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 PSHAC  
 Agenda Item No. 6A

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To: Honorable Chairman Joe A. Martinez  
 and Members, Board of County Commissioners

From: Carlos A. Migoya  
 President & CEO

Re: Resolution Directing the Public Health Trust to Study the Feasibility of Operating a Physician and Nurse House Call Service Through the Use of Medically Equipped Vans

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Pursuant to Resolution R-698-11, Jackson Health Systems conducted a study on the feasibility of operating a physician and nurse house call service utilizing mobile units. Below are our findings.

**Rational and Trends:** Physician and nurse call services have been re-gaining popularity year after year especially as many hospitals are using these types of programs to improve patient quality after discharge. According to the Academy of Home Care Physicians, there are approximately 1,000 house-call physicians in the United States. There are a variety of physicians making house calls under many different models. Physicians and nurses employed by these programs check on a patient within 30 days of discharge from an inpatient unit. Some hospitals use the house call physician to bridge the gap between the hospital and the primary care physician, while others use this type of program to provide a primary care physician for patients and create a medical home. Many of the patients in these programs are identified by hospitalists prior to discharge as those who may need additional care post discharge. Often patients receiving house calls are in the geriatric population and have two or more conditions making it difficult for them to leave their homes or in some cases are homebound. However, other reasons for an increase in house call demand is doctor and patient preference as well as the shortage of primary physicians in many cities which lead to long wait times for appointments and unnecessary visits to the emergency department.

**On-Call/House Call Models:** Physician and nurse on-call models can be run by insurance companies, physician groups or health systems. SummaCare, an insurance company affiliated with Summa Health System in Ohio has the SummaCare House Call Program for their geriatric population which includes house calls. The physicians in this program are typically geriatricians and they utilize a small SUV equipped with a laptop and medical equipment to make house calls. The geriatrician has the capability to check oxygen levels, order prescriptions and provide other services. After the initial visit from the geriatrician, follow-up care is usually done by a nurse and a social worker. To be eligible for this service, patients must meet the criteria of this program and enroll in the program. Medicare managed care patients enrolled in SummaCare's House Call program are not charged a copayment. This program has a telephone number which operates twenty four hours a day, seven days a week.

Washington Hospital Center has a similar program for geriatric patients called the Medical House Call Program. This program operates Monday through Friday between the hours of 9:00am and 5:00pm with an on call line operated twenty four hours a day, seven days a week and no office practice. For patients to participate in the house call program they must meet eligibility parameters, which include living within a defined area, a specified age minimum and have difficulty getting to the doctor's office and have Medicare, Medicaid or some non-HMO insurance.

Once enrolled in the program, the physician then becomes the primary care provider for the patient. Within three weeks of intake a patient is seen by a physician and then at least once every four months for follow-up care. The nurse practitioner makes follow-up visits and urgent visits during the week. If it is determined at the visit, that hospitalization is need, arrangements are made with the inpatient unit at Washington Hospital Center. Instead of scheduled appointments, patients are given time-frames in which a clinician will arrive. Hospital stays for patients participating in the program are an average of two days shorter and fewer than five percent of program participants who are hospitalized require care in the intensive care unit.

The final example of a house call program model is those run by physicians. Visiting Physicians Association (VPA), a company providing house calls to the geriatric population, is currently providing services to patients in Florida, Indiana, Kentucky, Michigan, Missouri, Ohio, Texas, Virginian and Wisconsin. This company accepts Medicare and most other insurances with a private pay option available. Blood work, digital X-rays, echocardiograms, vascular studies and ultrasounds are some of the services provided to patients enrolled in with VPA. Patient co-payments are handled similar to that of a physician office and self-pay patients require a \$300 deposit prior to or at the time of the physician visit. This program operates Monday through Friday from 8:30am to 4:30pm, but can make it to a patient's house within 24 to 48 hours for urgent cases and has a call

service. Additionally, VPA utilizes telemedicine; through their website a member has the ability to access online chat with a username and password.

Similar to VPA is Hansa Medical Groupe in Chicago, IL. Hansa Medical Groupe operates a concierge practice staffed by two internal medicine physicians and capped at only 400 members. There is a \$200 nonrefundable membership start-up fee and there is a retainer fee of \$2,400/per year for an individual and \$3,600/per year for a couple. Companies can also pay a retainer fee for their employees. Patient visits are billed separately and are usually covered by Medicare and many insurance plans. In addition to the standard home visit, Hansa members can access the physicians over the phone, email, at text message at their convenience. If a patient requires a more complex procedure or diagnostic are they are done in Hansa's clinic.

**Patient Eligibility and Medicare:** Some programs have eligibility based on age and medical condition while others require enrollment and retainer fee. For programs requiring enrollment and retainer fees there is also a fee for each home visit. If a patient requires medical attention outside of standard operating hours there is often a higher fee or the patient is directed to the emergency room.

Medicare typically covers physician and nurse house calls, if the patient has a health problem or disability that makes it difficult for them to leave the house and is deemed medically necessary. Medicare pays 80 percent of the bill and the patient pays 20 percent, which is typically the same as most outpatient services. Doctor's charges for house calls typically average \$100 to \$125, according to the American Academy of Home Care Physicians.

Medicare recipients not enrolled in Medicare Advantage or the Program of All-inclusive Care for the Elderly will have the opportunity to have added support and the ability to have their home care covered by the Independence at Home Act. Mandated by Section 3024 of the Affordable Care Act, the Independence at Home Act demonstration is scheduled to start no later than January 1, 2012 and will cover the most medically fragile patients in 13 states, Florida being one of them. This pilot will run for three years and is anticipated to cover no more than 10,000 Medicare patients. This program will be 24 hours a day, 7 days a week and serve Medicare beneficiaries who are entitled to Medicare part A and are enrolled in Medicare part B. To enroll in the program, the beneficiary must elect to participate and have two or more chronic illnesses, two or more functional dependencies requiring assistance from another person, and a non-elective hospital stay within the past 12 months, along with meeting other criteria set forth by the Secretary. Under this demonstration it is preferred that the participants have experience providing services applicable to the recipients in their home and use

electronic medical records (EMR), health information and technology, and individualized plans of care. Throughout the demonstration spending targets and quality will be monitored and based on performance, incentive payments will be made.

**Other Considerations:** Based on the resolution to study the feasibility of an on-call physician and nurse program for those individuals who are homebound or find it difficult to leave their homes, four on-call locations are requested. Based on trends and research, programs are usually synonymous with a traditional primary care setting and the hours of operation are similar to those of a doctor's office operating Monday through Friday or Monday through Saturday. In the examples listed earlier in this document, most programs do not operate twenty-four hours a day seven days a week.

A program to serve homebound patients increases patient satisfaction and improves overall quality. Making house-calls will also divert patients from our emergency rooms and enables them to seek care in the most appropriate setting. According to the American Academy of Home Care Physicians one ER visit is roughly the same price as 10 house calls.

To assist with their house call programs some programs utilize Telemedicine ("Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve patients' health status.") Cost savings associated with such a program are significant as dedicating physicians, nurses and social workers for an on-call status to make house calls would prove costly if volume is unknown. Many of these programs require enrollment and have business hours rather than operating 24 hours a day, 7 days a week. The average salary for a geriatrician is \$138,000 and on-call status typically requires an additional cost to the hospital. Telemedicine enable patients to receive care from their homes and based on clinical protocols, if a face-to-face visit is deemed medically necessary then provisions for an appointment could be made.

Recently, JHS piloted a program to serve patients after discharge which includes home visits. The Department of Quality and Patient Safety piloted a program at Jackson Memorial Hospital (JMH). This pilot occurred between July 2010 and January 2011 for patients admitted to Congestive Heart Failure (CHF) unit at JMH. Patients in the CHF unit had the option to participate in the pilot. Those patients who enrolled were accepted into the program received a hospital visit, a home visit and follow-up calls. The hospital visit included an introduction to the program, an overview of the components and a discharge checklist. The home visit included a detail evaluation and review of the components and physician follow-up and coordination of services. Finally, follow-up calls were placed on days 2, 7, 14 and 30 to reinforce the components and continue ongoing

coordination of services. The readmission rate for patients enrolled in the pilot program were lower than the readmission rates of similar patients in previous years. Learned opportunities of this program included prescription management at discharge, CHF Clinic follow-up visits, and home and community based service coordination. Based on the success of this pilot program the ROI for this program 2.72 and JHS administration is currently evaluating this program.

Additionally, if approved and funded JHS's Community Health Strategy will have three main components. The components are a person centric portal, home based telemedicine and proactive case management. The person centric portal will allow a person to create a profile with their information, receive reports on tests received at JHS and access other useful information. In conjunction, home based telemedicine will allow the provider will determine, based on clinical protocols, if a house-call visit or hospitalization is needed and arrangements will be made for the patient. According to GE, the target population for many telemedicine programs are those individuals who are high risk with multiple diseases and those who require complex intensive care. The use of telemedicine will allow for integrated care models and allow for disease management. Telemedicine will utilize the patient centric portal to provide patient education and protocols while teaching the patient to self-manage their medical condition or conditions.

**Conclusion & Recommendation:** Physician house call programs prove as a satisfier for both the patient and the hospital. Hospitals running an on-call program or are associated with an on-call program often see increased quality and higher patient satisfaction. However, in the list below are some considerations to be taken into account when looking at a potential program. To implement an on call physician and nurse program, JHS would also need to ensure the following components are in place:

- A further analysis to determine funding sources for the four requested locations.
- Physician, nurse and social worker employment or contracts for service.
- Appropriate licenses to perform this type of services.
- IT interfaces to ensure there is the ability to maintain the patient's medical record throughout the system for continuity of care. Additional IT safeguards also need to be in place to protect patient information.
- A fee structure, if applicable, and the ability to collect co-payments would have to be put into place. Medicare and Medicaid do reimburse for this type of service, if deemed medically necessary.

- If a patient is visited at home and it is determined the patient needs inpatient care there would need to be a transfer process and procedure to get the patient to the closest JHS facility. If it is deemed and emergency care arrangements with EMS would need to be in place to transport the patient to the closest facility.
- Transportation for the physicians and nurses is a necessity. This could be achieved by retrofitting vehicles already in our fleet to accommodate the necessary equipment needed or suitable mobile units would need to be procured. Most programs making house calls utilize small SUVs or vans.

JHS is committed to the community health of the citizens of Miami-Dade County. However, to evaluate the feasibility of such a program at JHS, an analysis for funding sources needs to be conducted. The house call program is operationally feasible, as demonstrated by the success of the program piloted by the Department of Quality and Patient Safety. Each of the areas above will need to be studied to determine the best options for JHS and the citizens of Miami-Dade County.

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