

## Stop Medicare ‘home invasions’

**F**or the last 10 years, insurance companies have been conducting “home visits,” which I call “home invasions.” They hire a third-party company to send a mid-level provider—a nurse practitioner or physician’s assistant—to the home of a patient with phone notice. They send the physician’s office a letter saying that they are going to “gather healthcare data,” on their patient and will forward a report. This process was started and motivated by CMS, who pays insurance companies to gather data, to supposedly improve care. But does it? No, it actually worsens it.

These home invasions are generally unwarranted, unwelcome, and ultimately useless in the grand scheme of medical care. The insurance companies want to gather data to reduce their exposure to risk, raise rates, and get paid by federal government programs for millions of subscribers. The insurance companies themselves have a ton of conflict of interest, as

only they stand to gain by this government and insurance industry-funded procedure, not patients or physicians. Another concern is that these invasions become patients’ yearly wellness visit. Instead of getting a wellness visit with a personal physician, the visit is usurped by an employee of the insurance company. Not only does the insurer collect data, but avoids a claim from an independent physician who might otherwise handle the wellness visit. The insurer can essentially divert the money CMS pays for these visits for their own data mining operation.

The report gives a physician’s office much of the historical information they already have and an inadequate physical exam. In some cases, the mid-level providers find or detect a problem and, because they say they are not in a “care capacity,” don’t act on the problem, putting patients at more risk than before.

One of my elderly couples was harassed by phone by their Medicare “advantage plan” HMO insurance company designees to perform this home invasion. After asking questions

and finally saying “no,” the phone agent badgered them into accepting a visit. The mid-level practitioner came and took a history and a set of vital signs and a cursory physical exam. The patient later told me that the nurse detected a blood pressure of 180/110 and failed to instruct them to seek immediate medical care. As a physician I found this out a week later when the patient came in for routine follow-up and his BP was still elevated.

These government- and insurance-directed home invasions are unwarranted, unsafe, and may obfuscate the medical care that a patient is receiving. Patients can and should refuse insurance company representatives coming to their house for any medical history or exam purposes. Physicians should also reject the concept vocally and with action. In my office, I shred the reports, as I will not, and cannot be responsible for someone else’s unsolicited shoddy work. ■

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**Gold Humanism Honor Society member Valerie Gribben, MD, won first place for her essay “The One Question to Get to the Heart of a Patient’s True Concern.” Read it in *Medical Economics***

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