A Message from the President

The 20th century brought dramatic changes in medical care. There were tremendous advances in diagnostic and therapeutic technologies, spurring the creation of hospitals and equipment-laden medical offices. Another major change was the creation of medical insurance, especially government programs such as Medicare and Medicaid. These changes contributed greatly to the demise of the house call in the 1900s.

As I report on the AAHCP for 2001, technically the first year of the new century, I considered how the Academy has responded to these two historic changes in medical care. In 2001, the AAHCP expanded its educational activities to help medical providers overcome their resistance to leaving the hospital and office. We also continued our work to promote fair and equitable health insurance reimbursement for medical care in the home.

Our major educational event is our Annual Scientific Meeting. Last spring, the AAHCP had another very popular and timely program. We had an overflow crowd eagerly seeking insight into models of medical care in the home and management of specific medical issues in that setting. I want to again thank Wayne McCormick, MD, MPH, for planning and organizing that meeting.

The Academy also initiated an exciting new educational program in 2001. With support from The Grotta Foundation, a curriculum and course for faculty development in home care was created. The goal of this program is to train residency program faculty in home care, to enable them to teach trainees in primary care fields (e.g., family practice and internal medicine) how to provide care in the home. The program was held in both New Jersey and Minnesota. Training materials and a speakers bureau are ready to respond to additional requests for this training. We cannot thank enough Peter Boling, MD, our tireless Past President, for leading this initiative.

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Arnold Myles
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A clear barrier to expansion of home medical care is unfair and inadequate reimbursement for these activities. In 2001, we saw gains, losses, and stalemates on this issue. Medicare began reimbursing for the work associated with referral and certification of home health agency services that Medicare covers. The Academy applauds the recognition of the time and effort associated with this task and has taken an active role in educating physicians about this change in policy. The AAHCP booklet “Making Home Care Work in Your Practice” was thoroughly updated in 2001 to account for this change.

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With your help and support, our success will continue!

Sincerely,

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Members of the Board of Directors

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Community Health, University of
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Minneapolis, MN

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Inc., Health Systems Integration
Provider
Southfield, MI

Peter A. Boling, MD
Professor of Medicine,
Virginia Commonwealth University,
MCV Campus Director: MCV
House Calls, MCV Long Term
Care, and MCV Campus Geriatrics
Section
Richmond, VA

Edward J. Feldman, MD
Medical Director,
Home Care Services, Cedars-Sinai
Medical Center
Los Angeles, CA

Allen I. Goldberg, MD, MBA,
FAAP, FCCP, FACPE
Director,
Pediatric Home Health, Loyola
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Members of the AAHCP served as members of the panel that developed the exam and, in 2001, the Academy helped publicize the exam and AAHCP members were among the first to take it. Additionally, with a grant from Ross Laboratories, AAHCP President, Edward Ratner, MD, and Rebecca Rosenberg, BA, from the University of Minnesota Medical School, developed a study guide for those preparing to take the examination. *Bibliography of Articles Related to Home Care, 1999-2001,* is now available from the Academy on CD-Rom and in hard copy, indexed binder format.

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**Academy Influences OIG Report on Home Care Physicians’ Role**

Since the home health care environment has undergone a great deal of change within the last few years, the Office of Inspector General recently conducted a study to describe physicians’ practices in prescribing, certifying, and monitoring Medicare home health services within the context of the Centers for Medicare and Medicaid Services’ (CMS) expectations. Questionnaires were mailed to 600 physicians who signed Medicare home health plans of care. The data was supplemented with survey data from Medicare beneficiaries and home health agencies, as well as CMS claims data.

The Academy was asked to review a draft of the report “The Physician’s Role in Medicare Home Health—2001” and to comment on it. The OIG included a letter from AAHCP in the final version’s Appendix and incorporated some of our suggestions as areas of potential study in the recommendations to CMS.

As a result of the findings, the OIG recommended that CMS review relevant informational materials available to Medicare physicians and that CMS establish a workgroup to discuss issues related to Medicare home health care.

**Public Policy Committee Presents Reimbursement Proposals to the CPT**

After its 1998 success in promoting increases in house call reimbursement, the AAHCP has had several items on its public policy agenda. Members have uniformly complained about the lack of reimbursement for travel time. And, more recently, they have pointed to low reimbursement as a barrier to providing service to domiciliary care facilities, including assisted living locations.

This year, the Public Policy Committee, chaired by Past President George Taler, MD, developed proposals for both areas, and Dr. Taler went to Phoenix, Arizona to present these proposals.
2001 Achievements

AAHCP Fosters Change in Payment Regulations

AAHCP long promoted a change in the Medicare policy that prohibited compensation in excess of $25,000 per year from a home health agency to a physician who made referrals to that agency. Success was finally at hand when the Department of Health & Human Services Stark II regulations were released on January 4, 2001. The new regulations removed the $25,000 cap which had been a barrier to full- or even half-time medical direction for home health agencies.

Annual Scientific Meeting, May 10

“Integration—House Calls in the Continuum of Care”
The sold out program drew physicians and nurse practitioners from all over the country. Guest speakers presented on quality measures in home care, the linkage between the hospital and home care, home care for the congestive heart failure patient, and end-of-life care at home.

Website Physician Referral List Goes Live

The spring saw the release of the Member Referral List of doctors and nurse practitioners who make house calls on the AAHCP website (www.aahcp.org). Members who choose to be included are listed alphabetically by the state in which they practice and then the zip codes they serve are listed with their practice contact information. The list continues to grow and currently consists of providers in 38 states, Washington, DC, and Puerto Rico. Mailings went out to aging and caregiver organizations so that they might know of this important informational resource, and the listing was mentioned in the AARP journal, among other publications.

The AAHCP website, which will be revamped in 2002, receives on average 25,000 hits each month.

List-serv Becomes Active

Approximately half of the AAHCP membership signed up to participate in the members-only list-serv where they can post questions, share experiences, and list needs. Members routinely discuss billing problems, practice management issues, and clinical issues, including best practice guidelines.

Faculty Development Seminar

As part of its teaching mission, the Academy sought funding for residency training, since residency is a time during which new physicians form lasting practice patterns. Academy leaders designed a one-day course for internal medicine and family practice residency faculty. The first seminar was offered in New Jersey in June. The topic list included:

- Making the case for house calls to stakeholders (hospital administrators, program directors, residents);
- Practical aspects of program development;
- A core curriculum that residents should receive;
- Various models for structuring teaching house call programs;
- Teaching the basics of making house calls using a self-instructional multi-media program;
- Overcoming difficult attitudes and logistics;
- A vision for leadership in this field;
- Making specific plans to change the participants’ own residency programs.

A second faculty development seminar was held in Minneapolis in October. The Academy hopes this will become a national program and is helping to bring the seminar to other areas of the country.

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