House Calls brings doctors back to doorsteps

Most people see the physician’s house call as an anachronism. Steven Fuller sees the house call as his ticket into the ballooning health care industry.

Fuller, a physician who took care of open heart surgery patients in Washington, D.C., and Idaho for two decades, quit his practice a year and a half ago to design a system that he believes can bring back the days of the home doctor visit, at least for the elderly.

His company, House Calls, acts as a kind of general contractor for health care that brings doctors into assisted living, independent living and memory care retirement homes. For a monthly fee from the operators of the homes, Fuller organizes doctor visits, lab work and x-rays to be done inside living rooms, not offices.

Fuller said he always saw a need for house calls for the elderly when he ran his own practice, as transportation costs and other obstacles often kept seniors away from doctors’ offices.

“If they don’t come to the doctor, they don’t get care. That’s the current model,” Fuller said. “What we’ve done with House Calls is to reverse the doctors’ business model and allow them to profitably come out of their office and go to a retirement community to provide care.”

Fuller doesn’t pay any doctors or sign contracts with other mobile health services. His company organizes other private businesses that bill their usual rate. House Calls’ sales pitch is that they can pay for the administrative overhead it takes to court and schedule patients, while physicians simply have to show up with a doctor’s bag.

“I do not have any sort of guarantee with the physician, and I do not have any financial relationship with the physician whatsoever,” he said. “The only way I can keep his or her interest in continuing to work with us is if I do good service to the physician.”

Mark Phelan, a registered nurse and owner of Park Center Assisted Living, a memory care home in Boise, said he uses House Calls to help market his business to potential customers. “This is probably the first time in three years that I have had a waiting list, and I attribute it to the fact that I can tell them we have our own physician,” Phelan said.

He said the service reduces transportation costs and provides his residents with better care. In an office setting, Phelan’s residents – most of whom have dementia – often behave very differently. The stress of getting out of their familiar environments make memory patients more on edge, or even hostile, and can affect the doctors’ treatment plan.

The model also gives Phelan the opportunity to give input to physicians about his residents’ treatment and a direct line to the doctor if paperwork needs to be changed or some other effort needs a doctor’s approval.

Phelan said he looked for a service like this for eight years before he found out House Calls had been formed.
Steve Millard, president and CEO of the Idaho Hospital Association, said he had never heard of this model in modern medicine, and he did not think it had been used in Idaho. But Millard said the model has the potential to fit nicely into the future of health care.

With more hospitals and larger health care providers moving toward a health care system where one large entity is charged with keeping an entire community healthy, with a set amount of funds, the House Calls business model could be used to prevent emergency hospitalization of the elderly and infirm, he said. Keeping emergency room visits and other catastrophic health problems down is a big money saver, he said.

“Even though it’s an old-time mechanism … I think it very well may be the wave of the future,” Millard said.

Fuller has made the model work so far, but he said it’s difficult to recruit doctors. His biggest challenge in starting the company was finding two doctors willing to do the work. The problem is that most assisted living residents use Medicare, and many private practice doctors do not accept Medicare patients because of low reimbursements and red tape.

Arthur C. Jones IV, a physician with a clinic in Eagle, said he agreed to work with House Calls because he was trying to build a patient base, which is a tough proposition in a town with major health care providers like Saint Alphonsus and St. Luke’s.

“There are three fairly major groups in Boise and the surrounding area, which makes competition very difficult for patients,” Jones said. “It’s hard to get your name out when you’re trying to compete against giants.”

His relationship works for the moment, because House Calls provides him with patients that he would not have had otherwise, even if they are covered by Medicare. If he already had a full practice filled with many patients that were not on Medicare or Medicaid, Jones said it would be “very hard to justify” taking an afternoon off to visit all Medicare patients in a home.

“Unfortunately, economics kind of rules everything,” he said. Fuller acknowledges the problem for doctors. “Frankly, it’s always going to be an issue,” Fuller said.

To combat the lower reimbursements, Fuller said he has to convince doctors that they can still make money by seeing a large number of patients in a short amount of time. That raises the amount of money a physician can make in an afternoon without raising administrative costs for setting up the appointments. “He can just go from one room to the next room to the next room,” Fuller said.

His other pitch is that the service can create loyal patients, both for independent doctors and those affiliated with major health care systems. For independent doctors, “practice development is what I’m doing for them, bringing patients to them,” he said. For major providers, he can put those patients directly into their system, which can help keep the patient inside the provider’s system for the duration of their care.

“It would be to their advantage if these patients were aligned to them,” he said. He now serves four retirement homes in the Treasure Valley, and while he’s meeting operational costs, “we’re not making a lot of profit.”

“We want to start slow, because this is brand-new,” Fuller said. “And with anything that is brand-new you run into bumps in the road.”

If the program goes well, Fuller sees it being exported through major retirement home companies and used as a model across the United States. “Once we have a certain group of communities here (and) have a smooth operation at where we want it, then we will be ready to export to these other communities,” Fuller said.

House calls 2