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, there is a need to revive home visits.
- It has been documented that home visits may improve high quality of care, encourage team based communication, improve health outcomes, reduce frail patient travel burden, empower physicians to create their own care models, improve physician coordination with community agencies, and improve understanding of patient's social determinants of health.
- Provide patient emotional support.
- 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 (SLPC).
- The residents and patients were asked to complete a post-survey following their home visit experience.
- A total of 30 home visits were then 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.

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: $341

REFERENCES

“I was able to show how my environment affects my life.”

“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.”

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.

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

“Two showed they care.”

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“Two showed they care.”