

Making House Calls

O.D. finds market niche in caring for elderly at home



from which patients select. "If they want something jazzier, they're going to have to find a way to get to a dispensary," she says. The key requirement for her equipment: it all has to fit in the trunk of her Chrysler Sebring.

What started as a part-time endeavor became a full-time private practice, Logic Eye Care, a year later. She's on the road four days a week, and in her office every Tuesday and Saturday. "On a good day, I may see 10 patients. But most of the time, I average between six patients and eight patients," she says. Her staff sets the schedule by zip code, so she has all of the appointments in one day in the same area of the city. These patients, who live in private homes or senior resident buildings, are referred by social services agencies, nurses or home visiting doctors, so she knows that it's a true hardship for the patient to come into an office.

Medicare pays for the home visit but doesn't cover the refraction. She handles other insurances as well, although Medicare is the primary provider for many of these patients. And there are times when she doesn't get paid at all. "I think of it at times as a ministry. If patients can't afford the co-pays or the glasses, I can handle it. These patients need the services. They're nearing the end of their lives, and they should be taken care of. If I can help provide them a better quality of life so they can stay in their homes, I'm happy to do that."

Sometimes the benefits are intangible. "I was walking the halls of one senior building at lunchtime. I was so hungry, and I could smell

cooking. It happened to be at the apartment I was going to. That evening, I called a friend in Georgia and asked her if she ever had been paid in home-cooked collard greens."

However, two years ago, Dr. Hill-Bennett, a Pennsylvania College of Optometry graduate, found that not too many others share her passion. Pregnant with her second daughter, **Morgan**, she was ordered to complete bed rest. "I couldn't find many O.D.s willing to cover my patients. **Tenesha Bazemore, O.D.**, drove once a week from Virginia to cover house calls. But we lost a number of patients at that time. Now the practice is starting to grow again," she says. In fact, the experience has helped her explain to colleagues why some of their patients seem to disappear from active patient roles. "I want to let them know that sometimes patients don't come back because they can't get to the office. I'm reaching out to my colleagues now to tell them I will be happy to continue care at the patient's home when that happens."



Dr. Hill-Bennett

Most of the time, patients and their caregivers are appreciative. But the work can be emotionally exhausting. Some patients live in awful conditions or have Alzheimer's or dementia. "I call them 'mom' or 'dad' because those are words they're used to, and I try to treat them like my grandparents. Some seniors are depressed, too, so I spend some time counseling them about services that are available," she says. Through her husband, **Kevin**, a social worker, she is well aware of the range of agencies, and her undergraduate work in psychology comes into play on a daily basis.

Even with the challenges, Dr. Hill-Bennett says she finds home-based care exhilarating. "When I schedule a patient every 15 minutes, I lose the empathy of the whole dynamic. When I'm in the home, I see the living conditions. I see what they need, and I'm better able to help them," she says. **WO**

Like-Minded Professionals

Dr. **Tamara Hill-Bennett's** practice is part of the West Oak Lane Medical Associates, an umbrella organization that houses her office, as well as that of a primary care M.D. and a podiatrist—all of whom do house calls. "We're all in the office on Tuesdays, and a cardiologist joins us for the afternoon. The idea is that when a patient comes in, he or she can have almost all of the medical needs met." The health care providers also mention each other's services to their homebound patients. **WO**

Eight years ago, **Tamara Hill-Bennett, O.D.**, was at a Philadelphia neighborhood block party offering vision screenings when she was approached by an agency for the city's elderly.

The representative asked if the optometry practice where she worked would consider doing house calls.

Today, Dr. Hill-Bennett logs a lot of miles on her car each week. "Eighty percent of my practice is house calls," she says.

Back in 2000, Dr. Hill-Bennett was scheduled to meet with the city agency to discuss the option—but went into labor just before that appointment. A few weeks after her daughter **Tayana** was born, she rescheduled the appointment and learned that the agency had a waiting list of 30 people who needed home visits. "My mind started racing. If just one agency had a list of 30 people, how much bigger was the need in the city?" Dr. Hill-Bennett purchased an autorefractor along with other pieces of a mobile office. She carries a modest collection of basic frame styles