



Going the Extra Mile with House Calls in Podiatry

These mobile practitioners provide a needed service with less overhead.

BY JEN MCCAFFERY

Edgard Nau, DPM, was working as a resident at a hospital in Detroit when he recognized a niche that would change the course of his career. Disabled patients were coming in through the ER with severe foot problems that could have been taken care of sooner if they had had access to a podiatrist who could come to their home.

When he returned to Chicago after he finished his residency in 1989, Nau initially wanted to open a practice in Chicago. But no banks would loan him any money for a practice that specialized in house calls.

"So I just started doing house calls," Nau says. "I typed up a

letter, xeroxed a bunch of copies, and mailed them to visiting nursing agencies, and the phone start-

patients in Manhattan, and areas of Brooklyn and the Bronx that are easily accessible by subway.

According to a recent *Podiatry Management Magazine* survey that asked practitioners if they make house calls, 28.13 percent of the 608 respondents said they make house calls as part of their practice.

ed ringing." Thirty-five years later, Nau is still making house calls. He moved back to New York City in 1992 and established his practice there. Each weekday, you can find him walking the city streets, taking the bus or subway to see his

Nau isn't the only podiatrist bringing care directly to patients. According to a recent *Podiatry Management Magazine* survey that asked practitioners if they make house calls, 28.13 percent of the

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PRACTICE STYLES

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608 respondents said they make house calls as part of their practice, while 67.76 percent said they never make house calls. And 4.11 percent said they only do house calls.

How do these practices work and what are the benefits and drawbacks for practitioners and patients? We spoke with two podiatrists, Nau and David Lieb, DPM, who make house calls to find out.

On the Streets

Unlike some other podiatrists who make house calls, Nau strictly sees patients in their homes, which have ranged over the course of his career from patients living in public housing to penthouses.

Nau, whose mobile practice is called Manhattan Home Podiatric, provides primary podiatric medicine, which includes counseling, nail debridement, callus treatment, and wound care during house calls. He carries a backpack filled with standard dermatological instruments, including wound debridement instruments and local anesthetics and needles if he's doing nail surgery. He sterilizes his instruments between patients.



Dr. Nau

tion," he says. For example, fungal infections are common, but they can go undiagnosed for years or even decades. "So when I'm the first one to say, 'Hey, this is what you've got,' people are surprised," Nau says. "And they're even more surprised (pleasantly) when we start treatment and they see improvement. Something as simple as



Dr. Lieb

calls. "People were always asking me, 'Did I really do that kind of practice?' And I thought, well, somebody's got to do it."

Based in Frederick, MD, Lieb has now been practicing podiatry for 36 years and he's got 15 referrals on his desk. He maintains a solo practice called Family Foot Care, and he estimates that 20 per-

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recognizing a positive change, that makes me look like a rock star to my patients."

These days, Nau says he gets much of his business from referrals from other physicians and visiting nurses. Some patients contact him directly through his website. Although he accepted patients with Medicaid earlier in his career, the majority of his patients are now traditional Medicare Part B. He also says he gets a lot of calls

cent of his appointments with patients take place in the office; the rest are house calls. Many of Lieb's patients live in group settings. He works with six major assisted living facilities in Maryland, and several smaller assisted living facilities that people run out of their homes, with anywhere from 5 to 12 people.

When Lieb visits assisted living facilities, he can see as many as 60 patients a day per facility. But that's rare. He typically sees from 20 to 40 patients at a time at each facility. For house calls to patients' homes, however, the number of patients Lieb sees on a typical day depends on how far apart they live. "If the patients are all in one area, it could be 10 or 15," he says. "If they're all spread out, it could be as few as seven or eight. It just depends."

Lieb often makes his house calls to assisted living in the afternoon as some of the residents are late risers. He says he typically provides routine care and brings basic sterile supplies, plus the tools he would need for debridement if he knows the needed treatment ahead of time. He also brings a portable iontophoresis device, which is slightly bigger than a cell phone and can be used to infuse steroids into a patient's heel to treat inflammatory conditions like plantar fasciitis.

Lieb also makes house calls to people's residences. He says he

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On a typical day, Nau visits about four to six patients. He splits up Manhattan between the East and West sides to map out his schedule. He generally sees patients from Monday to Friday.

He says he pays particular attention to small things, especially with patients who have been seen by podiatrists all their lives. "The important thing is to maintain skin integrity, not to have the skin break down and have a portal for infec-

from private Medicare plans that he doesn't take.

"I'm not as busy as I was when I started, but that's OK," Nau says.

Group Visits

Lieb was early in his career when he encountered a patient who hadn't been able to get out of bed in a year. Her legs were swollen so badly that they resembled an elephant's.

"That's when I started doing it," Lieb said of making house

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has done nail surgeries in people's homes, but he doesn't really like to. "I just did a nail surgery on a patient who's paraplegic and obviously can't get out." Others simply are too fragile to get out and drive anymore.

There's a limitation to the procedures that he can do during house calls, so in some cases he tells patients that they have to

been some cases in more rural areas where the big issue was actually getting to the house, Lieb says. One was in a creek bed and another down a steep hill. "You almost need a four-wheeler to get up to it," he says.

Managing Payments

In addition to advances in medical technology that make it easier to treat patients at home, new developments in handling payment

has streamlined electronic claim submission and electronic payments, saving time. In addition, now that his practice is mostly referrals for house calls, he doesn't need a large office staff. Ten years ago, his office would spend lots of money to advertise in the *Yellow Pages* and in newspapers to attract patients. But they don't have to do that anymore.

Lieb says he's used some of the money he has saved from not advertising for optimizing the practice's website to attract longer-term patients. And because so many of his patients see him outside the office, he's thinking he might one day just get rid of the office.

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come into the office if they're able to. "And when I see people with gangrene, I tell them you have to go to the emergency room," Lieb says. "You can't really treat that at home."

Lieb says he's seen a major increase in the demand for house calls over the past five or six years. He gets referrals from Maryland's Department of Aging hospice programs. He also works with groups of patients as part of a United Cerebral Palsy Day program and as part of a Daybreak program, where patients come to a center for activities. He says he gives patients a magnetic calendar so they can keep track of visits. Usually, he books visits for a year out.

Mindful of the traffic around Washington D.C., Lieb generally sticks to Frederick County and Washington County in Maryland and will travel south to the Beltway, which is a radius of about 40 miles. For those calls, it can take up to a half hour each way from his office to the patient's home and back. "But I don't do that too often because the traffic getting down there is really bad in the afternoons," he says, noting that he'll often set those appointments for the morning.

Sometimes the requests are just too far away. A visiting nurse had contacted him about a patient in Columbia County, but with traffic, that was more than an hour away from his office. There have

and billing make house calls easier than ever. Nau says he charges patients according to the schedule set by Congress every year if they pay out-of-pocket. There are codes for evaluation and management, and procedures on top of that.

The Medicare claims go directly to his office, but he also has Square on his phone, so he can take payments by debit or credit card. He

Occupational Hazards and Benefits

Patients, meanwhile, are very happy that podiatrists are going the extra mile to provide care. "They're like, 'wow, I didn't know anybody did this,'" Lieb says. "And they always ask me, 'are there any medical doctors that do this?' I used to say no, but now I do. One group out of New Jersey is doing it over sever-

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says the house call and management codes pay slightly higher than the office codes.

Lieb, who accepts major insurance plans, says his practice uses a billing system called Blue Yonder. He can bring up the website with his phone and enter the information. The system accepts credit cards, debit cards and checks and patients can also set up automatic withdrawal. Since traveling to see some patients can sometimes take 30 minutes each way, Lieb says he charges an additional \$20 fee for travel in those cases.

But Lieb says that the software has gotten so much better that it

al states." Now he runs into nurse practitioners and other medical practices that are also mobile. He sometimes refers patients to them, and they do the same.

When it comes to patient safety, both Nau and Lieb say that over the years, they have seen instances in which it looked like there might have been abuse, but those situations were rare. "It hasn't happened lately, but when it did, I'll get involved with the other providers who are serving the patient," Nau says. "I'll get involved with the family. And sometimes if there's no family or if there are no other ser-

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vice providers, I'll contact the city. But I haven't needed to do that in a long time."

"A lot of times the problem is that they're just not getting the care

atrists are comfortable with dogs, so they haven't had any problems with them.

Nau remembers one person in a public housing complex asking him what he had in his bag, but he said his patients there were generally

"It seems like the ones that come to my office from finding me on the Internet, they're often a one-time patient. You treat them and they never come back," he says. "Whereas House Call patients—well, you're in their home, and you really get to know them. It's a lot more personal when you treat them at home than when you see them in the office. Those are the kinds of patients that are going to be repeat patients and who are going to send you patients. You'd be amazed at how grateful they are." PM

As for their own safety when visiting patients in their homes, both Nau and Lieb say it hasn't been much of an issue. Both podiatrists are comfortable with dogs, so they haven't had any problems with them.

they should," Lieb says. "Most of the time it's a case of them simply being unable to get out. And they might live by themselves."

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very grateful that he was making house calls in the community.

"There is something about taking care of people in their home that creates a bond that doesn't exist with patients that come into the office after finding a podiatrist on the Internet, Lieb says.



Jen McCaffery is a veteran health journalist who has worked for *Popular Science*, *Prevention*, and *Reader's Digest* and has contributed to *The New York Times*.