elderly (PACE) may also make medical home care visits. The house call physician usually works in a team with a nurse practitioner (NP) and/or a physician assistant (PA). In some programs, a NP or PA may lead the team or be the sole provider (often in more rural areas). Many house call physicians are geriatricians or have specialized training in geriatrics. In larger house call programs, usually operated by a hospital or health system, social workers, physical therapists, dieticians and pharmacists may also be part of the team. House call practices generally see patients within a specific geographic region to keep their travels efficient and maximize time spent with patients. It is quite possible that only one or a small number of house call practices will see patients in the area in which your housing property is located.

A house call program may require that their physician become the patient's primary care physician (PCP), or it may allow patients to keep their existing PCP, with the house call doctor acting in a consultative role. Some house call physicians have hospital privileges, which allows them to follow patients while they are in the hospital. Others who do not have hospital privileges work cooperatively with a hospitalist or the patient's previous PCP so that they are prepared to resume management of the patient's conditions after the patient is discharged from the hospital.

What is a Typical House Call Visit?

A typical house call may involve a first time visit to a new patient from a physician who pulls up in a car with a laptop computer and little black bag filled with portable medical equipment and supplies. The physician will conduct a comprehensive assessment—generally lasting about one hour—of the patient's health conditions, their living environment and their support system. The physician may also bring some portable testing tools with them—possibly including blood testing supplies, a pulse oximeter, a blood pressure cuff or an EKG or x-ray machine—that will allow them to perform some diagnostic tests on the spot. A patient plan of care and medical record will usually be created and transmitted to an office nurse or assistant who will help arrange appointments with specialists or for further testing or make referrals to a home health agency or medical equipment supplier.

Follow-up visits will generally be made by a NP or PA every one to two months, depending on the patient's condition. The physician will also make follow-up visits, usually at longer intervals, again depending on the patient's condition. House call staff will often be available via telephone 24/7 to advise patients who have a medical emergency and determine whether they need to go immediately to the emergency room or are able to wait until the house call doctor can get to their home. It is important to note, however, that house call programs do not typically provide true emergency services and are not a replacement for calling 911. A house call patient always has the choice of going to the emergency room. Often, appointments can be scheduled within a day or two, and in some cases, the same day for problems that are urgent, but not life threatening.

GERIATRICIANS

Geriatricians are specially trained in managing the multiple medical problems and chronic illnesses many older adults face. They are typically board certified in internal or family medicine and have completed additional training in the medical, social and psychological issues involved in caring for older adults. Geriatricians take a holistic approach, focusing on treating the patient's health conditions as well as optimizing their functional ability and quality of life.

NURSE PRACTITIONERS

A nurse practitioner (NP) is a registered nurse who has completed advanced education and training. Besides clinical care, NPs focus on health promotion, disease prevention and health education. NPs provide some of the same care provided by physicians and maintain close working relationships with physicians. An NP can serve as a patient's regular health care provider. The specific duties NPs are allowed to perform vary across states.

PHYSICIAN ASSISTANTS

A physician assistant (PA) is a licensed health professional who practices medicine under the supervision of a physician. A PA exercises considerable autonomy in diagnosing and treating illnesses. A PA can do whatever is delegated to him/her by the supervising physician and allowed by state law.

Differences from Traditional Office-Based Medicine and Home Health Services

House call programs are different from traditional office-based medicine, which largely delivers acute and episodic care in a hospital, clinic or office, at times and in locations that may be difficult for a patient to get to when they are sick or have mobility problems. In fact, patients with severe illnesses and/or chronic conditions may not even see a doctor until they end up in the emergency room. A typical house call program enables medical staff to evaluate the older person in their own living environment. By watching the patient carry out everyday activities, the physician is able to identify conditions such as vision impairment, hearing loss or other sensory deficits that might compromise patient safety. By observing the patient's home environment, such as what food is in the refrigerator, the dates on medicine bottles, or whether there are hazards that might lead to a fall, the doctor or NP/PA is able to obtain information that improves the accuracy of the diagnosis and helps them create a plan of treatment. For example, the physician or NP/PA may suggest the patient throw away old medications that have passed their expiration date, obtain a cane, walker or new footwear to avoid a fall or may even help to move furniture or tack down a carpet to make the resident safer and improve their quality of life.

SCENE FROM A HOUSE CALL VISIT

Traveling to a doctor's office is an ordeal for the 54-year-old, who suffers from diabetes, kidney and heart disease, arthritis and obesity. . .A trip to see one of her seven doctors can take much of the day, leaving her "wiped out". . .Lately, though, some checkups are much easier because the doctor comes to her. . . On a recent visit to Beatty's one-bedroom apartment, Dr. Mark Hubbard gently bent her knee to check on the progress of her arthritis while Beatty sat at a small dining room table between the kitchen and the living room. They talked about the 25 medications that Beatty takes, with special attention given to drugs that could further damage her failing kidneys. With twice-a-week visits, Hubbard can closely monitor Beatty's diet and weight, both critical to the health of her kidneys.

(Excerpted from "House Calls are Back, Medicare Hopes to Save Money in Treating its Sickest Beneficiaries," *San Diego Union-Tribune*, October 8, 2006)

House call programs are also different from Medicare reimbursed home health services. House call programs provide comprehensive, ongoing medical care and chronic care management. Medicare home health is primarily intermittent care that provides eligible patients who meet the Medicare definition of "homebound" with skilled nursing care, physical therapy, speech therapy or occupational therapy following an acute illness or medical event. Medicare home health is usually time limited and it must be focused on treating a specific problem. The treatment must be medically necessary, a plan of care must be certified by a physician and reevaluated every 60 days and there must be evidence that the health condition for which home health services are being provided is improving. Many house call patients receive Medicare home health services while under the care of a house call physician. In fact, home health agencies are a large referral source to house call programs, because either their patients no longer meet Medicare skilled care requirements or the patient's medical needs are complex and the patient would benefit from home treatment.

Who is an Appropriate House Call Patient?

House call programs generally target patients who have great difficulty leaving their home to get to a physician's office—usually because they are mobility and/or cognitively impaired. While some patients meet Medicare's "homebound" requirement, not all do. Most patients are older adults with multiple chronic health conditions, which may 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. Examples of house call patients might include: an older woman who—because of her obesity, arthritis and asthma—is unable to get out of her apartment without extreme difficulty; a man in his 80s whose congestive heart failure and diabetes prohibit him from leaving his apartment to go to the doctor; a woman in her 60s with terminal cancer who wishes to die at

home; and an elderly spouse caregiver of an Alzheimer's patient suffering from depression who is afraid to leave his wife to take care of his own medical needs.

The number of residents in an affordable senior housing property who may be appropriate for house calls will vary. In older properties where many residents have aged in place, perhaps 15 to 25 percent may fit the profile—e.g., very frail and mobility impaired with multiple chronic illnesses and frequent acute flare-ups. In newer properties, it is likely that a smaller proportion of residents will be appropriate for house calls. However, as the residents age, the number who may benefit will likely grow. While house call programs may not serve a large portion of senior housing residents, they may help those with the greatest needs and who may take up a great deal of the property staff's time.

Referrals to house call programs come from a variety of sources, including home health agencies, hospital discharge planners, other physicians in the community including patients' own primary care doctos, community agencies like the area agency on aging, families, and hospice.

How are House Call Services Reimbursed?

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. The remaining 20 percent is submitted to the patient's secondary insurer, if he or she has one, to pay the difference. The patient is liable for the amount that is not covered by Medicare or other insurance. In most states, Medicaid will usually cover the remaining 20 percent for those persons who are enrolled in Medicaid. PACE providers and some 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.

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

What the Research Says About the Impact of House Calls on Patients

A slowly growing body of literature on the impact of medical house call programs concludes that these programs are effective in reducing hospital and emergency room use and improving patient quality of life and well-being. A 1999 study published in the New England Journal of Medicine found that elderly house call participants reduced their use of hospitals by 65 percent with cost savings of 50 percent over similar patients who received their care through a traditional office-based practice.[1] A 2004 study of a medical house call program in the mid-west found that the program: (1) improved patients' medication and health management; (2) helped families feel

[1]Naylor, M. et al. (1999). Comprehensive discharge planning and home follow-up of hospitalized elders. *Journal of the American Medical Association,* 281, 613-620.

more informed about the patients' medical conditions and relieved of the burden of transporting patients to the doctors; (3) reduced hospital and emergency services use; and (4) enabled far more patients to die at home rather than in a hospital. The study also interviewed office-based physicians who expressed relief that they could concentrate on caring for their patient caseload without worrying about managing complex homebound patients over the phone.[2] A 2006 evaluation of the Visiting Nurses Association of Cleveland's house call program found the program helped in preventing functional decline and reduced hospitalizations. Patients and referral sources also expressed high levels of satisfaction with the program.[3]

How House Call Programs and Senior Housing Properties Can Work Together

Residents in a number of senior housing properties around the country now enjoy the advantages of having a house call physician treat them in their own apartments. The nature of the relationships between senior housing communities and these house call programs varies from place to place. In some cases, the property manager or service coordinator has almost no contact with the house call program other than knowing that a physician visits residents in the building. Some properties maintain a referral list of house call programs to provide to residents who request it or to give to residents who they believe could benefit from in-home medical care. Other properties have a more active partnership and may—with the resident's permission—share information about changes in residents' health conditions and/or assist in coordinating personal care and supportive services with medical care provided by the house call staff.

In preparing this guide, housing staff from a number of senior housing communities were interviewed about the perceived value of house call programs. Regardless of the level of interaction between the house call programs and the housing community, property managers and service coordinators generally believed the programs were beneficial to their more sick and frail residents. They felt the programs improved residents' access to healthcare, helped the residents better manage their chronic illnesses and helped cut down on emergency room visits and hospital stays. For example, some of the property managers and service coordinators reported that transportation is a major barrier for several of their residents to get to the doctor. Either they have no family or their families are not able to help and public transportation options are limited and difficult for them to use. These individuals believed that having a doctor come to the resident's apartment can be the difference between receiving health care and having no care at all. Several service coordinators also observed that some of their most vulnerable residents have trouble getting timely appointments with their doctors, sometimes waiting two or three months to see a specialist while their condition grows worse. Visits by house call physicians' were perceived to be more responsive. Housing staff

[2]Muramatsu, N., Mensah, E. and T Cornwell, T. (May 2004). A physician house call program for the homebound. *Joint Commission Journal on Quality and Safety,* 30(5), 266-274.
[3]Anetzberger, G., Stricklin, M., Gauntner, D., Banozic, R. and Laurie R. (2006). VNA house calls of greater Cleveland, Ohio: Development and pilot evaluation of a program for high-risk older adults offering primary medical care in the home. *Home Health Care Services Quarterly,* 25(3-4), 155-66.

SCENE FROM A HOUSE CALL VISIT

Treating people at home also gives Benfield a perspective he said he wouldn't get in a doctor's office. . .In Shaddock's apartment, Benfield peered into her kitchen to see how she organized her pills. And he asked Shaddock's son-in-law, George Doyle of Florida, to help him check her cupboards to make sure she had nutritious food. After finding lots of frozen meals, he suggested she consider receiving Meals on Wheels and drinking a few cans of the nutritional drink Ensure daily to stay healthy as she recovers from pneumonia.

(Excerpted from *"Doctors at Your Door"* The Courier-Journal, Louisville, KY, December 31, 2006)

also pointed out that where house call programs were able to bring some portable technologies to the building, the need for residents to make additional outside trips to obtain necessary medical tests was cut. Having a house call physician facilitate referrals to specialty care was also perceived as an advantage of these programs.

Interviews with housing staff revealed that house call programs benefited the property as well as the resident. One property manager, who did not have a service coordinator, valued the house call program because it removes her from having to communicate with the medical community on the resident's behalf. Once a resident starts receiving medical care from the house call program, she says, "I just don't worry about them anymore." Another housing property echoed this sentiment, saying that having a house call program visit residents in their building actually got the property staff out of the health care business because staff did not have to spend as much time helping participating residents meet their medical needs. The property's service coordinator said this freed up some of her time to build relationships with other residents and help them meet their social service needs.

While not all housing properties have purposeful relationships with house call practices, there are potential advantages to a more active collaboration. In one senior housing community in Michigan, about 25 of the 100 residents are being seen by house call physicians. The property's service coordinator frequently communicates with the doctors who come to visit their patients. The doctors check in with her to see if there is anything significant they should be aware of, because she knows their patients so well. With permission from residents, she alerts the doctors to any changes she has seen in their health status as well as other health related issues she thinks are important to share. The physicians also tell her when they feel their patients need additional supports so the service coordinator can help to arrange them. For example, a doctor might indicate he would like to see his patient eat more meals in the congregate dining area, or conversely that it might be better for the patient to have meals delivered to his or her apartment. The service coordinator also tells the doctors when she observes that a resident needs something requiring a physician's order. In one case, she asked a house call doctor if he could order a new electric wheelchair for a resident who had suffered a stroke. The resident's old chair was worn out and he could not get

around without it, jeopardizing his independence. The doctor was able to put in the request to Medicare helping the resident to continue living safely in his own apartment.

In a Missouri senior housing community that collaborates with a house call program, the physician asks the service coordinator for assistance with locating services and resources that she believes may benefit her patients. In one instance, the house call physician had a patient in the property with severe swelling in her legs. She asked the service coordinator if she had any resources to help the patient obtain support socks that would help control the swelling. In another instance, the house call physician alerted the service coordinator about her concerns that a patient was not able to manage the multiple medications she needed. The service coordinator helped the resident obtain medication assistance and monitoring through the local Department of Aging. The service coordinator will also contact a resident's house call doctor if she is concerned about a health problem. For example, when a resident was having difficulty breathing she called the resident's house call physician, who came by to check on the patient.

Another example of collaboration involves a Washington, DC senior housing property and a nearby hospital's house call program. The service coordinator in this property says she is comforted by the relationship they have established with the house call physicians and nurses because she knows that her medically vulnerable residents in the program are receiving the health care they need, and she no longer has to worry about them. The house call NP discusses her patients with the service coordinator as necessary when she visits the property because she knows the service coordinator can provide valuable insight into her patients' care. The NP updates the service coordinator on her patients in the building, and the service coordinator assists in arranging social services that might be helpful. The NP may also alert the service coordinator if she thinks the service coordinator can assist her patients to avoid an accident or injury. For example, she informed the service coordinator that one of her patients who was growing more critically ill was both a smoker and on oxygen, so that the service coordinator could talk with the resident about the resulting potential risks to herself and the property. This NP also talks with the service coordinator about patients who she feels are no longer able to manage safely on their own without additional help. The service coordinator also calls the nurse practitioner if she notices one of her patients is having a medical problem so that she can check on them. According to the service coordinator, house calls also helped some residents with behavioral problems who were not seeing a doctor. When the house call program began to follow them, their behavior issues improved.

How to Identify Quality House Call Practices

If housing staff believe there are residents in the property who might benefit from being followed by a house call physician, how should they go about helping them find high quality providers? A good first place to start is the American Academy of Home Care Physicians (AAHCP), a membership group for physicians and related professionals who provide medical care in the home. AAHCP maintains a nationwide database of members on its website that can be searched by state and zip code (go to www.aahcp.org and click on "Find a Provider"). All AAHCP members must sign the AAHCP ethics statement establishing standards of conduct, which help to define responsible, competent and high quality providers. AAHCP, however, does not certify its members or ascertain their level of expertise.

POTENTIAL BENEFITS TO VULNERABLE RESIDENTS

- Improved access to medical care
- More timely diagnoses and treatment of injury or illness
- Evaluation of patient's home environment to improve safety and quality of life
- Improved care coordination and continuity of care
- More relaxed and intimate doctor/patient relationship
- Better ability for vulnerable residents to "age in place"
- Fewer hospital stays and emergency room visits

POTENTIAL BENEFIT TO HOUSING PROPERTIES

- Fewer demands on housing staff to respond to medical problems of a small number of vulnerable residents
- Less need to help arrange transportation to doctors' offices for residents with mobility impairments and/or behavior problems
- More time freed up for housing staff to help the general resident population
- "Another pair of expert eyes" to help identify resident health-related needs and locate resources to respond to them
- Availability of a trusted source of expertise to help advice residents and families when a higher level of care is needed than the property can arrange
- More support to help medically fragile residents to "age in place"
- Improved quality of life within the housing community as residents with cognitive and/or behavioral problems are stabilized
- Marketing benefit, particularly in properties with difficult to fill efficiencies

Not all reputable house call physicians are members of AAHCP. Other ways to identify and evaluate the quality of house call programs might include checking with local hospitals and health systems, the Area Agency on Aging, the local Alzheimer's chapter, other senior housing communities, senior centers and home health care agencies.

While it is clearly the resident's choice to decide which house call provider, if any, he or she wishes to use, AAHCP recommends that residents consider the following factors in making a choice.

- The house call physician should be able to show documentation of licensure and that he or she is board certified in family practice or internal medicine. Ideally, the house call physician should also be a geriatrician or have training in geriatrics. At present, however, there is a small minority of doctors who are specially trained to treat medically complex elderly patients, and it may not be possible to find such a doctor in your community.

- The house call practice should either be physician-owned and/or have a medical director who is present at the practice daily. Ideally, the practice should have a physician who is directly in charge of the medical management of care.

It may also be a good idea to request that house call physicians who treat patients in the property sign the AAHCP code of ethics even if they do not wish to become a member of AAHCP. Although a property cannot restrict a physician from treating patients in the building if they do not sign the ethics statement, they can inform residents which physicians have or have not done so.

Potential Concerns of Housing Sponsors and Staff

Housing providers who are considering active collaboration with medical house call programs may be concerned about several issues they believe could negatively impact the property or their residents. For example:

- **Resident Choice:** Housing properties may be concerned about steering residents to a specific house call provider, preferring to let residents identify and check out potential providers themselves. Certainly resident choice must be preserved in every case of arranging services. The role of the service coordinator or other housing staff should be to:
  - help residents understand what house call programs are, and what they do and do not do;
  - help interested residents identify house call providers who serve the area where the property is located;
  - inform residents of any information they have obtained about the quality of providers from knowledgeable individuals and agencies in the community so that they can make informed choices.

  Housing staff may also wish to bring house call providers in the community to the property so that residents can listen to their presentations and ask them questions. Keep in mind that only one or a small number of house call programs may serve the geographic area in which your housing property is located.

- **Resident Confidentiality and Privacy:** Most residents who are appropriate candidates for house calls are also likely to need long-term care supports to help them with every day activities. Facilitating information sharing between the service coordinator and the resident's house call physician can be a valuable way of helping that resident age in place. However, such information sharing can only be allowed to the extent the resident gives informed consent. Service coordinators often have residents sign a consent form to release information, giving them permission to discuss the resident's needs with providers to help facilitate obtaining needed services and supports. Service coordinators may also wish to consider asking residents who see house call physicians to sign a special release that allows the service coordinator and physician to share health-related information.

- **Property Liability:** Housing sponsors and managers may also worry that they will be liable for the medical care provided by house call physicians or their behavior while they are on the premises. House call physicians should carry their own malpractice insurance so properties should not typically incur liability for their actions. It is also important to note that there has been almost no malpractice or other legal proceedings against any house call doctors, although they operate in all parts of the country caring for thousands of elderly patients. Neither should the service coordinator be concerned about liability in establishing relationships with house call physicians and nurses—as long as residents have agreed in writing that it is permissible to share health-related information with his or her physician.

Potential Concerns of Residents

Most house call patients have welcomed the opportunity to have a physician come to their home. However, there are some important issues they should consider before agreeing that participating in a house call program is the right decision.

- **Switching to a New PCP:** Some house call programs—although not all—will require patients to accept the program's physician as their PCP. If the resident has an existing PCP, he or she may be reluctant to switch. In such cases, the house call program may offer to work collaboratively with the PCP, keeping him or her abreast of the resident's health care status and treatment regimes. The resident may also discover that their current PCP appreciates the support of a house call doctor who can manage complex health care problems in person rather than over the phone.

- **Hospital Privileges:** Some house call doctors do not have hospital privileges, often out of concern that following patients in the hospital does not leave them enough time to visit their very vulnerable patients in their own homes. In such cases, the house call physician will provide patient status information to a hospitalist or the patient's previous primary care physician, who will care for the patient while they are hospitalized. The house call doctor will also collaborate with the patient's physician of record while they are in the hospital so that the house call physician is well informed on the patient's status and can resume caring for him or her once home again.

- **Reimbursement:** While Medicare pays for house call visits, not all house call providers accept Medicare. In addition, some HMOs and private health insurance policies do not cover in home medical visits or reimburse out-of-plan house call services. Residents need to check with their house call provider as well as with their HMO or supplementary insurance to determine the extent of any out-of-pocket liability they will incur by participating in a house call program.

The next page is a flyer housing properties might post in the building after investigating whether there are any medical house call programs serving their community. The flyer provides residents with some basic information about house calls programs and directs them to property staff for further details. Feel free to use the flyer as is or adapt as necessary.

WHAT YOU SHOULD KNOW ABOUT MEDICAL HOUSE CALL PROGRAMS

Traveling to the doctor's office can be very difficult or even impossible for some. That is why some health care providers are visiting patients in their own home.

You may be eligible for house call visits if you:

- are homebound and not able to leave your apartment, or
- are too sick to get to regularly scheduled doctor appointments, or
- have difficulty using public or private transportation because of your health or mobility limitations.

If there is a house call program in your community, a health care provider may come to your apartment to:

- diagnose your health problems (some can even bring portable medical equipment to conduct diagnostic tests on the spot),
- provide ongoing medical care, and
- coordinate your care with other health care providers.

Medicare pays for house call visits just as it does office-based visits.

Thousands of older adults participate in house call programs. Research shows house call patients and their families are very satisfied with their health care, and experience fewer hospital stays and trips to the emergency room.

Want to find out more? Talk with your property manager or service coordinator. They may be able to help you locate programs serving your area.

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