

# The house call is back

By Andrew Johnson  
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**T**he growing number of house-call programs and mobile medical services has given new meaning to the phrase "the doctor is in."

The number of physicians making house calls has grown steadily in the past three years to about 1,000, said Gresham Bayne, president of the American Academy of Home Care Physicians. The organization saw its own membership increase 15 percent last year.

The cause of the increase is the rapidly growing 80-and-older age demographic, Dr. Bayne said.

Most house-call practices serve that demographic, he said, as the median age for house-call patients is 82.

House calls aren't limited to primary care physicians anymore. Dentists, optometrists, veterinarians and podiatrists are shutting the doors to their offices and hitting the road.

The Washington Hospital Center's Medical House Call Program serves 430 Medicare patients, most of them house-bound. Since its inception in 1999, it has cared for almost 1,100 patients, said Dr. George Taler, co-director of the program.

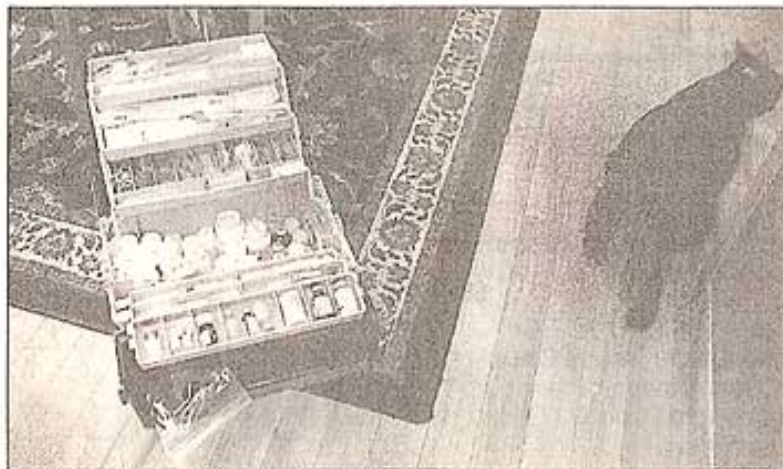
He said house calls allow him to care for patients in a way regular office visits don't always permit.

"It is the quintessence of

## Driving doctors fulfill needs of aging patients



Earthquake (above) protested vociferously as Dr. Carin Rennings performed an examination on the kitchen island and (below) stalked off in affronted dignity when the doctor was finished.



what primary care is all about," said Dr. Taler, who started the program with Dr. Eric De Jonge, section director of the hospital's geriatrics unit.

Of patients in the Medical House Call Program, 90 percent are on Medicare — the federal health insurance program for the elderly and disabled; 5 percent are on Medicaid — the federal health insurance program for the poor, administered by the states; 30 percent are eligible for Medicare and Medicaid; and about 2 percent are charity cases, Dr. Taler said.

House-call programs have drawbacks, though — both for physicians and patients. Some programs have limited services.

Dr. Taler said the Medical House Call Program can provide almost all of the services a patient would expect to receive in a traditional hospital setting. However, Medicare no longer pays for transporting electrocardiogram machines and other medical equipment that can't be carried by car.

Still, patients like Thelma B. Sutton say they prefer their homes to hospitals.

Ms. Sutton, 91, is bedridden from a stroke six years ago that paralyzed the right side of her body.

Sharon Walker, Ms. Sutton's granddaughter and live-in caretaker, said her grandmother would be in a nursing

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home if the house call program didn't exist. Because Ms. Sutton is partially paralyzed, she must be taken in an ambulance to a clinic or hospital.

"I don't know what I'd do if I didn't have this," Ms. Sutton said.

Under Medicare provisions, physicians are not compensated for travel time to and from appointments, which can cause doctors to take a financial hit if the travel to an appointment takes longer than the appointment itself.

Dr. Alan Dappen, owner of Doctokr Family Medicine in Vienna, Va., makes house calls for patients within five miles of his office. The centerpiece of his practice, though, is a telephone and e-mail consultation service, which is billed according to time.

Patients can call or e-mail Dr. Dappen with medical questions before coming into the office. Often, a phone consultation will eliminate the need for an in-

person visit, saving the patient money, he said.

The cost of a phone or e-mail consultation can range from \$15 to more than \$180, depending on how long they last.

Market demand is the driving factor behind house call and mobile practices, said Devon Herrick, a senior fellow at the National Center for Policy Analysis in Dallas. Consumers are becoming more aggressive about seeking health care, he said.

"Patients are driving a lot of this," said Mr. Herrick, author of the soon-to-be-released study "Consumer-Driven Health Care: The Changing Role of the Patient." "Doctors are responding to market forces."

Mobile medical services, such as the George Washington University Medical Center Mobile Mammography Program, also aim to help those with little access to health care.

The program, which operates from a large bus dubbed the "Mammovan," was started in 1996 and holds mammogram screenings four days a week in primarily underserved com-

munities in the District, Maryland and Virginia, said Laverne James, operations manager for the program.

The Mammovan has served 18,000 people since it started, Ms. James said.

Mobile medical services are not limited to humans.

Pets can receive veterinary care without having to step a paw inside a carrier, thanks to Dr. Carin Rennings, owner of Home Veterinarian Service, an animal house-call service that travels throughout Howard County and parts of Baltimore.

Sam and Rhonda Turner, Clarksville, Md., residents and owners of five cats, have been customers of Dr. Rennings for seven years.

Taking five cats to the veterinarian can be difficult, which is why having a veterinarian come to them is so convenient, Mr. Turner said.

"If you bring one of those car carriers out and they see it, they know something's up," he said. "But when [Dr. Rennings] shows up, it's not a problem."