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"I helped you out of bed," Martin recalled. "And you walked out here (to the living room) with your walker."

"It was not good," David said. "I'm sure Chris said, 'I don't think I'll come back there again.'"

"Oh no, not at all," Martin said. "We've got quite a little bond."

David credits Martin for his recovery. "It's because Chris has been real straight with me," David said.

Martin took David's vital signs and talked more about medication.

"Do you want me to come back next month?" Martin asked. "It's up to you. I'd be happy to come back out. If not, you have my number."

"I always enjoy the exchange, if you want to come back out," David said. "Give Patricia the date, and we'll get you on the calendar."

David didn't have any upcoming doctors' appointments, so it was decided Martin would come back to check on vitals, and to make sure the balance issues weren't getting worse.

David talked about his experiences with the local medical system.

"We're lucky here," he said. "I think it's a good hospital, and for the most part you get good care. Pat and I are lucky.

We've probably got, I think, the best primary care physician in the area, and that's Aaron Holmes. He is so awesome, and he doesn't quit. I hope he doesn't do like the other doctors and leave.

"I know they're trying to get good doctors in there. It's hard getting into a community like this, unless you want to do geriatric medicine. Medicine here is tough."

"THEY'RE DOING OKAY"

As Martin was leaving the house, he egged on David once again to keep walking. "Make sure you use the sticks," he told David, who said he said he would.

"He's a talker, and he's hilarious," Martin said as he drove back to Western Lane Ambulance. "The visit went well. First time I saw him, he could barely walk from the bed 10 feet to a chair. After the surgery, he was using the walker inside his living room. Six weeks later, he was able to take it down to the end of the road and back. He was up to about three-quarters of a mile, three or four times a week."

As for the strictly medical part of the visit, there wasn't much to report. The vitals were good, there were no dangers around the house. Still, the visit took an

hour.

"A big part of my job is the social aspect, particularly people out here who are retired," Martin said. "They're in their home and they don't get out. One of things I do is encourage them to go out to places, see people and get involved. There's a senior center, with lunches to go out to."

But what about patients like David, where mobility is an issue?

"There's also places that will come out and give rides," Martin said. "We just need to get them out and about. Today became a lot less medical and more social. Just making sure he can get stronger and better."

For Martin, the social aspect of the Mobile Integrated Healthcare program is key to understanding why it works.

"Depression leads to a lot more medical problems, which leads to a lot more visits to a doctor's office," he said. "That leads to more money for them to have to pay out after insurance. If it takes me going out and talking to them for a few minutes, then I have saved money. It saves the patients' money, as well as the insurance company and the hospital. By just going out there and talking to them."

"A lot of people just want reassurance that they're doing okay."

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