

A doctor in the house

In this age of assembly-line care, a few MDs do go the extra mile. Too bad few folks know about it.



Dr. Mark Ostrem of Caritas Carney Hospital caresses the hand of Lena Johnson, 80 and his patient of nine years, during a visit to her Dorchester Home.

By Mary Hurley GLOBE CORRESPONDENT

Theresa Connor was feeling dizzy.

Eighty years old and housebound, the resident of the off-the-beaten-track Port Norfolk section of Dorchester was in trouble. Her nephew picked up the phone and called her physician.

"Why don't I come over to the house?" suggested Dr. Mark Ostrem in response.

In an era of insurance tangles, rushed office visits, and long emergency room waits, those words could almost send a caller into cardiac arrest from shock. Not so Connor's nephew, Richard Carson, who lives in the same two-family house as his aunt and had already seen Ostrem at her bedside several times. "Those words made the difference," recalled Carson, who was on hand with his mother, Catherine Carson, when Ostrem quickly followed up his query with a visit to their home in Dot.

On Wednesdays, the doctor goes the extra mile

In stopping by, Ostrem provided a medical check-in and professional reassurance that all was well, and possibly prevented a trip to the hospital emergency room, Carson said.

And he prompted disbelief.

"People look at me in amazement when I say the doctor is coming to the house," said Carson, an editor at McDougal Littell, a division of Houghton Mifflin.

Ostrem, a member of the medical staff at Caritas Carney Hospital, is that rare doctor who makes house calls. Every Wednesday afternoon he leaves his office at Carney to visit the elderly and disabled, mainly in Dorchester. He is these patients' primary care physician, but on occasion he has also been called into service as a handyman, podiatrist, and light-bulb replacer.

"I just love the feel of a city," said the doctor, a native of Fargo, N.D. "I know virtually every street in Dorchester now."

He should he's been Dorchester's house doctor for more than two decades. In November, the Carney awarded him the Norman A. Welch MD Award for Medical Excellence, citing his "special devotion to the care of the elderly and disabled. His willingness and desire to make home visits to his patients is exemplary and unique in today's health care field."

Ostrem, whose house calls are part of his individual practice, not a larger program, is a rarity.

While definitive numbers are hard to come by, a check of the website of the American Academy of Home Care Physicians shows only seven doctors listed in Massachusetts: in Brighton, Cambridge, Melrose, Newton, Salem, Worcester and Canton. Constance Row, executive director of the academy, said the directory is not comprehensive because it lists only physicians currently accepting referrals and, "as you can imagine, these practices tend to fill up fairly rapidly." On a more organized level, the Cambridge Health Alliance and Boston University offer formal house-call programs for the elderly, emphasizing a team approach involving physicians and registered nurses.



After examining Agnes Dolan, 94, Dr. Mark Ostrem's patient for the past six years, he talks with her husband, Jim B. Dolan Sr., (partially visible at lower right) in their Dorchester home. Jim Dolan, 96, has been Ostrem's patient for 12 years.

The BU program, run out of Boston Medical Center, enrolls about 550 housebound people at least 65 years old scattered throughout most Boston neighborhoods Charlestown and East Boston across the water are excluded and requires that patients agree to be cared for by a primary care physician at the medical center.

In general, the practice of house calls is "very much urban-focused," said Clare Wohlgenuth, nursing director for BU Geriatric Services Home Care. The main reason is that formal house-call programs have a doctor-training component, so tend to be affiliated with teaching hospitals in cities.

"There is a terrific need for it," said Ostrem, who believes the practice is making a bit of a comeback. "Something that continues to surprise me is how tenacious people are with multiple infirmities at hanging on to home."

For Ostrem, house calls on a Saturday or in the evening are uncommon. Most of his home appointments are scheduled and geared to "preventive care and health maintenance," he said. "But if something is going awry at home and I can intervene efficiently to avoid a trip to the emergency room, I will make the call when it is needed."

His patients also meet fairly strict eligibility requirements that define them as homebound; in general, they are patients who cannot get to a doctor by themselves.

Sometimes, resident physicians who accompany Ostrem on his neighborhood rounds are taken aback.

"Residents will say, 'oh my God, if I had to live that way, I wouldn't want to be alive,'" Ostrem recounts, of reactions to the frail and isolated patients he has seen.

On his regular Wednesday house call tour, he sees three patients in two hours, or eight in an afternoon. In general, the medical profession considers it more cost-effective and efficient for physicians to see patients in an office; typically, a doctor sees 5 to 6 patients an hour there, Ostrem says.

House calls make up only about 10 percent of his work time, he estimates; he visits up to 60 people in their homes.

It was in the late 1970s that Carney Hospital began sending a doctor on home visits in an effort to follow up on recently discharged patients who were either living in isolation or unable to get to the doctor's office. Ostrem came to Boston from

Minnesota in 1979 through his work with the national Health Physicians Corps, which sent doctors to areas with doctor shortages, including Dorchester and Mattapan.

"Medicine offered a chance to work in a fairly intense way with people, taking interest in their lives and stories . . ." explains Ostrem, who majored in French literature and humanities at the University of Minnesota.

"The work of medicine is hard and stressful, the hours are often long, the bureaucracy is often overwhelming and getting worse by the year, but there is a huge satisfaction in working with and caring for people."

Carson recalls the time in 1998 when his mother, looking forward to a visit to Ireland, came down with pneumonia and became distraught at the thought of missing the trip.

"In a month, Catherine," Ostrem reassured her, "I am going to get you there." With the help of an antibiotic, she made the trip.

Ostrem doesn't arrive with high-tech gadgetry. His visits are a chance to assess not only a patient's diagnostic and cognitive condition, but also his or her living situation.

He will note if there is food in the refrigerator, if medications are not being taken. If necessary, he will tape back a carpet to ensure a patient doesn't trip and fall, or clip toenails if he knows a podiatry visit is weeks away.

He has picked up prescription medicine at the local drugstore, changed light bulbs and pulled teeth.

"There are a lot of cracks for people to fall into," he said.

As Carson notes, Ostrem also "sits in the parlor and just talks to them." So long as a patient is not endangering other people and can understand the choice and the risks," Ostrem works with them to stay home, he says. "Going to a nursing home does not eliminate risk."

He recalls one of his first homebound patients, a 90-year-old woman isolated in her Savin Hill home except for daily visits from her nephew, who would bring food and beer. She suffered from slight dementia and appeared happy. When she was admitted to the hospital with cancer, Ostrem made sure the hospital staff gave her two beers a day.

He also tells of the devoted and unheralded family caregivers he has met who work to keep relatives at home. One woman, a quadriplegic who can't move a muscle below her neck, is cared for by family "lovingly, beautifully, willingly and without complaint."

Dr. Susan Hardt of the Cambridge Health Alliance's House Calls program contends it is up to physicians and medical organizations to make a commitment to "formalize" house calls. It is a well-kept secret, both Ostrem and Hardt say, that some primary care doctors do make house calls, occasionally dropping by a patient's residence after office hours. But they don't advertise the practice.

Hardt said the resident physicians who participate in the Cambridge program "can't get over how much better the patient looks at home."

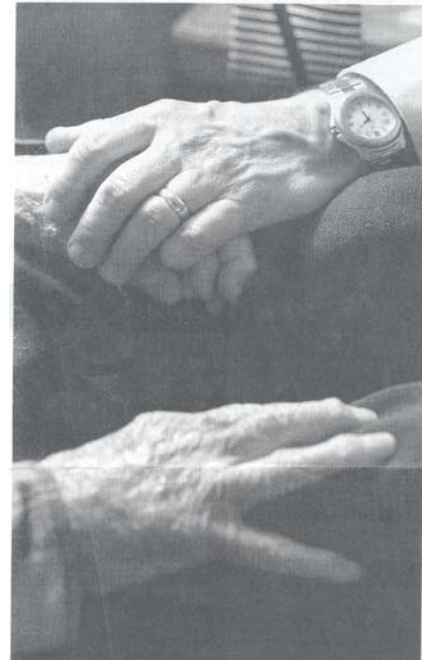
"I think we need to be creative about models of health care delivery," Ostrem adds, but he doesn't sound overly optimistic. "There is not much in the current system to encourage this to happen."

Wohlgemuth said that when she started work with the BU program 20 years ago, hardly any doctors in Greater Boston made house calls. Today, "more people are doing them," she said. But not many people know about them.

Wohlgemuth wonders if the aging baby boomer generation will encourage the medical profession to reconsider house visits, in keeping with the increasingly popular notion that elders are better served by receiving care where they live. It is also easier for doctors to be reimbursed by Medicare for home visits today than it was in the past. Still, the prevailing attitude among physicians, as Ostrem notes, is that doing so isn't an efficient way to operate.

"It's clearly kind of a juggling act for him," said Carson of Ostrem's house call routine, noting that the doctor's beeper went off at least once the Saturday afternoon he was attending to his aunt. "I wish more doctors could do this. I wish it were not the exception."

For more information on the Cambridge Health Alliance program, call 617-499-8358 or go to challiance.org. For the Boston University program, call 617-638-6100. Mary Hurley can be reached at ciweek@Globe.com.



Ostrem's house calls involve more conversation than high-tech gadgetry.