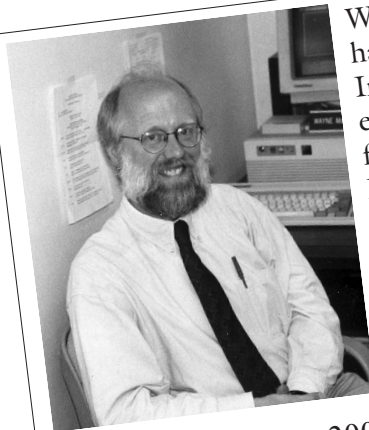




ANNUAL REPORT TO THE MEMBERSHIP 2002



When I took office, I reflected on how far we have come since our beginnings in the mid-80s. In those days, home care medicine was not even a field. Few saw its benefits, and even fewer were trained to make house calls. Research was non-existent; reimbursement was low. Not even one textbook discussed the field.

We have made much progress over the years, but of course much remains to be done. The numbers of house calls being made has risen slightly, but the 1.7+ million paid by the Medicare program in 2002 is still way below even minimum need estimates (estimated homebound population only). The modest membership of this association (711) reflects the pioneering stage the field is in. While a few internal medicine and family practice training programs now offer medical residents the opportunity to learn how to make house calls, many and probably most still do not. Some research papers have been produced and more are in the pipeline, but the cost- and care-effectiveness of our field still is not documented well enough to satisfy our critics. Reimbursement, while improved, still is not at a level sufficient to attract many to our cause. We have documented many of the "how tos" of home care medicine, but still lack complete documentation of "best practices" in our field.

During this year, we began a strategic planning process to attempt to shape the direction of this tiny nonprofit as we continue progress in moving ahead.

As you read of the many things we have done to build this field and help our members, I hope you will share my pride in our volunteer effort and help us continue to build our field and its impact in the coming years.

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Bernie Sciuto

Executive Assistant

Membership, Programs, and Services

1. Membership Diversification: While the AAHCP's membership remains small, we were delighted with the growth in diversity of our membership, reflecting the diversity of interest in our field. Today, Nurse Practitioners, Registered Nurses, Physician Assistants, Geriatric Care Managers, Social Workers, and Pharmacists make up 20 percent of the Academy's membership. We hope the numbers of each of these constituencies—along with those of primary care and specialty physicians, home health agencies, and corporate members—continue to rise as interest in the field expands.

2. Building and Documenting Qualifications

a. The Home Care Credentialing Examination: With a Hartford Foundation grant we created a self-study comprehensive **bibliography** and **home care certification examination**. This examination, taken over from the American Board of Internal Medicine, gives home care medical professionals (MDs, NPs, PAs, and others) the opportunity to gain a credential that will document their advanced qualification in this field. Brochures are available on the Academy website (www.aahcp.org) and through the Academy office.

b. The Faculty Development Seminar: Using content developed with a grant from the Grotta Foundation we held two more seminars, one in New York, the other in Boston. In these seminars, invited faculty who teach residents were given a program to acquaint them with options for teaching house calls and home care medicine to residents. Evaluations were excellent. Additional information is available from Peter Boling, MD, Course Director, or from the Academy office.

3. Developing Best Practice Guidelines and Recommendations and Member Recognition

a. Guidelines: A revision to the DVT Guidelines updated the earlier version. The DVT II Guidelines and Community-Acquired Pneumonia are both available on the website. Unintended weight loss guidelines are in development. All have been supported by grants.

b. Booklets: The Academy's popular booklets "Making Home Care Work in Your Practice" and "Making House Calls A Part of Your Practice" were updated. The booklets are free to new members and are available for purchase through the website or by order forms from the office. In the works is a revision to the AMA's Guidelines for Physicians "Medical Management of the Home Care Patient" which will be made available under joint copyright.

c. Medical Direction of Home Care Agencies: The binders that were developed for the course given in the late 1990s were made available for purchase. Currently in development is a new booklet on the role of the medical director. **Additionally, communication templates to facilitate doctor-nurse communication are now available for purchase. Contact the office for information.**

d. Annual Scientific Meeting and Member

Recognition: Another sold-out program featured morning presentations on both high- and low-tech approaches to delivering home medical care. In the afternoon, a second annual session focused on practice management issues featuring reimbursement, consulting, and legal experts. As our "sector consciousness" grows, so does our need to interact with one another at these meetings! We also were pleased to honor our "House Call Doctors of the Year" and our poster award winners.

e. Newsletter: This year's bi-monthly editions have included articles about how to start and manage a house call practice; clinical vignettes with ideas on how to code and describe the visits; detailed, personal accounts of home care practices and collaborative efforts; explanations of high technology devices and information systems; as well as an abstract of articles on home care. The Newsletter continues to be a valuable resource to all those working in this field.

4. Public Policy: The AAHCP's voice has been heard in shaping federal Medicare legislation—specifically the chronic care portions of both House and Senate bills (see article in this month's issue of *Frontiers*). As advocates for higher quality and more cost-effective care of the elderly, the AAHCP now has a voice and visibility never before attained. Much work has been done, and congratulations are due to George Taler, MD, Chair of the Public Policy Committee, and to the Board, members, and staff who have worked with him on what is still a work in progress.

5. Practice Research: The Academy began its effort to document the diversity of house call practices. The Research Committee's survey was completed by nearly 40 members. The next step is to attempt to secure funding to actually profile the practice models and at least some of their outcomes.

Financial Information— 2002

*(from the form 990 submitted to the
Internal Revenue Service)*

Total Revenue:	\$187,402
Expenses:	
Program Services	\$76,807
Management and General	\$97,003
Fundraising	-0-
Payments to Affiliates	-0-
Total expenses	\$173,810
Excess or (deficit) for the year	\$13,592
Net assets or fund balances at the end of the year	\$623,262

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Andrea Jackson
Edward Ratner, MD
Mitchell Wicker, Jr., MD

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The Grotta Foundation for Senior Care
The Hartford Foundation

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MedTech Services
Ross Products Division, Abbott Laboratories
Smith & Nephew Inc.
Visiting Nurses Association of Greater Philadelphia
Visiting Physicians Association

“I have been doing house calls for 15 years and have found this group recently. It is a most reassuring and helpful venue to aid me in expanding my services to those in need without the fear of Medicare abuse because my colleagues keep me informed and accountable.”

“Tremendous amount of new information [provided in the Faculty Development Seminar]—especially on business, financial and organizational aspects. Great syllabus and resource materials.”

“I am so impressed with the quality of thought that is going into this [list-serv] debate.”

“As an Academy, we can have an enormous impact on the health and well-being [of our nation’s most frail and vulnerable persons] by communicating what we know to larger audiences including governmental bodies, foundations, and the public. The Academy leadership deserves an enormous amount of credit for creating a strong foundation for this type of effort.”

“I am grateful for your home visit service... Please let [the doctor] know that he is a blessing for people like my father.”

“I read the AP wire story about house calls and forwarded it to my governor and senator...We, the disabled and elderly in Nevada, have very very few resources...Thank you for your excellent work and efforts.”

“I have found this forum to be a great asset to starting a house call practice and have gained great practical information that would not have been available otherwise.”