



IMPORTANT INFORMATION



**What's keeping you up at night?
Are your restless legs to blame?**

RLS Awareness Week: September 23-29, 2007

SPENDING

Retro Medicine: Doctors Making House Calls (for a Price)



Suzanne DeChillo/The New York Times

Dr. Steven Meed works for Sickday Medical House Calls, a service in Manhattan.

By JENNIFER ALSEVER
Published: September 23, 2007

CHERI ELLISON-CARROLL did not know where to turn when a red rash raced up her leg late one night while she was on a business trip in Phoenix last spring. Scheduled to give a keynote speech early the next morning, she didn't want to sit in the emergency room all night. So she picked up the phone and had a doctor sent to her hotel room.

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Ms. Ellison-Carroll called a service named Inn-House Doctor, and two doctors, a husband and wife, were at the hotel within an hour to diagnose her condition. It turned out that the rash was a reaction to a bug bite, and the doctors administered topical [antibiotics](#). Ms. Ellison-Carroll got some sleep and was able to give her speech the next morning. The cost to her was \$450, and she paid for it out of her own pocket.

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Suzanne DeChillo/The New York Times

He took the subway, top, to travel to the apartment of a patient, Kayla McDermott, who had a sore throat.

“They were immediately available,” said Ms. Ellison-Carroll, who lives in Menlo Park, Calif. “It was a service that was priceless to me.”

A new kind of medical practice is flourishing nationwide that offers to go to where the patients are — whether a home, an office or a hotel — to treat ailments as diverse as a sprained ankle or a bad case of [bronchitis](#). Some services may even wheel in a mobile X-ray machine or an [ultrasound](#) machine, depending on the ailment, or perhaps pull out kits to test for [strep throat](#) or to draw blood. They may dole out medication on the spot or arrange for pharmacies to deliver prescriptions.

“When you call, you can speak to a doctor in five minutes, and that doctor can be there with you within the hour. Where else do you get that kind of delivery?” said Walter Krause, founder of Inn-House Doctor. The company says it has 40 physicians on call in Boston, Chicago, Dallas, Houston, Las Vegas, Phoenix, Philadelphia and Washington; some of the doctors are in private practice or work in [hospitals](#), and they make house calls during their time off.

The convenience comes at a price. Appointment fees can range from \$250 to \$450, with additional tests and medication extra. And payment is due at the time of the appointment.

Much of the time, that payment comes out of the customer’s own pocket. Some preferred-provider insurance plans may reimburse members for the fees for certain cases — much as they would any other out-of-network physician — or may apply the fee to the deductible. Depending on the insurance policy, the reimbursement is typically 70 percent to 100 percent of the cost. But most health maintenance organizations would not typically cover any out-of-network house calls.

These doctors will see patients for most kinds of medical problems, except potentially life-threatening conditions like chest pain, shortness of breath, loss of consciousness, serious trauma or problems with a [pregnancy](#). In those cases, people should head to the hospital.

Doctor delivery is one of many new approaches springing up to address the demand for faster, more convenient medical care. Walk-in clinics are opening in places like pharmacies, retail stores and airport terminals, though not everyone thinks this is a good idea. The desire of consumers for better access to a doctor has also given rise to “concierge medicine,” in which they pay thousands of dollars annually to get convenient, no-wait appointments. There is a separate fee for an actual appointment.

“We have that perfect storm. The current system doesn’t work well for patients or physicians,” said Dr. Rick Kellerman, a doctor who works in Wichita, Kan., and is president of the American Academy of Family Physicians. “More doctors are coming up with new home business practice models. They’re exasperated with paperwork and insurance regulation.”

The demand for primary care physicians outweighs the supply in many cities, so patients can wait weeks, and even months, for appointments, and hospital emergency rooms are

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becoming overloaded with nonemergency cases. [Health insurance](#) premiums, meanwhile, have continued to rise.

Some doctors are doing things like taking only house-call appointments or operating “micropractices” in which they work without front-office staff and nurses and see their patients in a smaller one-room office, Dr. Kellerman said.

When making house calls, “you get paid,” said Dr. Steven Meed, one of eight New York physicians working for Sickday Medical House Calls, which started last year and serves patients in Manhattan. “The paperwork overhead is kept at a minimum, the fee is fixed and it’s not going to be reduced.”

Still, these kinds of doctor-delivery services are not likely to solve a big problem in health care: the 47 million uninsured Americans, many of whom probably cannot afford to shell out hundreds of dollars for an at-home appointment.

Nor do these new businesses always address the need for continuity of care or the sharing of patient information among hospitals and doctors about any tests performed or medication prescribed, said David Barton Smith, a professor emeritus of health care management at [Temple University](#). “There’s no common record-keeping,” Professor Smith said.

My Home Doctor, based in Miami, does require its doctors to send an e-mail record of their appointment to each patient’s primary care doctor within hours of the visit and to follow up with phone calls to patients for the next 48 hours.

Alex Leeds, a Miami mother of three, received two follow-up phone calls from My Home Doctor after a physician visited her home to examine her 3-year-old daughter in May. “That follow-up never happens with my pediatrician’s office. Never,” Ms. Leeds said.

She called My Home Doctor after her daughter developed a [fever](#) late one evening after the pediatrician’s office had closed. Her husband was out of town, and she didn’t want to haul her daughter and two other children, ages 7 and 10, to the emergency room. The physician arrived, diagnosed a throat infection and gave her a two-day dose of an antibiotic until she could get to a pharmacy.

“It was great,” Ms. Leeds said. “For me to go to a pharmacy with three kids is very inconvenient.”

She called My Home Doctor a second time when her daughter had a respiratory infection. Ms. Leeds said she was trying to convince her H.M.O. to reimburse her for emergency visits for the two separate \$300 fees she paid.

IN other situations, employers provide some reimbursement to patients. Sickday in Manhattan has sent some of its eight doctors and four physician assistants to 20 advertising agencies, financial services companies and law firms to provide check-ups and other medical services for employees. The idea is that employees can have medical problems handled on the spot and get back to work quickly.

“Would you rather have a lawyer who is billing \$500 an hour be gone half the day for a doctor’s appointment or have Sickday come to your office?” said Aaron Baca, the C.E.O. of Sickday. “This mirrors people’s lifestyles better. People don’t want to wait to be seen.”

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