

HOUSE CALLS DOCTORS STOPPED MAKING THEM DECADES AGO, BUT A NEW GENERATION OF PHYSICIANS AND ASSOCIATES ARE GETTING BACK TO OLD- TIME MEDICINE

Peter Fish's patients comment on his 1950 Oldsmobile, old-time medical bag and vintage suit, even his 50-year-old hairstyle. Still, none of that is as unusual as the fact that Fish is visiting their homes.

House calls have been all but extinct for decades.

But an ever-growing number of elderly people who want to keep their independence has helped house calls make a comeback. American doctors made 1.6 million visits to patients' homes last year, an increase of about 100,000 from 2000, according to Medicare statistics. That number only reflects house calls to the elderly.

Federal records report similar numbers since the mid-1990s, and businesses like Fish's -- Hartford-based We Make Housecalls -- are starting or expanding across the country.

Fish, a physician's associate who charges \$150 to \$225 for a house call, says his services are meant to supplement a patient's primary-care physician.

“If the medical-care provider won't come to the house, and the patient is housebound, we've got a gap that's not covered,” Fish said.

Dr. Doris Phillips is a Bloomfield physician who perceived the same need in the mid-1990s. An internist by training, Phillips chose a new path after a fateful conversation with her sister, a hairstylist in Massachusetts who closed her salon to focus on homebound customers, mostly elderly.

“When I asked her how her clients saw a doctor, she said that most

of them didn't," says Phillips, who returned from a practice overseas in Scotland to Hartford to start a house-calls practice. Through word of mouth and an advertisement in the Yellow Pages, Phillips has built a practice of about 60 patients.

Most house-call patients are elderly and homebound -- covered by Medicare -- while a few younger patients simply prefer being treated at home and are willing to pay extra if the house call is not covered by their insurance. Fish also treats patients in the workplace and people who are away from home and their regular physicians.

“If they can, seniors would prefer to age in the home as long as they can,” says Constance F. Row of the American Academy of Home Care Physicians. And with the number of seniors expected to double in 20 years, the demand will increase.

It's a situation that Janet Duley of East Hartford understands. In 1994, Duley and her siblings placed their father, Michael J. Ward Jr., in a nursing home, a decision they were comfortable with until July 1998, when she received a call from the nursing home.

“I remember the conversation vividly,” says Duley. The person on the other end of the phone was asking her permission to change her father's “code,” or medical instruction, to DNR -- do not resuscitate. When Duley asked her to be clearer, she said:

“If an aide walks in and finds that he has slipped away, you don't want them slipping tubes down his throat and pounding on his chest.”

The next day, Duley took her father a homemade potato salad and carrot cake. She asked him if he wanted to come home with her. His eyes lit up.

Before Duley could have her father move in with her, she had to arrange for medical care. While the nursing home was supportive, they did not know of a doctor who made house calls. Fortunately, an employee at a medical-supply company in West Hartford knew Phillips.

Once she'd met with Phillips, Duley brought her father home in 1998, and he has been on the patient list since then. Phillips' elderly patients live in Hartford and the surrounding communities. Some live alone, some with spouses, children or relatives. Many suffer from Alzheimer's disease. All are hoping to avoid having to move to a nursing home or assisted-living facility.

“I've referred quite a few homebound seniors to her, maybe 10,” says Camilla Jones, a social service worker for the town of Bloomfield. “Dr. Phillips helps seniors stay in their homes longer.”

Phillips' patients must be homebound in order for Medicare to pay for their care. Every one of her patients relies on Medicare. Between 15 percent and 20 percent also are poor enough to qualify for Medicaid. Because of Medicaid budget cuts, Phillips occasionally is not reimbursed for a visit. Regardless, Phillips says she continues to see her patients, frequently until the day they die. “I saw it as a miracle that I found a doctor who makes house calls,” says Duley. Office visits would be too difficult, she said, because her father is a frail stroke patient who must use a wheelchair.

Similarly, 94-year-old Dot of Wethersfield (who asked that her last name not be used) would not be able to live alone were it not for house calls by Fish and his colleagues.

Mark Haubner, a family friend who helps manage Dot's care, said, “The visiting nurses can't come without a doctor's referral, but we can't get a referral if we can't get her to [see] the doctor.”

And house calls help avoid situations such as one last July, when, nauseous and vomiting, she was taken to the doctor in an ambulance. It was before Fish was making regular visits to Dot.

On the return trip, the ambulance got lost, had to call Haubner for directions and took nearly three hours to get back from Hartford to Wethersfield.

“Putting a 94-year-old in an ambulance to go to the doctor to find

out that she's got the flu and gallstones, the stress was horrible," Haubner said.

To be seen by Fish, Dot doesn't have to go farther than her kitchen. Fish likes meeting with patients in the kitchen because the light is generally good, and he can peek inside the fridge to see what they're eating and check on other issues besides physical health. Turning on Dot's kitchen tap, he warned: "The water's still a little hot."

"The medical service I offer is usually very simple stuff," Fish says. "But the information I gather can be very valuable," and would not be in the medical file otherwise.

"I make a point of being conscious of surroundings," said Fish. "I can report that to their physicians. I'm giving them a bigger picture."

After examining Dot, Fish called her primary-care physician to give him an update.

Dr. Robert Cushman, chairman of the Family Medicine Department of the University of Connecticut Health Center and St. Francis Hospital and Medical Center, advises young physicians to make home visits. He does so as part of his practice in Hartford's Asylum Hill neighborhood.

"There may be additional reasons to go to the home -- to see who is there, to see the resources available," said Cushman, who supervises residents (recent medical school graduates) as part of his teaching responsibilities. "I advise residents to make a visit -- especially when there is a newborn child."