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## It's time again for house calls

### MedStar Health, other groups work to boost doctors' home visits

By **MICHAEL BRICE-SADDLER**  
The Baltimore Sun

MedStar Health is joining seven medical institutions in a nationwide effort to bolster the number of doctors trained to make house calls — an outdated practice now making a comeback because it has been shown to reduce health care costs and provide better outcomes for patients.

The new training program is spearheaded by the nonprofit Home Centered Care Institute, whose mission is to increase high-quality primary care for patients too sick to leave their homes. MedStar Total Elder Care's Medical House Call Program is being accredited as one of eight "Centers of Excellence" in major cities across the United States that will offer comprehensive training for new doctors to provide home-based primary care.

Eric DeJonge, executive director of MedStar Total Elder Care, said its house call program in Baltimore, administered through Good Samaritan Hospital, has enrolled 105 patients since the program was established last year. It was started at the Washington Hospital Center in D.C. in 1999 before expanding to the Baltimore region.

DeJonge, who was on the board that developed the institute's new training program, said the initiative will help address a "huge, unmet need" for home-based care in every community in the United States. Homebound people often struggle to get the treatment they need, he said. Home-based care, or house call, reduces health care costs while providing more comfort for elderly and medically complex patients.

"You can do just about anything in the home that an urgent care center can do," DeJonge said. "At a lower cost and in a setting that the patient and family prefer."

The U.S. Census Bureau projects that 98.2 million people will be 65 and older in 2060, comprising nearly one in four U.S. residents. In Maryland, the number of people age 60 or older is expected to grow from 1.2 million to 1.7 million between 2015 and 2030 — a 40 percent increase, according to the state Department of Aging.

The effort to increase house calls is a trend increasingly being embraced and promoted by doctors and others in health care, not only because of the cost benefits to the health care system but also because of the more personalized care it provides to patients and the helpful information doctors and other caregivers can glean about patients' home life. House calls can reveal whether patients' physical environments are safe and conducive to improving health, if there is enough food available and whether it's healthy, if there is a family



MICHAEL ARES/BALTIMORE SUN PHOTOS

Dr. Jennifer Hayashi, a specialist in geriatric medicine at Good Samaritan Hospital, is medical director of Baltimore's MedStar Total Elder Care program.



Hayashi visits Jessie Jones, 94, of East Baltimore. Home visits by doctors help reduce medical costs for people who are homebound. "It's an amazing way to make connections with people and understand who they are," Hayashi said of home visits.

support system in place or whether outside help is needed. Such measures can reduce costly rehospitalizations — at an annual cost of \$17 billion, according to a 2014 report on hospital readmissions — and the emotional and physical stress on already frail, usually elderly patients.

Gene Ransom, CEO of the Maryland State Medical Society, praised the innovativeness of the program and the savings it will bring to the entire health care system.

Other health systems participating in the initiative include the Cleveland Clinic, University of Arizona Center on Aging, University of California, San Francisco, and

the Perelman School of Medicine at the University of Pennsylvania.

Dr. Thomas Cornwell, founder and CEO of the Home Centered Care Institute, said there are now more than twice as many sick people at home as in a nursing home. But while there are 7,000 primary care providers serving the majority of nursing home residents in the country, there are just 1,000 primary care providers doing the majority of house calls, he said, citing data from a 2016 study by Health Affairs, a leading health policy journal.

"We know there's about 3 million people that could use this now, but only about

400,000 are getting served," Cornwell said. The Centers of Excellence will train 5,000 clinicians as well as medical practice administrators over the next five years in an effort to address this unmet need. Would-be participants do not need to be affiliated with the Centers of Excellence to enroll in the training, which will begin this fall. The curriculum will include skills-based training, small group work and practice management skills, Cornwell said.

In 1930, 40 percent of all medical care took place in the home, Cornwell said. But as medical technology developed and quickly became centralized in hospitals, house calls dipped to 10 percent of all medical care in 1960, and less than 0.5 percent in 1996. The proportion remains at less than 1 percent, according to some estimates.

Technology is no longer a barrier, however. Doctors and caregivers can now administer lab tests, electrocardiograms, X-rays, ultrasounds and other medical procedures in a patient's home.

"It's kind of going back to the future," Cornwell said. "It's an old-fashioned idea with a very modern twist of teamwork and technology."

Interacting with patients in a setting they're familiar with is beneficial for them and their families. Dr. Jennifer Hayashi, a geriatrician at Good Samaritan Hospital and medical director of Baltimore's MedStar Total Elder Care program, said house calls give practitioners flexibility and familiarity with their patients that wouldn't normally be available in an office setting.

"When I go to a patient's house, they're going about their business — they're not waiting for me," Hayashi said. "It's all on their terms."

Hayashi said treating people in their homes, and keeping them out of the expensive "revolving door" of hospitals, intensive care units and emergency rooms, allows her to build close relationships in a way that also makes sense financially.

DeJonge said homebound people are some of the highest-cost patients on Medicare, the federal health insurance program for people who are 65 or older and certain younger people with disabilities, averaging \$30,000 to \$60,000 in medical cost per year per patient. A 2014 study published by the Journal of the American Geriatrics Society found home-based primary care saved an average of \$4,200 per patient per year in the Medicare system.

Hayashi said the training program will teach new doctors to think differently about patients and even challenge some of the traditional training they may have learned in medical school.

"It's an amazing way to make connections with people and understand who they are, and I think that's the best part of medicine, knowing your patients as people," she said. "It's really a privilege to be a part of their life in a way that might make it better." [mbricesaddler@baltsun.com](mailto:mbricesaddler@baltsun.com)  
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## Internet tales about statins concern doctors

### Physicians fear social media reports mislead patients

By **MELISSA HEALY**  
Los Angeles Times

In a political environment in which charges of puffery, deception and fake news abound, a new controversy has joined the fray and stands on grounds that have long proved fertile for conspiracy theories: medicine.

The newest charge of "fake news" has been lodged against those who argue that statin medications cause more harm than good, and that fad diets, natural remedies and wishful thinking will protect you better from heart disease than these ubiquitous prescription drugs.

They are everywhere on the internet, says Cleveland Clinic cardiologist Dr. Steven Nissen. Type the term "statin risks" into a search engine, and you'll get about 3.5 million hits. Those overwhelmingly lodge misleading charges against statins and hawk some alternative whose effectiveness has not been demonstrated by science, says Nissen. Type in "statin benefits," by contrast, and you'll get a skimpy 655,000 results, he says.

Nissen was incredulous to find that some online sites suggest patients with higher levels of LDL cholesterol (the kind cardiologists call "bad cholesterol") are healthier.

"Statins have developed a bad reputation with the public, a phenomenon driven largely by proliferation on the internet of bizarre and unscientific but seemingly



THE WASHINGTON POST/GETTY IMAGES

Dr. Steven Nissen, a cardiologist at the Cleveland Clinic, believes stories on the internet are giving statins a bad name.

persuasive criticism of these drugs," Nissen wrote in an editorial recently published in the Annals of Internal Medicine.

"We are losing the battle for the hearts and minds of our patients to websites developed by people with little or no scientific expertise, who often peddle 'natural' or 'drug-free' remedies for elevated cholesterol levels," adds Nissen. This "internet-driven cult" denies statins' benefits and whips up fears of side effects, then profits from the resulting confusion by peddling snake oil.

That statin medications can — and have — cut rates of heart attack and stroke had been mostly settled science. But this consensus of cardiologists has hardly prompted a nation of devotees, leaving experts like Nissen to wonder why statins

have not been more widely embraced, and why they are abandoned by so many.

Just about half of the 56 million Americans who are considered candidates for drugs with names like simvastatin, lovastatin, pravastatin and atorvastatin take them. And among those who get a statin prescription — even among patients who've had a heart attack or stroke and would dramatically reduce their odds of having another — the rate at which statin medications are abandoned falls between 40 percent and 60 percent.

For a nation that loses almost a billion dollars a day to heart attacks and strokes, the opportunity costs of such statin refusal are high. But steep costs are also incurred by patients who abandon a prescribed statin regimen.

In 19 separate studies, researchers found that patients who discontinue a statin medication are anywhere from 22 percent to five times likelier than those who stay on statins to develop cardiovascular disease. And those statin-abandoners' odds of dying prematurely are somewhere between 25 percent higher and 2½ times higher than those who stayed on statins.

Nissen's editorial came in response to yet another study showing that patients abandoning a statin prescription are running a significant risk — though one more modest than past research suggests.

The new research, also published in the Annals of Internal Medicine, draws on the medical records of more than 28,000 patients at Beth Israel Hospital in Boston who got a statin and complained about an unpleasant side effect. It compared the

outcomes over four years of the roughly 70 percent of complainers who continued on one statin to those of the 30 percent who did not. It found that those patients who quit taking their statin were 14 percent more likely than patients who stayed on their medication to suffer a heart attack or stroke or die from such a cardiovascular event.

Researchers are divided over why people abandon statins. Their debate turns on the relative impact of real side effects, and the magnifying effects of patients' expectations, which are often fomented by dramatic online accounts.

"We now are a generation of people who go to Twitter and Facebook and the internet for medical information, and there is this largely cult-like opposition to these drugs out there," said Nissen. "These alternative facts that are out there, they seem like truth to many people."

Dr. Paul D. Thompson, chief of cardiology at Hartford Hospital and professor of Medicine at the University of Connecticut, has long warned that side effects — real side effects — are a problem with statins that must be addressed.

Thompson, who was not involved in the recently published research, says Nissen's got a point but doctors cannot easily dismiss their patients' complaints.

"No, I don't think it's entirely an internet conspiracy. I do think there's a lot of poorly documented information on the internet that confuses people," said Thompson. "But that is partly our fault: A patient will take medications if they trust their doctor and think their doctor is doing the best for them."

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