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The Return of the House Call

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For the first half of the 20th century, the house call was a dominant means of providing medical care, accounting for 40% of patient–physician encounters in 1930 (1). House calls embodied “patient-centered” care by delivering care to persons in their environment on the basis of their preferences, needs, and values. However, technological advances, better transportation, and economic factors led to its virtual disappearance (2, 3). New diagnostic and therapeutic equipment moved care from the home to more expensive medical institutions. Transportation became less expensive and more widely available, and reimbursement for home care fell (1). By the 1950s, house calls dropped to 10% of encounters (1), and by the 1990s, house calls reached fewer than 1% of older persons (1, 2).

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