

Why do house calls?

- Patients need them!
- Rapid assessment of patient's social setting
- Generate revenue without using the office
- Change of pace
- May reduce ER visits, hospitalization and nursing home admissions
- Learning opportunity for residents/students. Great opportunity for preceptor to do direct observation

Who gets a house call?

Anyone who can't or shouldn't (or sometimes won't) come to the office, for example but not limited to:

- Frail elderly with mobility, support or transportation problems
- Disability – e.g. “chariots”
- Falls risk in winter (or any other time)
- OA knees, claustrophobia and Dr's office on 3rd floor
- Dementia – frequently forget appointments, meds etc.
- VRE positive
- Recent chemo -> immune suppressed
- 4 children with chickenpox.
- Postnatal visits for overwhelmed moms or multiple births to single parents

Who do you think needs house calls?

How long does a house call take?

- Depending on complexity, anywhere from 15 minutes to an hour.
- Allow time between calls for travel too.

Safety Issues

Do you know this patient (or at least enough about them that you're comfortable going to their home)?

Is there anyone else in the home who might give you cause for concern for your safety? (In an emergent situation consider calling the police and asking for their assistance/ escort). You are NOT obliged to enter what you feel to be an unsafe situation. You should leave if you feel at all unsafe.

Someone should always know where you've gone - list your house calls on your day sheet at the office, or after hours leave address with someone at home (sealed envelope to protect patient confidentiality).

Carry a cellphone.

Beware of pet pit bulls (or the underfoot yorkie). If you're uncomfortable with the pets, ask that they be shut in another room before you visit.

Be careful with uncleared icy steps and walkways in winter – easily removed boots with good tread are a must. There may be a few homes in which you don't want to remove your boots .

Don't carry a traditional medical bag – a doctor doing house calls may be perceived as carrying narcotics. For the same reason be careful wearing stethoscope around your neck or wearing ID (but have ID available if required – for example meeting a new patient).

Avoiding hitch-hiking beg bugs - two excellent references.

What to do on a House call

The medicine is the same as in the office! Can do whatever you do in the office (if you're adaptable – may need to sit on floor, examine patients lying on bed or sofa). I have done sutures and abdominal paracentesis at home ... you need to plan and organize equipment carefully, but it can be done.

INHOMESSS mnemonic

Impairments/immobility

Evidence of cognitive impairment?
 Yes No

Demonstrated advanced activities of daily living (check all that apply):

- Employment/volunteering
- Reading
- Music
- Hobbies
- Socialization
- Other

Demonstrated activities of daily living (check problem areas):

- Ambulating
- Toileting
- Transferring
- Bathing
- Feeding
- Continence (bowel/bladder/both)
- Dressing

Demonstrated instrumental activities of daily living (check problem areas):

- Taking medications
- Finances
- Telephone
- Transportation
- Meal preparation
- Shopping
- Housework
- Driving

Demonstrated balance and gait (check problem areas):

- Balance
 - Static (Romberg test, standing reach test)
 - Dynamic (walking, tandem walk)
- Gait
 - Left: arm swing, stance, leg swing, step
 - Right: arm swing, stance, leg swing, step

Sensory impairments (check problem areas):

- Hearing
- Vision
- Smell
- Taste
- Tactile

Falls? Yes No

Nutritional status and eating habits

Eating habits: _____

Variety and quality of foods

Pantry: _____

Refrigerator: _____

Freezer: _____

Nutritional status

Obesity: _____

Malnutrition: _____

Other: _____

Fluid intake: _____

Alcohol presence/use: _____

Swallowing difficulty: _____

Oral health: _____

Home environment

Neighborhood: _____

Exterior of home: _____

Interior of home (check all that apply)

- Crowding
- Good housekeeping
- Hominess
- Privacy
- Pets
- Books
- Television
- Memorabilia
- Internet
- Information and communication technology

Other people

Caregiver? Yes No

If yes, who? _____

Tasks:

Hours of caregiving per day: _____

Stress? _____

Coping? _____

Abuse? _____

Need for respite? _____

Physically or emotionally capable? _____

Social supports? Yes No

Advanced directives? Yes No

Power of attorney? Yes No

If so, who? _____

Financial resources: _____

Patient attitude: _____

Medications

Prescription drugs: _____

Nonprescription drugs: _____

Dietary supplements: _____

Medications organized: _____

Medication compliance: _____

Medication discrepancy: _____

Multiple prescribers: _____

Allergies to medications: _____

Written instructions: _____

Examination

Weight: _____ Weight loss? _____

Height: _____ Blood pressure: _____

Glucose: _____ Urinalysis: _____

Other: _____

Mini-Mental State Examination: _____

Depression screening: _____

General physical condition: _____

Focused examination: _____

Safety (check all that apply)

- Access to emergency services
- Alternative power source if needed
- Adaptations to home needed
- Telephone availability
- Bathroom
- Kitchen
- Carpets
- Lighting
- Electrical cords
- Stairs
- Tables, chairs, and other furniture
- Hot water heater
- Fire and smoke detectors
- Fire extinguishers
- Emergency plans
- Evacuation route
- Gas or electric range
- Heating/air-conditioning
- Water source

Spiritual health (or cultural and ethnic influences): _____

Services (e.g., fire, police, emergency medical services, home health, social services, Meals on Wheels, hospice, transportation, legal, equipment, health benefit advisor): _____

What do you need to take with you?

- Cellphone (see Safety Issues)
- Map, or GPS
- Hand sanitizer
- Flashlight , or headlight (Canadian Tire)
- Stethoscope
- Anaeroid BP monitor and selection of cuffs (pediatric, standard and large)
- Portable Otoscope and ophthalmoscope
- Tongue depressors (or use a spoon handle)
- Ear speculums and lighted ear cures
- Tuning forks
- Bandage scissors
- Tape measure
- Gloves and lubricant
- Alcohol swabs, bandaids
- Urine bottles, C&S swabs and specimen bags
- Lab requisitions, X-ray requisitions, Prescription pad
- Dementia and depression screening tools (e.g. Montreal Cognitive Assessment, Geriatric Depression Scale)
- Community DNR forms
- Medication flow sheets
- Patient chart*
- Waterproof pads (for any procedure or exam that could dirty the patient's furniture or bed, and to put bag on - see bed bugs!)

Other useful things:

- Flu and pneumonia shots (in season) – predraw in office, pack on ice. Consider carrying adrenaline ... just in case. Rigid container for sharps, alcohol swabs and bandaids
- Ear syringing equipment (syringe, ear cup, lighted cures – patient can provide towel and container for clean water)
- Glucometer
- Pulse oximeter
- Peak flow meter
- Scales
- Supplies for joint injections
- Dressing supplies
- Anoscope
- Phlebotomy equipment
- Portable EKG
- Patient enrollment forms
- Community DNR forms, death certificates, Homecare requisitions, Form 1 (and Form 42)
- Urine dip sticks
- Externally worn hearing amplifier
- Dictaphone
- Laptop computer, portable printer and fax

Charting options

- usual paper chart
- *Chart options for EMR users
 - “temporary paper chart” – include Patient Profile with meds , medical history, allergies, recent test results, consults. Scan your notes and bill when you get back to the office.
 - VPN access to office chart – laptop computer plus mobile internet (I don't recommend minicomputer or smaller – although portable, the scaled chart is too small to read, and the full size view is cumbersome to navigate). Internet reception is a variable, very slow after about 3pm and cost of mobile data

Billing for house calls (In Ontario)

Read the OHIP Schedule of Benefits for most up to date information – this seems to change quite often. N.B. there is a different billing scheme for Nursing Home patients. OHIP Schedule of Benefits October 1, 2013 , A3 (assessments) and GP50 (special visits and travel)

http://www.health.gov.on.ca/english/providers/program/ohip/sob/physserv/a_consul.pdf

House call assessments A3

A901 House call assessment \$ 45.15

“A house call assessment is a primary care service rendered in a patient's home that satisfies , at a minimum, all of the requirement of an intermediate assessment”. “Payment rule: A house call assessment is only eligible for payment for the first person seen during a single visit to the same location”

i.e if you see two patients at the same address – e.g. another family member, or another patient in the same apartment building, boarding home, group home or retirement home (etc) – you can only bill the housecall for one. The second is billed as an assessment, same as in the office.

A901 Complex house call assessment (new 2013) \$ 45.15

A complex house call assessment is a primary care service rendered in a patient's home to a patient that is considered either a frail elderly patient or a housebound patient.

Frail elderly patient - 65 years or older with one or more age related illnesses, conditions or presentations

- i. Complex medical management needs;
- ii. Polypharmacy;
- iii. Cognitive impairment (e.g. dementia or delirium);
- iv. Age-related reduced mobility or falls; and/or
- v. Unexplained functional decline not otherwise specified.

and resides in a home that includes:

- i. The patient's home; or
- ii. Assisted living or retirement residence (but does not include a long-term care home).

Housebound patient - meets all the following criteria:

- i. The person has difficulty in accessing office-based primary health care services because of medical, physical, cognitive, or psychosocial needs/conditions;

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- ii. Transportation and other strategies to remedy the access difficulties have been considered but are not available or not appropriate in the person's circumstances; and
- iii. The person's care and support requirements can be effectively and appropriately delivered at home.]

Medical record must document at least an intermediate assessment, and the patient is either frail elderly or housebound

A902 Housecall assessment – Pronouncement of death in the home \$45.15

“... includes completion of the death certificate and counseling of any relatives which may be rendered during the same visit.”

Special Visit and Travel Premiums GP50

- bill appropriate special visit and travel in addition to assessment

Special Visit Premium	Daily Limit	Travel Premium	Daily Limit	Special Visit time
B990	10	B960	2	Daytime 07:00 - 17:00 or elective
B992	10	B961	2	Daytime - with sacrifice office
B994	10	B962	2	Evening (17:00 - 24:00 Monday thru Friday)
B993	20	B963	6	Saturday, Sunday, Holidays (07:00 - 24:00)
B996	No limit	B964	No limit	Nights (00:00 - 07:00)

House call Bonus Payments (CCM, FHG, FHN, FHO)

Bonus level (per year)	A	B	C	D
	3 or more patients served	6 or more patients served	17 or more patients served	32 or more patients served
AND	12 or more encounters	24 or more encounters	68 or more encounters	128 or more encounters
Bonus payment	\$1500	\$3000	\$5000	\$8000

PLUS 20% premium on value of claims for house call visits in excess of level C if at least 75% house calls are A900 (Complex house call)

No bonus or premium for FFS

FFS, CCM, FHG, FHN - house calls are OUT of basket (pay 100%)

FHO - A900, A901, and special visit premiums are IN basket (pays 15%), Travel premiums are OUT of basket (pay 100%). A902 (and all palliative care) is OUT of basket

Palliative care patients – slightly different billing – see OHIP schedule

Bill any procedures as you would in office e.g. urine dip, joint injection, ear syringing, phlebotomy, flu shots or other immunizations, anoscopy, etc.

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Billing example

Pre-arranged housecall to 75 year old patient with dementia (and ear wax) on Monday morning, with flu shot and ear syringing:

A900	Complex house call	45.15
B990	Elective special visit	27.50
B960	Daytime travel	36.40
G420	Ear syringing	11.25
G590	Flu shot	4.50

... and check on spouse's BP, diabetes, and give another flu shot

K030	Diabetic Management Assessment	39.20
G590	Flu shot	4.50
TOTAL for 1 house call (2 patients)		\$168.50

Further Reading and References.

Bitter Pill: How the medical system is failing the elderly. John Sloan 2009 Greystone Books

(John Sloan is a now semi-retired FP who spent the latter part of his clinical career providing care to community dwelling elders in Vancouver, in their homes).

The Past, Present and Future of House calls. Kao et al. *Clin Geriatr Med* 25(2009)19 -34

N Stall, M Nowaczynski, S Sinha. Back to the future: home based primary care for older homebound Canadians. *Canadian Family Physician* (50) 237-240 March 2013 <http://www.cfp.ca/content/59/3/237/T1.expansion.html>

BK Unwin, PE Tatum, Housecalls, *Am Fam Physician* 2-11;83(8):925-31.<http://www.aafp.org/afp/2011/0415/p925.html>

Excellent summary with checklist (INHOMESSS mnemonic), list of equipment

House Call Safety

Health and safety in the homecare environment http://osach.ca/products/resrcdoc/lap_301.pdf

Be Safe: A guide to home visits and off-site activities <http://giic.rgps.on.ca/files/Be%20Safe%20Guide%20to%20Home%20Visits%20from%20Providence%20Healthcare.pdf>

Bed bugs

Avoiding bed bug hitch hikers
<http://www.toronto.ca/health/bedbugs/pdf/avoidingbedbughitchhikers.pdf>

The Bed Bug Resource Manual
http://www.ottawainnercityhealth.ca/uploads/files/Documents/Policies/WoodGreen_Bed_Bug_Manual_2008.pdf

Getting Paid

OHIP Schedule of Benefits October 1 2013

OHIP Infobulletin #11064 February 25, 2013

SFGP Common Family Practice Codes - January 1 2013

OMA Primary Care Comparison - March 2013 <https://www.oma.org/Member/Resources/Documents/PCRComparisonChart.pdf>