

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/clinicians-roundtable/managing-a-home-based-clinical-practice/4115/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Managing a Home-Based Clinical Practice

Home-based practices as a norm for many physicians practicing outside of the United States, but American physicians practicing outside of their homes is rare. What advantages are there considering home-based practice or even using part of your home. You are listening to ReachMD, the Channel for Medical Professionals. Welcome to the Clinician's Roundtable. I am your host, Dr. Michael Greenberg and I am not in the studio here. I am in Dr. Susan Weisberg's home. She is joining us today to discuss managing home-based practice, how to make it work and she sees patients at her home during clinic after-hours.

DR. MICHAEL GREENBERG:

Welcome Susan.

DR. SUSAN WEISBERG:

Thanks for having me.

DR. MICHAEL GREENBERG:

Now, we are standing in your kitchen surrounded by not just doctor stuff, but kitchen stuff. This is like Dr. Welby.

DR. SUSAN WEISBERG:

I hope so. I have enjoyed it greatly and it's a privilege to have been able to practice this way.

DR. MICHAEL GREENBERG:

Now, when do you see patients at home? You don't see them all day long. You have your regular office, so what motivated you to do this?

DR. SUSAN WEISBERG:

I have a traditional American medical office with a staff and wonderful partners and coverage available, but my heart in practicing medicine is in my home. I started doing this when my children were little, mostly selfishly so that I could take care of my children while I was sharing care for other children patients and I discovered early in my career as a pediatrician that children get sick mostly at night and after-hours and it's not their fault. Children are not complainers. They run with a crowd during the day. At night, their temperatures go up and they are uncomfortable and they can't help it and I felt like I had 2 choices as a pediatrician, I could either become angry or I could find a way to care for children after-hours that made me comfortable medically and able to sleep at night not worrying about them and their welfare physically and also a way that I could be with my own family. I also want to prefix this by saying I trained and started before the development of the pneumococcal and the Haemophilus influenza B vaccines, so at that time there was a much greater risk of pneumonia and sepsis in young children and infants and I was very uncomfortable leaving them in the evening and overnight when they had fevers.

DR. MICHAEL GREENBERG:

Do you think that kids get sick late at night really or is it just that that's the time when the parents decide, well it's time to call the doctor because they have been at work and now they are quiet and I mean obviously okay to do it, but is it they get sick at night or we just notice them at night?

DR. SUSAN WEISBERG:

I think they really get sick more at night. We know physiologically that their temperatures go up throughout the day and peak in the evening and children are so active and normally happy, they don't exhibit symptoms of illness during the day always, it's not their fault and my fork in the road as a pediatrician was I could either be angry or do what I thought was a compromise and leave people overnight or I could find an alternative way to take care of children in the evening and I did it.

DR. MICHAEL GREENBERG:

Okay, so in your home, compared to other physicians who you have to get to their answering service and then may be you will get somebody on-call and may be you will get a call back in an hour and you will get told what to do angrily, you actually see kids here. How does that work out and another question after that is about malpractice coverage, you have to extend this as a separate office, is there any add-on because you are using your home, is that a greater risk?

DR. SUSAN WEISBERG:

There is not an add-on to my malpractice insurance. The regulatory issue becomes one of lab. For many years, CLIA declared my home as a lab so that I could do throat cultures here and I understand those regulations and the CLIA inspectors were very kind and open-minded, but it became difficult for me to continue all the paperwork of being a CLIA manager in my own home, so I gave up my lab last year. So, when I need to do throat cultures now in patients, I have to meet them at the office and that's okay. Other than that, it hasn't been any special regulatory or financial burden.

DR. MICHAEL GREENBERG:

Have you found any patients uncomfortable with the concept of coming to your home and sitting around patients they wouldn't know or when coming they feel stranger, has your practice now gotten used to showing up in your home which I think is just a beautiful idea because not only can you treat them, but you can give them cookies afterwards.

DR. SUSAN WEISBERG:

I have not found any of my patients uncomfortable, but there are patients who select me as their physician. I don't look like Marcus Welby. In my formal office, there are not marble floors and fancy paintings. If people need the validation that an obviously high income provides some physicians, I am probably not the doctor for them. We live in a materialistic culture and unfortunately many patients associate financial success with competence. I hope and I don't believe that that's always the case. So, my patients I give them a lot of credit to the brave thing by entrusting me with God's most precious gift, their children. Even though I don't have a fancy office and I don't dress expensively, none of my specific patients are uncomfortable in my home and they come from all walks of life and all income levels.

DR. MICHAEL GREENBERG:

Do they ever stop along the way and bring star box?

DR. SUSAN WEISBERG:

My patients bring me all kinds of things. Most often, they bring me treats for my animals. I had a dog, an Italian Greyhound rescue dog that truly had a cult following by the time we lost him. That dog celebrated every holiday, St. Patrick's Day, Arbor Day, Christmas, Hanukkah. People brought him all kinds of dog treats. Being overweight was a problem for him at the end of his life.

DR. MICHAEL GREENBERG:

Well, you have gotten a lot of your inspiration for humanism from a doctor who perished in the Holocaust, Dr. Korczak. Didn't his writing or his works help inspire you to see kids at home like this?

DR. SUSAN WEISBERG:

I have been inspired by many physicians in my life. We have a beautiful legacy behind us as physicians that we learn too little about. My special interest is in Dr. Janusz Korczak, a Polish pediatrician who gave up a very successful and potentially financially profitable career to become an orphanage physician and he followed his children into the Warsaw Ghetto and followed them into the death camps of Treblinka, was never heard of again and he inspires me.

DR. MICHAEL GREENBERG:

If you are just tuning in, you are listening to the Clinician's Roundtable on ReachMD. We are not in the studio today, we are in the field here at the Channel for Medical Professionals. I am your host, Dr. Michael Greenberg and joining me in her home-based kitchen/office is Dr. Susan Weisberg, a pediatrician, who is also an author, who has been in private practice since 1986 and she sees patients here at her home during clinic office hours.

They can help you clean up from dinner too if they come in at that time.

DR. SUSAN WEISBERG:

Many of my patients would ask me for my recipes when they like the smell of what's cooking. I had my bread recipes xeroxed and on my desk to handout for several years and last year I gave out 2 chicken recipes.

DR. MICHAEL GREENBERG:

All right, so we are in a society where doctors are becoming ever more frustrated and angry with their practices, even in their beautiful offices with their well-dressed staff. What do you get from practicing at home, what type of feelings, what type of psychological relationships with your patient, what's the thing that you are getting out of this?

DR. SUSAN WEISBERG:

I get more than I give from medicine and I think that's an opportunity all of us have. It's an incredible opportunity to perform acts of kindness and light and what I get from my patients is they are able to share their psychosocial concerns more comfortably in a home setting. They will tell me how their divorce is going, how the visitation is going, what's going on with their step-kids more easily and more comfortable in a home. They will also tell me early symptoms of their children. You can build walls or you can build bridges. If you are going to be responsible for most precious thing on our planet, children that God gives us, I don't want any walls between you and my patients. I am privileged to have done this. I am grateful they come to my home. I am grateful they call me about their fears. Every pediatric call has one common denominator, a parent is afraid and I think that's true in many medical encounters. People come to us fearful, they are afraid.

DR. MICHAEL GREENBERG:

Now, in other countries around the world, this is actually more common practice other than in America. Do you know about the doctors in America that are doing home-based practices?

DR. SUSAN WEISBERG:

I only know of 2 previous pediatricians, who practiced this way. One did it for 5 years and merged with a large group and was unable to continue, found it very demanding and uncomfortable. Another physician, Dr. Penny Haberman lived in Chicago, practiced out of a very humble home and the Jewish orthodox community for many years and died in her 50s of ovarian cancer and left a beautiful legacy and she also was part of my inspiration to do this.

DR. MICHAEL GREENBERG:

We are going to have the cynical listeners. They are going to say, well that's fine, you have a medical practice in your home, that's great. (A) It must cost more money to set up and maintain and (B) you are probably writing off part of your house on your income-tax or (C) yeah, right if I do it at home, I am going to get somebody who is going to break into my home to try and get drugs supplied. Do you want to answer the cynics in the audience?

DR. SUSAN WEISBERG:

I don't spend any special money devoting part of my home from my office. I have a small room. Pediatrics is relatively low tech and of course there are specialties that need technical equipment and a large support staff that couldn't do this, but I am able to do it and I enjoy doing it. I don't write off any part of my home for taxes. I would be fearful of doing something that might be out of bounds of tax code, so I wouldn't even take that chance. I don't write off any part of my home or deduct anything special on my taxes. It requires a devotion of a certain square footage of my home, but pediatrics is low tech, so I don't have any kind of investment and special equipment other than a scale and a duplicate set of instrument, stethoscopes, blood pressure cuffs, otoscope. For pediatrics, general outpatient, it's relative inexpensive.

DR. MICHAEL GREENBERG:

So, other countries in the world, this is actually standard practice to see patients in your home. There is something actually warm and loving about it. So, let's talk about other countries and what the norm is.

DR. SUSAN WEISBERG:

It is a norm and rather than exception in other countries to practice out of physicians homes, they still do it in Israel and many countries in Europe. Physicians have home offices. In addition to that previous generations of American physicians have always practiced out of their home. I don't know if you know the history of the terrible tragedy when President Lincoln was shot. The person who shot him met Dr. Mudd in his home. He had injured his leg and he went to poor Dr. Mudd's home and had a visit there and that tumbled into Dr. Mudd having to spend time in jail, but it's not the exception to practice out of my home.

DR. MICHAEL GREENBERG:

Hence, the truly meaning of my name is Mudd, that's where that came from. Would you encourage other doctors to do this? I mean there are going to be listeners who are going to say like "ah, this is crazy, I just can't do it". How do you get started and you just have to rope off a place in your home or you just need the will to do it and a stethoscope at home.

DR. SUSAN WEISBERG:

I don't think it's for everyone, I don't think it's for every patient, I don't think it's for every doctor and I hope that my interview does not imply that I think this is a better way to necessarily practice medicine. I have gotten more than I have given out of this home office. My patients are moving and inspirational to me. It's not something I recommend for everyone. I don't think it takes much investment. If there is a will, there is a way. I did have an obstetrician friend, who wanted to try to have at-home office and was met by resistance from neighbors. She just wanted the place to check people after-hours if they were worried and she was met with resistance by neighbors. I am lucky to have kind neighbors. I don't have a huge volume and I have a very kind and understanding spouse husband, Melvin M. Weisberg and children.

DR. MICHAEL GREENBERG:

What about zoning restrictions and laws? Are there any problems with the community in zoning and having a home office like this?

DR. SUSAN WEISBERG:

I did check the zoning in my community and if I don't have a sign and I don't have more than 4 cars at a time and if I don't have employees coming, it was not a problem in my specific suburb. It might be a problem in other suburbs.

DR. MICHAEL GREENBERG:

What did you really learn? What's the lessons that you have learned from having a home office?

DR. SUSAN WEISBERG:

What I have learned from my home office is that all of us with or without home offices have an incredible opportunity in Madison to use our careers creatively to help people, to serve people in ways that might be thought of as outside the box. We have an incredible opportunity to practice kindness and bring light into the world as physicians and to help patients. It doesn't have to be in your home office. I have seen compassion exude from the busiest of emergency room physicians who have never stepped foot with a patient outside their Emergency Department. I have seen compassion from both genders in medicine, from people of all nationalities and backgrounds. We can use medicine as a tool to serve patients in or outside our homes.

DR. MICHAEL GREENBERG:

I would like to thank my guest, Susan Weisberg. We have been speaking about how to manage our home-based practice and how really to even think outside the box about seeing patients at home. I am Dr. Michael Greenberg and you have been listening to the Clinician's Roundtable on ReachMD, the Channel for Medical Professionals. Be sure to visit our website at reachmd.com, which features our on-demand section where you can listen to all of our shows including this one. You can download podcasts or entire library. Please send us your questions and your suggestions and any other ideas for shows that you have and we truly thank you for listening.