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John Horning, MD, has filled a niche treating travelers and less-mobile locals in the San Francisco Bay area through his business, Urgent Med Housecalls.

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## Endangered No More

Whether it's a convenient service for travelers or wealthy clients or a replacement for office visits for the elderly or homebound, house calls are making a comeback.

**BY MARCIA TRAVELSTEAD** Unique Opportunities [Nov/Dec 2008](#)

Do you ever feel overwhelmed struggling with your workload in an office-based practice? Do you wish you had the time to build better and deeper client relationships versus seeing a steady string of patients in a normal workday? Changing from an office-based practice to home care practice by making house calls may be the answer.

Aren't house calls more or less a thing of the past? Actually, that's far from the truth. House calls used to be common a generation ago, but traveling made them impractical. However, in the last several years, doctors are finding creative ways to make them viable again.

The American Academy of Home Care Physicians (AAHCP), located in Edgewood, Maryland, has served the needs of thousands of physicians and related professionals and agencies interested in improving patients' health in the home for more than 20 years. According to AAHCP statistics, for every elderly person in a nursing home, there are three equally infirm seniors living at home. Home health has become the fastest growing segment of Medicare's budget. According to the Center for Medicare Services (CMS) Medicare National Procedure Summary Data File, the number of house calls paid by Medicare has increased by 100,000 per year since 2001. Although it leveled off in 2004 and 2005, it began to rise again in 2006.

### FROM BIG CITIES TO SMALL TOWNS

It would appear likely that most physicians who make house calls would be found in large metropolitan areas, however, house calls are being made everyday in suburbia as well, by physicians all over the country. Some home visits are one-doctor operations. Many are affiliated with programs begun in recent years by hospitals. Others belong to house

call/primary care programs or by physicians who saw the need to create one.

One such physician is John Horning, MD. Horning has practiced emergency medicine since 1996 in several cities across the country. In 2005, Horning relocated his wife and two daughters to Prague, Czech Republic for a sabbatical. During that year, he commuted to Vail and Aspen, Colorado, where he provided house-call medical services to resorts, hotels, and residences. He enjoyed the opportunity to have the time to connect with patients, who appreciated convenient and professional services. After a year in Prague, his family returned to the United States. His house-call service for the San Francisco Bay Area, Urgent Med Housecalls, was launched in 2007.

What types of patients does Horning see? He says his practice consists primarily of travelers, mostly international. "I recently treated a family of three travelers for food poisoning with meds and IV fluids, all right in their hotel room. It was quite a scene. They were thrilled to have that option. The alternative, of course, would have been to sit in a local ER waiting room for a few hours, strategically positioned near a public restroom."

Although he is beginning to acquire a local clientele, Horning says growth in this area has been slow due to the heavy HMO presence in the Bay Area. He does get requests from the local well-to-do population, he suspects that the relatively few calls have to do with the excellent attention they receive from their primary physicians.

"Most of my patients have minor urgent medical problems. I do see occasional significant dehydration, usually from gastroenteritis, but more and more I am called for the elderly patient who has stopped eating for whatever reason. A number of local physicians request my services for evaluation of their homebound patients. I have responded to calls to evaluate hospice patients as well, usually by their families."

#### **CARE ACROSS THE SPECTRUM**

Dr. Natan Schleider is the chief medical officer for New York House Call Physicians, a group of health-care professionals who see patients in their homes. They travel throughout New York City including Brooklyn, Queens, Manhattan, Staten Island, the Bronx, Westchester, Long Island, the Hamptons, and New Jersey.

The physicians provide everything from pediatric care to geriatrics, along with allergy and immunology, addiction and pain management, and podiatry. They also provide intravenous therapy, travel vaccinations, audiology and ultrasound services, physical therapy, eye care, hospice, and weight loss treatment.

New York House Call Physicians are a fee-for-service practice specializing in house calls and concierge physician care. Schleider sees about 80 percent of his patients via house calls and prefers to treat his patients like family. They have his cell phone number and can call him at any time.

Concierge medicine is one type of house call. For some physicians, the home visit is centered on their home-bound, most seriously ill patients, not just those who are willing and able to pay for convenience.

Rodney Hornbake, MD, of Essex, Connecticut, is an office-based physician who chooses to make house calls in multiple nearby communities. He says, "Home visits are provided to home-bound patients at the end of the day. Last year, I made 152 home visits. They are scheduled in advance and patients are informed that home visits cannot be provided for emergencies. I see frail elders, quadriplegics, patients with multiple sclerosis, and other chronic neurological disorders. Most patients graduate into home visits when they stop being able to come to the office. The death rates among these patients is greater than 25 percent per year, and they may end up in a hospice program. The focus of care tends to be on palliative issues," he says. On his website, ([www.drhornbake.com](http://www.drhornbake.com)), he adds that younger patients with chronic conditions may also benefit from home visits.

#### **PAYMENT PARTICULARS**

How are physicians in home care reimbursed? What is acceptable to Medicare and private insurers? It varies. Horning says, "I only accept payment up front via cash or major credit card. I use a wireless credit card scanner. I accept payment by invoice billing or check only from fiduciaries for patients who are incapacitated. I do have agreements with certain traveler's assistance services who refer patients to me. My patients are given a superbill for insurance reimbursement," he says. House call services are usually reimbursed by PPOs at as much as 80 percent of the regular office visit rate.

As for Medicare, Horning has opted out. Why? "My practice is so unique and innovative that

its value is simply not recognized by Medicare. My house-call service is available 24/7. I occasionally drive an hour or more to see patients emergently, after hours. Medicare does not reimburse for prolonged travel, or for after-hours service for house calls—at least not to any significant degree,” he says. “If I were to participate in Medicare as a 24/7 service, I would never rest because I would be inundated by requests from the elderly mobility-challenged, and I don’t believe I could afford to hire quality coverage at current Medicare reimbursement rates. I could not afford to live in San Francisco. It is not financially feasible for me to participate in the Medicare program.”

Continued on [PAGE 2](#)

[TOP OF PAGE](#)



SEARCH UO's Archives of Past Issues

Find

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- | [EDITORIAL ARCHIVES](#) | [PHYSICIAN FEEDBACK](#)
- | [COMMENT ON ARTICLE](#) | [PHYSICIANS](#) | [RECRUITERS](#)

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Unique Opportunities [Nov/Dec 2008](#)

Continued

Hornbake, who has an office-based practice but makes approximately 150 to 200 home visits per year, sees things somewhat differently. "Medicare and commercial payers in my area pay for home visits. The reimbursement is reasonable, even when you consider travel time. Many physicians do not make home visits but spend a lot of time on the telephone managing patients who cannot get to the office. So when I do the math, I figure I come out way ahead of them in terms of return on expended effort," Hornbake says. "I make sure I see patients discharged from the hospital or skilled rehab within one week, so some patients are only seen at home once then return to the office."

According to Schleider, most insurance companies will reimburse for house calls, however, the enormous amount of paperwork and bureaucracy involved makes it difficult for physicians to manage, regardless of the nature of their medical practice. "We offer old-fashioned high-quality, personal, modern service and eliminate the middle man, the insurance company," he says. Patients with PPO insurance plans may be reimbursed part or all of our fees, depending on their plan. Medicare and Medicaid also reimburse for physician house calls but at low rates; approximately \$100 to \$150. "Sometimes we spend \$50 to \$100 in gas, tolls, and medical supplies in providing health care," Schleider says.

How can doctors afford to do house calls in the age of declining reimbursements requiring increased productivity? Constance Row, the executive director of AAHCP admits, "Declining reimbursement is a major challenge. The Medicare fee schedule does not cover all operating costs for most practices. However, house calls pay somewhat more than office visits; efficiency is required choosing the travel schedule; some use ancillary revenue [as additional income]. Others are subsidized by their universities or health systems," she says.

Douglass Harroun, MD, is a house-call physician located in Federal Way, Washington, who does geriatric internal medicine. He says, "I do only home visits, mostly to adult family homes, in several cities. Medicare and medical supplemental policies pay me. I don't know about other doctors, but I can afford to do it because I have low overhead: a home office, my wife doing the administrative office tasks, EMR, and grouped visits."

Jay Parkinson, MD, is based in Williamsburg/Brooklyn and makes house calls to the Brooklyn and Manhattan areas. He specializes in children and adults ages 18 to 40 years old. He has nearly no overhead and says "I work out of my apartment and see patients in their homes. I used a hodge podge of free technology to streamline the overhead out of my practice. I have no office and no staff. I started my practice with less than \$1500. I also don't accept insurance. I give patients an invoice and they can submit it to their insurance company. The insurance companies haven't had a problem paying

### The Patient Perspective

**Francesca Florschein and Dianna Stauffer, RN, have both used Dr. Horning's house-call services in the San Francisco area—Florschein for herself and Stauffer for her elderly father, now deceased.**



John Horning, MD

**Both agree the most important advantage for the patient is personalized care and the bedside manner that home visits encourage. Florschein says, "My doctor is very caring and thorough. He is not hurried throughout his visit and is always here for at least an hour. When I go to a doctor's office, I'm lucky if I get 20 minutes of a doctor's time."**

**Stauffer agrees. "[Horning] spent a lot of time not only talking to my dad but to our whole family as well. It's a very personable scenario and my dad got really good care," she says.**

**Another major advantage of home care is convenience. Florschein has two residences. Part of the time, she spends in the country, the other in her city condo. When it's necessary to see Horning for an acute problem in San Francisco, she can call him while driving there and he can be at her condo within 30 minutes of her arrival. Due to the fact she's had medical challenges over the past year, it's nice for her not to have to sit for hours in an emergency room when a problem arises.**

**Stauffer agrees, Horning is always available. "Often times, you get an answering service for doctors. Then, they can't see the patient until the next week. He was able to see my father when he needed him. My dad was almost 93 years old and had difficulties walking. We knew we were nearing the end of my dad's life. We wanted to maintain his life in a dignified way. Most of the time he just needed fluids and antibiotics. This way, my dad didn't need to sit in an emergency room for hours," she says. ■**

[patients] for my services because I don't charge that much," he says. "It's funny to think that since doctors are told to bill the insurance companies upward of 200 percent of what they know they'll get reimbursed, it causes a lot of inefficiencies in the system. I didn't enjoy that mayhem and I've found people within my own neighborhood who respect me as a professional and want to pay me."

**OFFICE ON WHEELS**

How do house call physicians handle billing, visit documentation, and other administrative tasks? According to the AAHCP's Row, billing and documentation are the same as any other set of codes on the Part B fee schedule, using the CPT manual for code descriptions.

Horning says he handles all administrative tasks himself by using a superbill he created with updated codes. Most medical documentation is done on the superbill with the exception of cases that are referred by other physicians. He types or dictates these separately and copies are always sent to the referring physicians. All records hard copies are scanned and digitally backed up.

When it comes to stocking an office on wheels, it may be surprising how much technology is portable, though it's impossible to take an entire office on the road.

Horning, an emergency physician by training and experience, and prefers to treat acutely ill patients normally seen in the emergency department or urgent care center that "many primary-care house-call doctors would not be comfortable treating. I carry comprehensive airway and resuscitation equipment and always keep these nearby when injecting medications or when the patient is potentially very ill. This, I believe, is the only way to safely provide these types of house-call services. I even carry a palm-sized ventilator just in case," Horning says.

Other typical "black-bag" equipment includes on-site lab equipment, 12-lead EKG machines, laceration trays, splints, spirometers, bandage equipments, medications, and routine office bandaging and testing equipment, as well as laptop computers for medical records

