

Removing Barriers to Healthcare: A New Era for House Calls?

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The COVID-19 pandemic has led to big innovations in healthcare, and telehealth has been especially beneficial during this time. Telehealth provides remote medical care over the internet. It is a great way to maintain access to preventive and urgent care while limiting the spread of COVID-19 that comes with traveling to doctors' offices. The convenience of not having to travel to doctors' offices is especially important to people with disabilities, given that many of us don't drive and have transit barriers. And while telehealth is great for things like going over blood test results, in-home medical care is another great way to provide healthcare.



House call visits for people with intellectual and developmental disabilities could help meet our unique needs and provide the care that we need. In the medical field, a house call is when a doctor or other medical provider visits a patient in his or her own home to give care. Doctor house calls have been around since the 1930s during the Depression era. In fact, house calls made up 40% of doctor-to-patient interactions at that time.¹ To talk about house call visits as a way of providing more inclusive healthcare, I interviewed:

- **Dr. Robert Baldor** from UMass Medical School
- **Gia Richmond**, Director of Inclusive Living Services at the Arc of Montgomery County Maryland
- **Dr. Vincent Siasoco** of New York City who also serves as the Clinical Director for Special Olympics

¹Unwin, B. & Tatum, P. (2011) [House Calls](#). *American Family Physician* 83(8):925-931.

Access and Attitudes

Public health promotion programs have not adequately addressed the unique accessibility barriers the developmental disability community faces. Studies show that people with developmental disabilities have higher rates of emergency room use, longer stays in hospitals, and that we are less likely to receive preventive-care screenings and checkups.² In part because of this lack of care, we also have higher rates of chronic diseases compared to the general population – for example, obesity, diabetes, heart disease, and high blood pressure.

The COVID-19 pandemic has created greater public awareness on health disparities and attitudinal barriers that people with disabilities



deal with on a day-to-day basis. COVID-19 has allowed the media and advocates alike to shine a spotlight on the negative impact of ableism and racism in our healthcare system. As someone who has experienced how poorly our healthcare system does in meeting the needs of people with developmental disabilities, I see the COVID-19 pandemic as an opportunity for further advocacy, education and awareness. **The healthcare challenges people with developmental disabilities and their families face on a regular basis are enormous and need to be highlighted.** The time is now for us to build a society and healthcare system that plans for disability and is accommodating to our unique needs. If we all live long enough, we will all join the disability club. So, the time is now for us to build a society and healthcare system that plans to live with disabilities in the 21st century.

² [Improving Health Care for Adult Vermonters with Intellectual and Developmental Disabilities](#), a report by the Inclusive Healthcare Partnership Project

What Are the Benefits of Doctor House Calls?

Doctor house call visits have many benefits for vulnerable populations. They allow the doctor to get to know patients better by observing them in their own environment. It gives doctors a better idea of treatment procedures that may or may not work. It allows for a better bedside manner because the doctor is focused on 1 person only rather than a waiting room full of people. By doing this we can provide more individualized or person-centered care.



One thing I must stress is that telehealth also has its limitations in meeting our unique needs. Many basic things like exams that require ‘hands-on’ touch need to be done in person by doctors. Telehealth is good for finding out blood test results or general health screening over a phone or computer. However, many of us have greater needs that require face-to-face visits. Thus, in the developmental disability world the benefits of house call visits often outweigh telehealth when compared to the non-disabled population. Given that we are often high users of medical care due to our chronic lifelong conditions. Lastly, telehealth requires high-speed reliable internet, something that is hard to come by in many rural areas in our country.

The Benefits, According to the Doctors

Dr. Baldor talked about how it’s like night and day. Receiving care in one’s home is patient-centered and it’s a great way to remove the difficulties of getting into the office: “The office environment is anxiety provoking; you can’t be yourself, whether that’s related to interacting with unfamiliar individuals, communicating awkward medical problems or dealing with mobility barriers.” On the other hand, seeing someone at home is like night and day, you actually get to see the person in their real environment. “They are just more relaxed with the presentation, and it just makes the whole visit go easier.” He also said that it takes away a little bit of the power dynamic that’s there, “because you are working on their turf not yours.”

Dr. Siasoco shared how house call visits offer “comfort and ease for patients and their families when they see a doctor that they are familiar with coming to their home setting.” The great thing about this, he says, is that there are no issues with transportation or lengthy wait times in a waiting room that’s bustling, noisy, and distracting. There is also no worrying about equipment or supplies. “In general, the beauty of house calls is just that comfort level—and that comfort level, and that familiarity with your own personal doctor coming to visit the individual where they live, really contributes to a better relationship, and better communication.” This is important. Offices like the ones at many health centers have white walls and can be scary for some people, he says. In situations where a patient is already nervous or not really comfortable around physicians, it can be a big challenge, but if you see them in their home, it can really contribute to improving the relationship and the doctor’s ability to perform the physical exam, especially if they live with family or extended family that can offer support.

Gia Richmond, of the Arc of Montgomery County, Maryland, says based on her observations house calls are a personalized service that allows a doctor to come to the patient’s environment where they know you, where you live, what exact needs you may have—and it’s easier to make recommendations on adaptive equipment that actually works. As a doctor, Richmond says, it helps you avoid situations where people get prescribed adaptive equipment that may not work or fit a person’s needs, such as equipment being too big or small. In Richmond’s opinion, the best thing about this model of care is that it leads to a better bedside manner because the doctor’s attention is solely focused on the individual in that home and seeing them for longer appointment times. This allows doctors to be more attentive to the needs of individuals, especially as health declines and changes over time.

Will the Pandemic Lead to a Return of House Call Doctor Appointments for Patients With Complex Needs?

When I asked this question, the reaction from the individuals I interviewed was mixed. **Gia Richmond** said in the short run we may see more house call visits, but not long term. Given that the field of medicine is not one-size-fits-all. House call

visits may work for some but not for others. But Richmond says that telehealth is definitely the wave of the future, as we have seen during this pandemic.

Dr. Baldor says he does not see us returning to a 1930s version of house calls, but we are seeing some parts of the medical office go out to homes via a van. An example of this is an Advanced Practice Clinician (APC) who goes to a client's home to get a urine sample to bring to the van to check for a UTI. So, if it looks like a UTI, often they will have medicine they can give right away. During this process, the APC is communicating by phone with the doctor.

Dr. Siasoco shared that the pandemic may lead to a return in some settings—given that when doctors think of people with IDD they always try to think of where they live and their environment; often it is a congregate or group setting. Many such settings have rules on who can come in and out where Dr. Siasoco works in New York City. He sees somewhat of a return to the practice of house calls but he's not sure how much. Right now, one cool thing they are doing in New York City is having a phlebotomist go into group homes and draw blood there. In today's world, this model of care is a great thing but the concern is obviously being able to do it in a safe manner that ensures everyone has access to PPE. From the rural-America perspective, he says doctor house calls would be a great thing to do given that rural areas are not that dense.

What Are the Challenges for Doctors in Making House Calls?

According to **Gia Richmond**, there is not enough of a pool of doctors available to make house call visits. As it stands currently, a single doctor in her area would need to make up to 200 house calls which is not very sustainable. Plenty of the doctors are skeptical of adopting this method of patient care especially during the COVID-19 pandemic. They view



it as a health hazard to have to come in contact with numerous people while making house calls in unregulated areas. Therefore, it will also take a lot of time and resources to train doctors on the mechanisms of making house calls and how to effectively deal with patients in an environment that's not a hospital or a doctor's office. **Dr. Siasoco** suggests that such doctors need to be equipped with proper PPE if they are to make house call visits and the patient's environment would have to be appropriately sterilized before such visits.

What Infrastructure Is Needed to Make House Call Doctor Visits Successful?

The first requirement to support this model of care is an increase in the number of doctors looking to do this type of work. As it currently stands, most doctors are skeptical of the measures that are in place to ensure their safety, especially against COVID-19.³ The second is effective training that will equip doctors with the knowledge on this model of care. Offering a higher payment for this type of care is definitely needed. This is where payment reform comes into play. Payment reforms are necessary because the doctors performing house call visits end up using more of their own resources—like gas and carrying around a lot of medical equipment that would have otherwise been avoided were the patients visiting hospitals, doctor's offices, or clinics. One challenge with this is that doctors may see fewer patients in order to make this model work, therefore they should be paid more. By paying a higher rate for house call visits, it would help to make up for the fact that they would be seeing fewer patients. Patients benefit greatly from this model because the doctor is 100% focused on you. Rather than wasting time worrying how to keep the clinic financially sound. The third thing is funding to pay for the infrastructure needed to expand these options, especially in rural areas. Infrastructure such as internet that is necessary for the effectiveness of telehealth is lacking in most rural parts which need the house call visits most.

³[Physician views on the coronavirus pandemic response: A national survey](#). Doximity, April 2020.

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Resources to Learn More

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