Most Americans have never experienced a physician house call. The idea of a doctor crossing the family threshold seems to have disappeared along with the black and white television. However, 21st century communications and computer technologies are making it possible for physicians to once again “look in” on patients. Key components important to the success of this trend are technology and teamwork.

The technological applications are fairly obvious. Physicians can now see patients in their own homes via computer cameras, videophones or even those fancy mobile phones with built-in cameras. Individuals with chronic care conditions can also be monitored via passive or interactive devices. These new technologies might range from a simple home monitoring system designed to determine whether the patient gets up in the morning to a fancy glucometer hooked up to a wireless transmitter passively providing regular updates on a patient’s blood sugar levels.

Today, one of the major problems faced by health providers is their inability to obtain adequate information to appropriately diagnose a patient. Tomorrow, the problem may be a glut of patient-specific information. The doctor may not have the time or knowledge to appropriately sift through this data to respond quickly and appropriately to an emergent patient condition.

Physicians can now see patients in their own homes via computer cameras, videophones or even those fancy mobile phones with built-in cameras. Individuals with chronic care conditions can also be monitored via passive or interactive devices.

This problem may be solved in part by recognizing that the 21st century health delivery system is very dependent on teamwork. To practice effectively, the physician must increasingly rely on a number of critical partnerships. The generalist must rely on specialists. Internists and family practitioners must rely on a variety of new diagnostic tests, tools and technologies. Nurses, home-care providers, and information specialists will play a particularly important role with the re-emergence of the house call. Physicians are not going to sit by a computer waiting for a blip in the patient record. This responsibility is likely to be assumed by home care service providers and health information services that have figured out how to not only track patient conditions but how to incorporate the needs of both the physician and patient in forming a true partnership designed to enhance patient care.

While physicians have been buying back office solutions such as billing, scheduling, and recordkeeping for years, recently physician practices and home health agencies have increasingly begun to purchase Internet-based or technology enhanced back office support systems, including those related to monitoring and evaluating patient care. The volume of information needed to make an appropriate diagnosis has grown exponentially. New technology allows clinical protocols to be sent electronically in real time to the physician when they need it. Similarly, automated and prioritized messages can be sent directly to the physician’s personal digital assistant (PDA), allowing doctors to respond to a patient’s needs before a problem becomes an urgent health matter. The ability to respond rapidly to changing health status may prevent a patient from suffering complications or avert a hospitalization. Not only is this better for the patient in terms of improved health outcomes, but it’s better for physicians as we move to pay-for-per-
formance reimbursement systems and for payers looking to reduce overall health care costs.

This new mode of patient centered care will require some changes. The portable electronic patient record is critical and is finally beginning to get some serious attention in Washington. Much work is yet to be done. Patient information from disparate sources needs to be integrated and available to providers at the time of care. This is important for both the success of virtual house calls and establishing an appropriate electronic monitoring regimen for chronic care patients.

Reimbursement is also a key choke point. If physicians are going to make electronic house calls, there needs to be a mechanism for payment. The Medicare program only permits telemedicine reimbursements for encounters with patients from a specified list of approved “originating sites” such as hospitals and another physician’s office. The patient’s home is not yet on this list.

Perhaps even more important is the issue of how to pay for remote monitoring. There is no clear payment mechanism for this service. Remote monitoring might be continuous or it could occur on an hourly or daily basis. However, the party providing this service needs to be paid. In most cases it will be a home health care entity or some another service provider with expertise in how to track and work with patients in their own homes.

Finally, the demands and expectations of patients will alter traditional practice patterns. Health care services in the 21st century are likely to be interactive and continuous. Patients will use e-mail, video technologies and remote monitoring systems on a regular basis. Some may even have nanochips implanted in their bodies that will automatically transmit health information to their providers. Most physician offices are not well equipped to respond to this level of interaction. For these reasons, the next phase of health care delivery is going to require integration, teamwork and innovation. Physicians and homecare agencies are likely to find themselves as partners at the center of this transformation.

About the Author: Robert J. Waters, JD, is a partner with the firm of Gardner Carton & Douglas. He is also Counsel, Center for Telemedicine Law, and Executive Director, Home Care Technology Association of America. Mr. Waters can be reached at rwaters@gcd.com.