Abstract

Home visits by General Practitioners have declined in many countries. We performed a study of home visits in an inner city practice in Dublin. We noted that rates of housecalls have declined at our practice in recent years from an average of 42 per GP per week in 1993/1994 to 22 re-visits per doctor per week in 2009. In 43.3% of the house visits in 1993/1994 we undertook a valid medical or social indication in the opinion of the visiting doctor. In 2009 this had declined to 18.7%. However our home visiting rates are still higher than those quoted in a study of Belfast in the mid 1980s where GP's were performing between 3 and 39 new home visits per month. A number of studies have shown that doctors are spending less time per GP per week conducting housecalls. Redmond et al recently found that 75% of house calls in a 3 month period in Dublin, showing a much lower rate than these studies from the 1980s and 1990s. The aim of this study is to examine the trend in home visits undertaken by general practitioners in an inner city practice.

Methods

A study of GP home visits was conducted in a computerised inner city general practice of nearly 7,000 patients with a prevalence of patients of 57%. Housecalls were not formally triaged and patients could request their preferred doctor for their home visit. Such requests were accommodated where feasible depending on doctor availability. The number of house visits between 2006-2010 was calculated to assess the trend in the number of house visits. Results were analysed using a standard statistical analysis programme.

Results

Table 1: Indication for 100 housecalls done during study period

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<tr>
<th>Indication</th>
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<tbody>
<tr>
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</tr>
<tr>
<td>Social</td>
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Discussion

Bedside medicine is believed to have had its origins with the Hippocratics approximately 400 years BC. This was long prior to the establishment of the traditional hospital, thus ancient Greek bedside medicine was the prototype of modern primary care and the home visit. Bedside medicine is believed to have had its origins with the Hippocratics approximately 400 years BC. This was long prior to the establishment of the traditional hospital, thus ancient Greek bedside medicine was the prototype of modern primary care and the home visit. In the opinion of the visiting doctors 21% (n=21) of the housecalls requested during the study period were done for solely social reasons, there being no medical indication for the visit in their views (Table 1).

The primary care team will increase significantly.

Conclusion

Housecalls in General Practice

A Cunney, FD O'Kelly

TCD/HSE Specialist Training in General Practice, Trinity Centre for Health Sciences, Tallaght Hospital, Dublin 24

Introduction

Research has shown that numbers of home visits by GPs have declined in many European countries that this may also apply to the inner city practice observed in this study. To date there is a gap in the literature regarding home visits in general practice in Ireland. One postal survey of housecalls done by Irish GPs in 1993–4 showed that Irish GPs were spending an average of 35 per month in 2010. We found that 68% (88/130) of the recent housecalls we undertook had a valid medical or social indication in the opinion of the visiting doctor. 21% (25/120) were done for purely social reasons. The vast majority of our recent housecalls i.e. 91% (91/100) were to patients who were entitled to free medical care under the General Medical Services scheme and 75% (75/100) were to patients who were over 65 years of age. 87% housecalls (87%) were to patients with multiple morbidities. With our ageing population it is likely that the housecall will not vanish from clinical practice.

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Our main study question was did we consider that the housecalls we were doing were necessary on medical and, or social grounds? In 12% of home visits the doctor did not deem that there was a valid medical or social reason for the housecall that was requested by the patient. The reasons for this are myriad. We would cite poor health literacy, inadequate use of telephone triage, lack of an established primary care team and defensive practice as reasons for this finding. 21% of the housecalls done during the study period were considered to be done for solely social reasons. This most likely reflects the lower socioeconomic group served by our practice as well as doctor behaviour and attitude in addition to patient expectations. The finding that in 18% of housecalls done the visiting doctor considered that there was both a medical and social reason for doing the housecall reflects the complexity of working in an inner city underprivileged area.

Our study shows that we felt that the majority of our housecalls were warranted and appropriate. Beyond simply providing homebound patients with access, there is growing evidence that house calls favourably influence important health outcomes and improve patient care by clarifying and identifying problems that are missed in the clinic setting. These issues can include poor home hygiene, lack of nutritious food in the home, falls hazards, unused prescribed medication and evidence of hazardous alcohol consumption. At the University of Nottingham researchers carried out a meta-analysis of 15 studies demonstrating that home visits reduce mortality and admission to long-term nursing home care for both general and frail elderly. It is not always recognised that housecalls can also benefit the doctor. One interesting survey of 751 primary care physicians in the US showed that doctors who frequently do housecalls are more likely than physicians who never, or only occasionally, make housecalls to feel that home visits are enjoyable, and they are less likely than occasional house callers to feel they are too busy to make house calls. However, it is acknowledged that concerns regarding personal security, access to safe, adequate parking and time spent travelling to housecalls can negatively impact how GPs view doing housecalls. Exploration of such issues was beyond the scope of this research.

One limitation of this research is that our study numbers are small. Additionally, looking at housecall rates for one practice in Dublin may not reflect home visiting patterns in other areas of Ireland given the many determinants of home visiting rates. Six GPs at our practice subjectively assessed whether housecalls were medically or socially indicated, this may have lead to some differences in results due to differing attitudes and experience. We feel that this was a worthwhile study to perform given that the need for home visits will not disappear from the ever-increasing workload of the Irish GP. Discussion, audit, support and appropriate remuneration will be required if all primary care staff are to safely carry out this function in an ageing society.

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References