Residents make themselves right at home

Physician house calls are making a comeback—especially for the elderly. Although declared a vanishing practice 10 years ago, the number of U.S. house calls has risen from 1.4 million in 1998 to over 2 million in 2004, according to the Journal of the American Medical Association. About a year ago, Dartmouth-Hitchcock began requiring its general internal medicine residents to make house calls on geriatric patients.

Routine: Dr. Adam Schwarz, who heads the DHMC house calls project, suspects that many elderly people postpone coming in to have a routine checkup or even to see a doctor when they are ill because they are too frail to travel easily or lack transportation. Instead, they wait until they get so sick that they wind up in the emergency room or a hospital bed.

Although many patients are reluctant to ask their physicians to call on them, they “are universally appreciative [of] seeing doctors in their home,” Schwarz says. Residents appreciate the opportunity to make house calls, too. They learn firsthand how patients’ lifestyles or living conditions may help or hinder their illness, he explains. They are then better able to assess patients’ functional status and to evaluate them for depression and cognitive impairment.

The household gets a “check-up,” too. For example, the residents keep an eye out for tripping hazards, such as electrical wires stretched across a floor. They also assess patients’ hygiene and nutritional status, evaluate their transportation and support systems, and check for other factors that can provide insights into their health.

House calls add “another dimension to the ability to assess a patient’s health risks to allow us to make health-care recommendations,” says Dr. Sally Scott, a third-year resident.

The residents also make follow-up phone calls to “help solicit from the patient any concerns they have” about their health, says Schwarz. This allows doctors to map a patient’s progression between visits.

Although assumed by some to be an unaffordable luxury, house calls can actually be an economical option for patients who can’t afford—or choose not—to reside in a nursing home, Schwarz adds. In recognition of that fact, Medicare’s reimbursement rate for house calls has increased in recent years.

Choices: That’s all to the good, Schwarz feels. For example, he says, “nursing homes are great places for half of their residents,” but the other half would be better off in their own homes, if they had a good support system and proper outpatient care.

“Your economic status doesn’t predict successful aging,” says Schwarz, but “it enhances options and choices.”

The DHMC house calls project, which received initial funding from the New Jersey-based Arnold P. Gold Foundation, is a collaborative effort of the General Internal Medicine (GIM) Residency Program and the Dartmouth Center for Aging. Each GIM resident is required to take part in at least three house calls during his or her residency, as part of a team made up of an attending physician and one or two other residents.

Some 300 elderly residents of the Upper Valley are participating in the project as patients.

Relationships: Schwarz observes that he has found—from making about 100 house calls a year himself—that “80% of house calls is dialogue” with patients.

“Even a brief sensitization to house calls,” he maintains, increases physician awareness of the needs of geriatric patients and cultivates better doctor-patient relationships.

Laura Evancich
Worthy of note

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Murray Korc, M.D., a professor of medicine and chair of the Department of Medicine, was recently elected to membership in the American Association of Physicians; the group is considered the premier society for physician-scientists.

Allen Dietrich, M.D., a professor of community and family medicine, received the Best Research Paper Award from the Society of Teachers in Family Medicine. His paper, published in the British Medical Journal, was titled “Re-engineering Systems for the Treatment of Depression in Primary Care: Cluster Randomised Controlled Trial.” (See the Winter 2004 issue of Dartmouth Medicine, or dartmed.dartmouth.edu/winter04/html/disc_phone.php, for more about Dietrich’s work.)

David Robbins, Ph.D., an associate professor of pharmacology and toxicology, was appointed to the editorial board of the Journal of Biological Chemistry.

Lori Arviso Alvord, M.D., an assistant professor of surgery and associate dean of student and multicultural affairs, was the keynote speaker at three medical school commencement ceremonies in 2006: the University of Illinois at Chicago College of Medicine, Drexel University College of Medicine in Philadelphia, and the Sophie Davis School of Biomedical Education in New York City.

Jason Moore, Ph.D., an associate professor of genetics, served as program chair for the Fourth European Workshop on Evolutionary Computation and Machine Learning in Bioinformatics in Budapest, Hungary.

Mae Jemison, M.D., an adjunct professor of community and family medicine, received an honorary doctor of science degree at the 2006 Dartmouth College Commencement exercises. Jemison, the first black woman astronaut in the U.S., is now active worldwide in science literacy and sustainable development. She has founded two companies that are devoted to integrating
science and technology into society, as well as an annual international science camp that aims to build critical-thinking skills.

Leslie Fall, M.D., and Norman Berman, M.D., both associate professors of pediatrics, received the 2006 Innovation in Clinical Medical Student Education Award from the American Association of Medical Colleges’ Northeast Group on Educational Affairs, for their work on the Computer-assisted Learning in Pediatrics Project.

Christopher Connor, M.D., an associate professor of surgery (ophthalmology), received a 2006 Best Paper award from the American Society of Cataract and Refractive Surgery. His paper was titled “Lensotomy: Phaco Initiated 2-Stage Capsulorhexis.”

Martin Palmeri, M.D., a second-year resident in internal medicine, received a 2006 Leadership Award from the American Medical Association Foundation.

Kristin Wallace, Ph.D., a research associate and postdoctoral fellow in biostatistics and epidemiology, received a student award from the American Association for Cancer Research for a presentation on selenium and bladder cancer.

Crystal Piffath, a doctoral student in molecular and cellular biology, was among a select group of graduate students nationwide granted a three-year fellowship by the National Science Foundation.

Abigail Proffer, a second-year medical student, was elected as the northeast regional delegate for student affairs to the Association of American Medical Colleges’ Organization of Student Representatives.

The Dartmouth-Hitchcock Community Health Center was one of 36 family medicine practices from all across the country chosen to participate in the TransforMED National Demonstration Project. TransforMED is an initiative of the American Academy of Family Physicians. The project intends to help practices apply a new model of family medicine that puts the patient first and that emphasizes effective and efficient care.

Mary Hitchcock Memorial Hospital was recently recognized as being among the U.S. hospitals with the most complete and compliant coding practices. MHMH ranked 28th among the 239 major teaching hospitals that were analyzed and was the only New England hospital recognized in this category. The analysis was performed by HSS, a company in the coding and reimbursement field.

For over two decades, DHMC has cared for Donna’s family. When her son injured his spine, he came to DHMC for expert care. When her husband was diagnosed with non-Hodgkin’s lymphoma, he consulted with DHMC’s oncologists about treatment options. And when her son-in-law needed a hip replacement, he came to DHMC for his surgery.

To show her appreciation, Donna established a Charitable Gift Annuity at DHMC. Donna’s gift ensures that DHMC will continue to transform medicine in our region and beyond, while providing her with a charitable tax deduction and an income for life. As Donna observes, “Both DHMC and I benefit. It’s a win-win situation.”

**FEATURES**

- guaranteed fixed income for life  
- partially tax-free income  
- charitable tax deduction  
- cash or appreciated assets may be gifted  
- income for one or two lives

**SAMPLE RATES**

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