'The need was profound.'

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conditions have significantly worsened, said Dr. Katz.

When Dr. Katz started Physicians' House Calls to provide care to residents in central Maryland in 1999, he was building a practice from scratch. But he was able to make the practice financially sustainable in only a few months. "The need was profound," Dr. Katz said. "There were so many people who really wanted this service."

He originally offered the service to Medicare patients, but with the federal government cutting payments to Medicare physicians, it quickly became difficult to sustain the model, he said. More recently, Dr. Katz teamed up with Amerigroup Corp., a managed care company that coordinates care for Medicare and Medicaid beneficiaries in several states. He treats a group of Medicaid beneficiaries in Maryland who are heavy users of emergency department services. Dr. Katz said that the primary care he provides these patients helps avoid costly hospitalizations and trips to the ED.

KATHRYN DEMOTT/ELSEVIER GLOBAL MEDICAL NEWS

Dr. Katz, shown here during a house call, says that most of his patients were heavy users of ED services.

In a cost analysis conducted by his firm in 2001, spending $109,013 on 485 home visits for 57 patients (at $225 per visit), helped avoid spending an estimated $138,000 on emergency department visits (at $1,200 per visit). In addition 132 hospitalizations were avoided, saving an estimated $1,188,000, at $9,000 per admission.

Kent Jenkins Jr., a spokesman for Amerigroup, said the work that Dr. Katz does is part of a larger push within the organization to bring primary care to patients with chronic illnesses. Within Amerigroup, case managers try to identify people who would benefit from home visits or other interventions. One of the typical red flags, Dr. Jenkins said, is someone who has been repeatedly hospitalized for the same underlying condition. "That's just a clear marker that something is wrong here," he said.

The managed care company might recommend a range of options depending on the patient's needs, such as providing transportation to appointments, receiving prescription drugs through the mail, or having home visits from a physician. The overall program, including the house calls, has been a success in terms of care improved care and reduced cost, Mr. Jenkins said. While Amerigroup hasn't done a study on the effect of these interventions, he said that generally they have seen reductions in visits to the ED and inpatient admissions.

While Amerigroup views home visits by physicians as good business, other insurers have been slow to embrace the concept, said Constance F. Row, executive director of the American Academy of Home Care Physicians. Currently, most home visits are made by a small group of physicians who work with physician assistants and nurse practitioners to see Medicare fee for service patients. The Department of Veterans Affairs also has a home-based primary care program for its patients.

Payment is one of the major barriers to providing more home care, Ms. Row said. The current Medicare reimbursement for home visits in most parts of the country does not cover full costs, she said.

For example, travel time isn't a covered expense. To make a home care practice viable, physicians have to become extremely efficient or get a hospital system to provide a subsidy for the work, she said.

Aside from the cost issues, there's a general lack of training in home care. Another challenge is that physicians providing home care have to become mobile medical providers, which means having an electronic medical record and carrying miniaturized diagnostic equipment, Ms. Row said.

But challenges aside, home care isn't for all physicians. Unlike in the office, the physician isn't fully in charge when they are working in someone's home. To be successful, they have to learn to adapt, she said.

"The physicians who do this—and there are many family physicians who do—are people who are not just technicians, but people," Ms. Row said. "They have to have both sets of skills to be successful."

But Ms. Row said she is hopeful that at least some of these issues can be addressed by Congress through the IAH legislation.

In the meantime, Dr. Katz is continuing to refine his practice model. On a typical day, he works about 10-11 hours each day, which gives him time to see 7-8 patients, travel between visits, and do some administrative work. He visits each patient at least twice a month. He also gives his cell phone number to all 150 patients in his practice.

Setting aside time for longer visits is essential, he said, because these patients need comprehensive care. The average patient in his practice has 5-10 diagnoses and in some cases has other issues that complicate care, from a history of drug abuse to having been victims of violence. But this patient profile is familiar to him from his time in the ED. ■

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Dr. Regina Benjamin Confirmed

Family physician Dr. Regina Benjamin has been unanimously confirmed by the Senate as the U.S. Surgeon General. Dr. Benjamin, founder and CEO of the Bayou La Batre (Ala.) Rural Health Clinic, will start her work by responding to the A(H1N1) influenza pandemic, said Health and Human Services Secretary Kathleen Sebelius in a statement. The American Academy of Family Physicians praised the confirmation. "All Americans will benefit from Dr. Benjamin's medical expertise, clinical experience, and advocacy for all patients," said the academy's president, Dr. Lori Heim, in a statement. "She is committed to ensuring that everyone has access to health care, regardless of economic status." Dr. Heim also praised Dr. Benjamin's perseverance in providing care to the underserved. Since the late 1990s, her clinic was destroyed by two hurricanes, Georges and Katrina, as well as a fire.

Family Docs Get Antiobesity Grant

The MetLife Foundation has awarded the American Academy of Family Physicians and the AAFP Foundation a $150,000 grant to provide family physicians with new ways to promote physical activity, nutrition, and emotional well-being. The antiobesity effort will produce educational materials to encourage children and older patients to talk with their family physicians about fitness and develop plans for the entire family to make and sustain healthy lifestyle choices, AAFP said. The organization will distribute the materials in mid-2010 to approximately 37,000 family physicians and residents. The new grant builds on an initiative launched in 2008 by AAFP and the MetLife Foundation, which to date has produced a DVD and a children's book discussing fitness for the family.

Medicare Premiums Set

Most Medicare beneficiaries will not see a Part B monthly premium increase in 2010, even though costs in the program have risen, the Centers for Medicare and Medicaid Services said. A "hold harmless" provision in Medicare law prevents the CMS from increasing Part B premiums this year because beneficiaries will not get a 2010 cost-of-living increase in their Social Security benefits. The CMS had calculated that Part B premiums will rise to about $110 next year, from $96 in 2009. But under the hold-harmless provision, only 27% of beneficiaries will be charged the increased amount. Most of those are also Medicaid-eligible, which means that the government program will pay their Medicare premiums, including the increase. However, the Obama administration is urging Congress to hold down premiums for all beneficiaries, according to the CMS.

CMS Proposes Medicare Changes

The CMS has proposed stronger standards for Medicare Advantage and Part D drug plans wanting to participate in the Medicare program. The agency said the proposed rule would hike program requirements for the more than 4,000 prescription drug and health plans offered to beneficiaries and would improve protections for the people who enroll in those plans. The rule would ensure "meaningful differences" between drug or health plans offered by the same company in a region, thereby eliminating duplication in offered plans, the CMS said. In addition, the proposal would protect beneficiaries from some costs by clarifying requirements relating to out-of-pocket charges.

New Fraud Prevention Tips

The Department of Health and Human Services and the Department of Justice have released new tips and information to help seniors and Medicare beneficiaries deter, detect, and defend against medical identity theft. The crime occurs when someone steals a patient's personal information and uses it to obtain medical care, to buy drugs and supplies, or to fraudulently bill Medicare. The two departments are warning Medicare beneficiaries to beware of offers of free medical equipment, services, or goods in exchange for their Medicare numbers. The departments also are encouraging patients to review their Medicare statements and medical bills regularly, and to report suspected problems and suspicious charges. Tips and a printable brochure are available at www.stopmedicarefraud.gov.

Med Schools Enroll Most Ever

Enrollment in both new and existing U.S. medical schools continues to expand, according to data released by the Association of American Medical Colleges. First-year enrollment increased by 2% over 2008 to nearly 18,400 students, the AAMC said. Four new U.S. medical schools—Herbert Wertheim College of Medicine in Miami; Commonwealth Medical College in Scranton, Pa.; Paul L. Foster School of Medicine, El Paso, Tex.; and University of Central Florida College of Medicine, Orlando—seated their first classes this year, accounting for half of the 2009 enrollment increase. In addition, 12 existing medical schools expanded their 2009 class sizes by 7% or more. Still, the United States must expand medical school enrollment and residency training slots further to avert an expected shortage of 124,000 to 159,000 physicians by 2025, the AAMC said.

—Jane Anderson