INCORPORATING HOME VISITS IN A PRIMARY CARE RESIDENCY CLINIC: THE PATIENT AND PHYSICIAN EXPERIENCE

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PROBLEM
Home visits, a once popular form of health care delivery have become less common. Few studies have focused on home visits and what value the experience may have to the resident physician and their patients.

BACKGROUND
- With the increasing cost of health care, alternative models have been proposed to control rising costs and readmission rates.
- With an aging population with poor access to care, home visits have become less common. Few residents have little to no exposure to house calls in medical school and residency.
- Incorporating training into residency programs may give residents the confidence, training, and hopefully inspiration, to incorporate house calls into their future practices.

OBJECTIVE
1. To familiarize the resident physicians to the home visit experience
2. To assess desire and confidence to conduct home visits upon graduation from the program
3. To capture the voice of patients & residents participating in home visits

METHODS
- A six month pilot was conducted at St. Luke’s Family Practice Center (SLFPC).
- The residents and patients were asked to complete a post-survey following their home visit experience.
- A total of 30 home visits were conducted within an average of three mile radius from the clinic.

RESULTS
- Resident providers (n=10) and their patients who completed surveys (n=11) believe home visits improved their quality of care.
- Overall, 80% of resident physicians and 100% of patients were very interested in participating in home visits in the future.

REFERENCES

“Home visits have been documented to improve understanding of patient’s social factors, allowing for further insights into patient barriers to care. Every patient in the survey said that the visits resulted in increased trust of their doctor. Based on survey responses, the top reasons residents regarded home visits as important included: Improved patient care, Strengthened relationships with patients, Increase job satisfaction, Improved understanding of environmental and social factors, allowing for further insights into patient barriers to care. Every patient in the survey said that the visits resulted in increased trust of their doctor.”

“I can’t leave my home so I love that they are able to come to me.”

“They showed they care.”

“I used to lie a lot before the home visits.”

“In winter, I prefer [my doctor] to come here. It’s a lot harder for me to come in [to the clinic visit].”

“HOME VISIT CODES – ESTABLISHED PATIENT:”
- 93347: Self-limited or minor problem, 15 min.
- 99348: Low to moderate problem, 25 min.
- 99349: Moderate to high problem, 40 min.
- 99350: Patient unstable or significant new problem requiring immediate physician attention, 60 min.

“HOME VISIT VS. CLINIC CHARGES:”
- Level 4 office visit (99214) charge $574
- Level 3 home visit (99349) charge $541

“CONCLUSIONS”
Ultimately, we believe home visits may be a significant part of the future direction of health care. Based on survey responses, our hope is to better meet patients’ needs by making home visits an integral part in physician training and primary care models.

“ACKNOWLEDGEMENTS”
We would like to acknowledge Jessica Kram, MPH, Dennis Baumgardner, MD, and Mim Ari, MD for the contributions to our study.