

## AAHCM House Call Fact Sheet

### Aggregate national need

- There are currently 34 million older adults and this number will likely double in the next twenty years.(1)
- By 2020 an estimated two million elderly will be chronically homebound due to functional impairment.(2)
- There are two million chronically homebound patients (half under 65), with the rapid increase of the elderly population the need for home care physicians will be in greater demand.(3)

### Senior's preference for care

- Patients prefer to be cared for at home. House calls are a solution to the improvement of service quality.(4)
- All patients, regardless of age, prefer to be cared for in their own home. Physician house calls not only respect this preference, but also can improve overall care and patient outcomes.(5)
- Elderly patient's integrity is valued at a higher level, when physicians provide home care visits.(6)

### Quality of care

- Through home care treatment, physicians are able to evaluate the health status of patients and caregivers more effectively.(7)
- House calls allow the physician to become better able to interact with the patient family and caregivers by evaluating patients in their natural environment and developing a more comprehensive sense of physical and psycho-social needs and possibilities.(8)
- Nurses and other non-physician health care practitioners today provide most home care. Physicians are able to provide a more complex level of health care and the ability to manage



more complex patients in the home than would otherwise be available to and including an ER level of care. Working with other health practitioners, physicians can help assure that a broader range of patient care is managed effectively.(9)

- Home care physicians increase the communication with other onsite providers, which correlates with the improvement of patient care.(10)
- Today medical technology can increase the home health options for direct care and monitoring of patient progress.(11)
- Family physicians who conduct home visits report a higher level of practice satisfaction than those who do not offer this service.(12)

### System savings

- The cost of homecare is significantly lower when compared to hospital visits, emergency room procedures, or ambulance transportation. Care management systems including house calls have demonstrated the ability to reduce hospital and ER admissions and re-admissions, average lengths of stay, and to reduce nursing home admissions.(14)
- Cost-effectiveness may also be demonstrated when comparing certain chronic diseases treated at home as versus the institution.(15)

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### References:

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- (2) Boiling, Peter, A., MD. (1998, December). The Physicians Role in Home Health Care. *Caring*, 10-15.
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- (4) Ratner, Ed, Md. (1999) Service Quality in Health Care: Is there anything Better than Housecalls? *American Academy of Home Care Physicians*, Volume 11:1, 1-2.
- (5) Wagner, Donna, PHD. Lecture. Aging. March 5, 2000.
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- (9) Wagner, Donna, PHD. Lecture. Aging. March 5, 2000.
- (10) Boiling, Peter, A., MD. (1998, December). The Physicians Role in Home Health Care. *Caring*, 10-15.
- (11) Wagner, Donna, PHD. Lecture. Aging. March 5, 2000
- (12) Unwin, Brian, K, MAJ, MC, USA, Jerant, Anthony P, MD. The Home Visit. *American Family Physician*, 60:5, 1481-1488.
- (13) Baron, Eric, MD. (1999). Evaluating Home Care Medical Groups: A Guide for Physicians. *American Academy of Home Care Physicians*, Volume 11:1, 7-12.
- (14) Presentation by Dr. Alan Abrams on data collected from 1995-97 on ALOS, nursing home admissions and other factors. Reported in AAHCP Newsletter, vol. 10, no.3, 1998 p. 5. Findings from CareMore Medical Group on hospital readmissions with and without a program involving house calls reported in *Medical Economics*, February 21, 2000, p. 122. See also Pritchard RS, Fisher, ES, Teno, JM, and others: "Influence of patient preferences and local health system characteristics on the place of death; support investigators; study to understand prognoses and preferences for risks and outcomes of treatment" *Journal of the American Geriatrics Society*. 46(10): 1242-50. 1998 Oct.
- (15) See, for example: Lowenthal, RM, Piaszczyd, A. Arthur, O'Malley, S., "Home chemotherapy for cancer patients: cost analysis and safety," *Medical Journal of Australia* 165(4) 184-7. 1999. Aug.19. Other published journal articles cover DVT treatment, and severe heart failure.

