UNIT NO. 1

OVERVIEW

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PREVIEW

This unit provides a philosophical and historical overview of home health care.

OBJECTIVES

At the end of this unit, the course participants should be able to describe:

1. the definition of home health care
2. the philosophy of home health care
3. a brief history of home health care
4. the types of patients who are likely to benefit from home health care
5. the target population served.

1. Definition of Home Health Care

a. Home health care is the provision of health care services to homebound patients at their place of residence.

b. Most doctors are familiar with the idea of making a 'house-call' to see a patient. While the 'house-call' is one of the most basic forms of home health care, the complex needs of a homebound patient usually call for a range of health care services for optimum outcomes. The types of health care services that can be provided in the home include:
   - Medical and Nursing care
   - Rehabilitative care
   - Psychosocial support
   - Home help
   - Home medical equipment

2. Philosophy of Home Health Care

a. Doctors are traditionally trained in the medical model of health care which focuses on disease management. For the frail homebound patient who has already encountered the irreversible devastations of chronic disease, the perspective needs to be broadened further. While not losing sight of the aim of promoting, maintaining or restoring the health of the individual, home health care looks at maximizing physical and psychosocial function so as to achieve a higher quality of life for the homebound person.

b. The goal of management is to provide the patient and the family/caregivers with the care and resources necessary for the individual to maintain health and independence at home. This is to reduce unscheduled hospitalization or premature institutionalization in nursing homes, thereby allowing the patients to remain in the community as long as possible.

c. The objectives of home health care is directed at:
   - Secondary & tertiary prevention
   - Education and assistance to family/caregivers
   - Co-ordination of community resources

d. The caregiver and the patient must form a participative partnership with the home health care team so that there will be joint decision in the care of the patient.

3. History of Home Health Care

a. Although the interest in home health care may appear to be a recent phenomenon, its roots date back to the earliest days of medical practice. Before the 20th century, medicine was practised predominantly in the patient's home. Hospitals were set up mainly to provide custodial long-term care for the destitute sick. With the evolution of medical science and technology, the new methods of diagnosis and therapeutics could no longer be applied in the patient's home. Hospitals grew to become the centres for medical research, treatment and modern therapy that we are familiar with today. With the shift of daily practice towards the clinic and institution, doctors became uncomfortable in the home setting. This, coupled with the relatively low

remuneration that the home care practice offers, has led to the near abandonment of the long tradition of the house-call.

b. Although the hospital has achieved a high level of therapeutic sophistication, it does have its draw-backs:
   - Nosocomial problems are becoming increasingly evident. The hazards of hospitalisation is more than just about 'super-bugs' causing nosocomial infections – there are the less recognised problems of immobility, pressure sores, confusion, and falls (just to name a few) for which the frail older patient is at particular risk.
   - The costs of hospitalisation are already quite expensive. There is increasing economic pressure to reduce hospital admissions and lengths of stay. In-patient hospital treatment should be used more appropriate for those who are acutely ill and require round-the-clock monitoring.

     In the USA, there has been a resurgence of home health care activities in the last decade to cater to the shift of focus of therapeutic activities away from the hospital to the community.

c. The following article by Rothkopf gives a history of home care in the USA. Although details of circumstances may differ, the trends described in this article does have its parallels in our local context

d. In Singapore, the earliest formal home health care service was community nursing, set up to address public health concerns. Over the years, the focus for community nursing has shifted from maternal and child health to caring for the disabled and elderly. In 1993, the first home medical service was set up by a voluntary welfare organisation (VWO) to look after the health needs of socially disadvantaged, homebound older persons. This was soon followed by another four VWO-managed home medical services, each working within a specific geographical boundary. There is at least one home rehabilitation service. The demand for home health care is expected to grow in view of:
   - our rapidly ageing population and the consequent increase in disabled, frail elderly persons
   - the DRG-case/mix funding adopted in acute care hospitals which will result in shorter hospital stays
   - the preference of most older people to remain in the community.

4. Target population

a. Home health care per se is not a cheap service. Conservative estimates of the cost of providing basic home medical and nursing care ranges from between $300 to $600 per patient per month, or even more, depending on case complexity. Hence, home health care should not be seen as merely a service of convenience for patients and their carers. It should be targeted at those with appropriate needs namely patients who:
   - are homebound
   - have multiple medical problems
   - are clinically stable

b. A homebound patient is one who is physically and/or mentally disabled such that:
   - leaving home requires considerable and taxing effort
   - special transportation devices (such as staircrawlers) need to be used
   - considerable amount of resources need to be mobilised (eg. arranging for ambulance services) to get the patient to a clinic

   If the homebound patient does leave home, it is infrequent, for periods of short duration, and is usually for the purpose of receiving medical treatment that cannot otherwise be provided in the home.

c. The home health care patient must have medical problems that require continuing follow up and skilled medical care. Prior to referring to a home health care service for long term care, considerations should be made to use ambulatory care services (eg. attendance at a primary care or specialist outpatient clinic, day rehabilitation centres) if these are accessible.

d. Unless the home health care service has special resources (eg. sophisticated monitoring equipment, round the clock nurse and physician services) to provide intensive home care, it would be more prudent to manage the acutely ill, clinically unstable or severely symptomatic patient in an acute care hospital or in-patient hospice.

e. Although home-bound patients of all age groups may benefit from home health care services, it is the frail older patients that will form the majority of the target population. This home health care course will focus on the salient aspects of caring for this group of patients. A typical profile of a home health care patient would be one who is:
   - aged 75 years or older
   - female
   - has four or more medical diagnoses
   - on at least four types of long-term medications
   - having difficulty with self-care due to impaired physical and/or mental functions
   - likely to have psycho-social problems.

RECOMMENDED READING

Rothkopf MM. **Overview of Homecare Therapeutics,** in Standards and Practice of Homecare Therapeutics, Rothkopf MM. (ed), Baltimore, Williams & Wilkins, 1997. Pages 3-13.

REFERENCES

1. Cummings JE, Weaver FM. Cost Effectiveness in Home Care, Clinics in Geriatric Medicine, 1991; 7:865-74.
2. Geriatric Medicine, Spring Valley, New York, 1997.
3. Ham RJ, Sloane PD (eds). Primary Care Geriatrics: A Case-based Approach, St Louis, Mosby, 1997.
4. Rothkopf MM (ed). Standards and Practice of Homecare Therapeutics, Baltimore, Williams & Wilkins, 1997.
5. Yoshikawa (ed), Practical Ambulatory Geriatrics, Mosby Year Book, 1998.

KEY POINTS

- **Home health care is not merely a service of convenience but is an integral component of health care provision to home bound patients with complex needs**
- **The goal is to improve functional status and the determinants of the quality of life**