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19 – Home Visits: are they Useful or Necessary in Family Medicine?

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Introduction

In most European countries home visits form part of the family doctors' (FD) normal routine. However, the chance of receiving a home visit by a family doctor varies widely across Europe. In the Nineties, the percentage of home visits was high in several European countries, such as Belgium, Germany and France (1). But also in East European countries, such as Moldavia, the percentage of home visits varied from 35 to 40 %, taking up the majority of the doctor's time (2). However in health care systems with a patient list system and payment by capitation, there were fewer home visits. Especially in Scandinavian and Mediterranean countries, family doctors had a low frequency of home visiting (1).

Necessity of Home Visits – Their Added Value, Disadvantage and/or Benefit Versus an Office Encounter

There is a debate about the value of home visits and the appropriate rate. Patients seemed to like home visits more than family doctors did, and it is likely that this is often the deciding factor, as stated by several authors (1, 2). There is little debate about the family doctor's role in performing a home visit when patients are restricted in their mobility, especially for the elderly and very ill patients. But there are constraints. Home visits are time-consuming (double time compared to office consultation), less efficient (because of less favourable clinical situations for diagnostic and therapeutic interventions) and not always safe to realise, especially in the evening and night.

Quantitative research revealed that doctor-related factors, the organisation of the healthcare system and to a lesser extent, patient characteristics were explanatory factors for the high number of home visits (3).

In Belgium, qualitative focus group research was conducted with family doctors, patients and representatives of health insurance companies, in order to list all added values, disadvantages of home visits by family doctors – and to explore the factors in determining the request and performance of home visits (4). In total, 77 items were identified, classified into 8 categories of a theoretical framework. Besides different patient groups/illnesses, health care organisation and doctor-related factors, other factors were also revealed – such as patient related factors (convenience for the patient), practice organisation (waiting times, appointment systems), context and intimacy (closer relationship), medical/technical factors and economic factors (cost of a home visit). The additional value of home visits was reported as the understanding gained from meeting the patients on their own territory and the observation of the home situation.

Decreasing Rate of Home Visiting by Family Doctors

In order to change the rate of home visits, an analysis of the necessity of home visits in countries such as Moldavia and Belgium was a first step. This stimulated intervention at the level of practice organisation, for example, in providing an easily accessible appointment system, repeatedly asking patients to come to the surgery and reduction in waiting times. In addition, both patients and health care providers need to alter their view of home visits.

There has been a clear decline in family doctor home visits over the past two decades. The decrease of the number home visits performed was remarkable, for instance in Moldavia from 30 % in 2003 to 12 % in 2005 (2). Especially urgent house calls are increasingly delegated to the emergency services, whereas home visits to nursing homes are often characterised as emotionally stressful (5). The question arises whether these changes have really had a positive influence on the quality of medical services.

When asking family doctors, they are convinced that they have to ensure quality home care but they are unable to suggest how this might be achieved (5).

Home Visits in the After-hours of Primary Medical Care

Furthermore, the organization of after-hours primary medical care services in many European countries is changing. The development of out-of hours cooperatives combined with telephone triage seem to decrease the home visiting rates (6), while deputizing services seem to increase home visiting rates. The circumstances of after-hours primary medical care could possibly give inspiration to daily primary care.

Other Professionals

Since family doctors are increasingly working within multidisciplinary teams, home visits are not just performed by family doctors but are increasingly redistributed from the family doctor to other qualified members of the healthcare team such as nurse practitioners or specially trained nurses (7). Their role is important in improving, for instance, the safety of medication management among older persons- but also in (tele) monitoring for different chronic diseases. Multiple programmes have shown to be effective. Informal caregivers are also taking up roles, which were previously undertaken by health care professionals and/or family doctors. They look after and provide help and support to family members, friends and neighbours because of their long-term physical or mental ill health/disability or problems related to old age. Collaborative approaches and redistribution of tasks could probably be the response to the challenging demand for ensuring quality home care in future.

Conclusion

Despite the increase of chronically ill and elderly patients, the home visiting rate by family doctors is declining in all European countries. Home visits remain a central element of primary care, especially for the increasing vulnerable patient group. Primary care should reflect on how to ensure this essential service, regarding changing contexts.

Take Home Messages

- Although the home visits rate has declined over the past two decades, home visits remain an important component of family doctors' routine and workload.
- Many factors influence the request and performance of home visits by family doctors: doctor- related factors, practice organisation, contextual information and patient-related factors are the most important reasons to perform home visits.
- Family doctors have an important role in performing a home visit when patients are restricted in their mobility, especially in relation to the elderly and the very ill.
- Other healthcare professionals and informal caregivers have to take up roles in home care for and home visiting to the disabled and elderly, in order to ensure quality home care in future primary care.
- Collaborative approaches and redistribution of tasks are good answers to the challenging demand for ensuring quality home care in future.

Original Abstract

<http://www.woncaeurope.org/content/cf73-home-visits-medical-necessity-or-simply-service>

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