

Doctors make house calls as part of Medicare program

In an effort to limit costly hospital stays, care comes to patients.

By Laura Green
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BOYNTON BEACH — The doctor's phone rang at 1 a.m. It was the wife of an elderly patient who had a 103-degree temperature and was shaking.

Dr. Richard Raborn drove to the patient's home. He checked vital signs, injected the patient with a "super penicillin" and scheduled a 7 a.m. X-ray. The test confirmed that Raborn, based in Boynton Beach, caught the patient's pneumonia early and likely prevented him from being admitted to the hospital.

Patients in Raborn's VIP practice pay a \$1,500-a-year membership fee for 24-7 access to their doctors, including the occasional home visit. Now the federal government is set to test a model that encourages doctors to make more house calls. The project is designed to determine whether seeing chronically ill Medicare patients at home can improve their medical outcomes and stave off costly hospital stays.

Known as Independent at Home, the pilot program will include roughly 10,000 Medicare beneficiaries who are medically fragile. To qualify, a Medicare beneficiary must have two or more chronic conditions, a non-elective hospital admission and rehabilitation in the past year and the inability to function on her or his own in two or more ways, which might include limited ability to walk, limited use of an arm or leg due to a stroke or limited cognitive ability.

People with such conditions often find it difficult to get to a doctor's office for preventative care or to be quickly treated for a medical problem at the onset, said Dr. Abbie Leibowitz, chief medical officer of Health Advocate, Inc., a health care advocacy company that serves as a go-between for clients and their insurance company. These patients tend to wait until their condition becomes serious or even life-threatening and then they wind up in the emergency room.

Patients with multiple chronic conditions make up less than one quarter of Medicare beneficiaries, but account for 66 percent to 84 percent of Medicare spending, 76 percent of all hospital admissions, 88 percent of all prescriptions filled and 72 percent of physician visits, according to Sen. Ron Wyden, the Oregon Democrat who co-sponsored the legislation forming the pilot program.

Leibowitz believes the project could show that house calls, commonly thought to be too time-consuming and expensive, actually save money in the treatment of the chronically ill.

“The hope is you eliminate that degree of decline in their condition and keep them out of the emergency room, reduce the number of times they have to go to the hospital or, when they do have to go the hospital, they aren’t as sick,” he said. “All of that should lead to lower costs.”

Medical practices that participate in the program, which starts in 2012, will share in Medicare savings in excess of 5 percent, according to the Kaiser Family Foundation.

At Boca Raton-based MDVIP, doctors have a much smaller caseload than a typical doctor: They see about 10 to 12 patients each day instead of 30 to 40.

They have found success by concentrating on preventative care and seeing patients as soon as they are sick, even if it means visiting them at home.

Medicare patients enrolled in MDVIP end up in hospitals 75 percent less than Medicare patients as a whole, said MDVIP medical director Dr. Andrea Klemes, based on a study of five states where MDVIP practices, including Florida, that release hospital data.

MDVIP patients are typically more affluent than the average person on Medicare and they receive extensive preventative treatment, but Klemes said the comparison is fair because “the severity of illness is exactly the same.”

The difference, Klemes said, is their illness is managed earlier and managed better.

Getting to visit a patient at home can tell a doctor a great deal about whether their living conditions are equipped for an aging person or whether they have filled their prescriptions.

Raborn recently visited Dr. William Luke, a patient who has the degenerative illness amyotrophic lateral sclerosis, commonly known as Lou Gehrig’s disease. Having the opportunity to speak to a patient about difficult topics, including end of life plans, can be helpful for the patient, Raborn said.

“There’s nothing more comforting than being in your own house,” he said.

Independent at Home

To qualify for the pilot program, which encourages doctors to make more house calls, a Medicare recipient must:

- Be diagnosed with two or more chronic conditions
- Have had a non-elective hospital admission in the past year
- Have had rehabilitation in the past year.
- Have the inability to function on her or his own in two or more ways, which might include limited ability to walk, limited use of an arm or leg due to a stroke or limited cognitive ability.