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Home Health Care

Tracy L. Kustermann

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Tracy L. Kustermann, B.A.

An Abstract Presented to the Faculty of the Graduate School
of Lindenwood College in Partial Fulfillment of the
Requirements for the Degree of
Master of Health Management

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ABSTRACT

This thesis will focus on the level of understanding the public has concerning home health care and the utilization of its services.

Home health care is a rapidly growing field and is expanding to include more and more people in the United States. However, there are an alarming number of people who do not understand what home health care is and the services it provides.

With all the changes that might occur in the future concerning health care in the United States, it is important to recognize home health as a major and vital component within this system. Home health care can provide not only numerous benefits to the patient, it can be a cost-effective alternative to traditional forms of health care.

The purpose of this study is to determine the depth of understanding of home health care and the utilization of the services. It is hypothesized that the general public does not fully understand home health care.

Eight health care professionals who hold administrative positions within the home health care arena participated in the study, completing a questionnaire to help determine various

elements of the study. Results were tabulated by hand and compiled in various graphs to illustrate the information obtained from the questionnaire. Data obtained in the study indicated that the respondents felt that the general public does not fully understand home health care or the services it can provide. In addition, subjects of the study were unanimous in agreeing that home health care can provide a cost-effective alternative to traditional forms of health care.

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Chapter I

INTRODUCTION

Before our modern health care system became so advanced, people began their life at home and ended it there as well. The sick and the injured were cared for at home by family, friends, and the physicians. Even into the mid 1900s most people were still getting medical care at home and physicians were still making house calls to render care and services. Today we look to doctors, hospitals, and extended fare facilities to address our health needs. However, with the rising costs of medical treatment and hospital bills, people are looking for new alternatives for regaining or maintaining their health. Home health care is that new choice for many people.

Home--what do people think of when they hear the word home? Many think of warmth, security, familiar surroundings, and loved ones. They remember everything from the familiar smells to the creaks in the floor. Yet perhaps the most important thing they might remember is the independence they had. Independence is something that is quickly lost in a hospital setting. The patients lose everything, from the choice of their favorite foods, to what they choose to wear, to the hours they choose to sleep. This is not the case with home health care. At home, the patient can sleep in his or her own bed with a favorite

pillow. When the patients are comfortable in their own surroundings they can draw strength from that and hasten their recovery.

Exactly what is meant by the term home health care? Home health is the provision of care for a person who is sick or disabled. This person cannot function in society as a "healthy normal" person, whether it be for a short period of time, or a long period of time. The American Medical Association defines home health care as follows:

> . . . therapies (such as diet, occupational, physical, psychological, and speech), vocational and social services may be included as basic components of home health care. The provision of these needed services to the patient at home constitutes a logical extension of the physician's therapeutic responsibility. At the physician's request and under his medical direction, personnel who provide these home health care services operate as a team in assessing and developing the home health care plan. (Friedman 28)

It is clear that the emphasis in the previous definition is placed on the patient, making sure that the patient receives at least the equivalent of care provided in the acute setting. Another definition of home health care given by the American Hospital Association is a little more detailed and lists appropriate services that might be offered such as inhalation therapy and nutritional guidance (Friedman 28). These services are as follows: medical care and supervision; social work services; occupational therapy; inhalation therapy; appliance, equipment, and sterile supply services; nutritional guidance; pharmaceutical

services; transportation for patient and equipment; nursing care and supervision; physical therapy; speech therapy; medical technician services; availability of hospital inpatient services; laboratory and radiology services; homemaker and health-aide services.

Defining home health can become very involved and detailed. However, it is important to remember that the services that are to be provided should be centered around the needs of the patient; to the point, they are provided in the patient's home.

The history of home care goes back to the beginning of time when, in order to survive, people took care of each other. It was not until the early 1800s that hospitals were created for people who were too sick or too poor to be cared for at home. These places were thought of as pest houses and the feeling was common that when you went in on two feet, you came out in a casket (Spiegel 1). The attitudes and beliefs of the people of this time were well expressed by Dr. Oliver Wendell Holmes when he said, "I firmly believe that if the whole materia medica as now used could be sunk to the bottom of the sea, it would be better for all mankind--and all the worse for the fishes" (Spiegel 1).

Again, in the late 1800s, home nursing services were organized. The agencies taught skilled nursing care and cleanliness to the ill and their families. In 1855, the Women's Branch of the New York City Mission was the first group to

employ a graduate nurse to provide care for the sick in their homes. In this same year New York established a voluntary agency established in order to provide home nursing care. Other such agencies soon followed in Boston and Philadelphia, and these would later become the Visiting Nurse Association (Spiegel 2).

In a short period of time, insurance companies became involved with home health care; the Metropolitan Life Insurance Company was the first to offer home nursing services to its policy holders in 1909. These services became so popular that by 1928 the company was affiliated with 953 organizations that provided nursing services. Other insurance companies soon became interested and began to place an emphasis on health promotion rather than curing the sick (Spiegel 3).

If health care originated in the home, how did hospitals become the primary place of wellness today? With the discovery of antibiotics, immunization programs, improved nutrition, sanitation, housing, and other technological advances, the emphasis of health care problems shifted from short-term diseases to long-term illnesses. Two major discoveries in the early 1900s changed the way hospitals were viewed forever: (1) antisepsis was discovered as an effective method to kill germs and could be used during surgery and (2) the use of x-ray equipment led to a more accurate diagnosis. Both of these events helped to change the image of the charity hospital, and

now assisted in the trend to treat patients in the hospital setting (Baulch 18). During this period hospitals began to grow in numbers and size and address the change in perspective from a place to die to one of healing (Baulch 18).

In 1941 the University of Syracuse began a program that would provide medical care for a patient discharged from the hospital (Spiegel 3). This was one of the first programs to demonstrate the importance of medical care in the home after hospitalization. By 1946 a nationwide committee called the National Organization of Public Health Nursing was established. One of its major goals was to determine the most desirable method of rendering home nursing care. Spiegel described the three patterns of nursing that were recommended:

> 1. All public health nursing service, including care of the sick at home, administered and supported by the health department. This is the most satisfactory pattern for rural communities.
>
> 2. Preventative services carried by the health department, with one voluntary agency working bedside nursing and some special fields. At present this type of organization is the most usual one in large cities.
>
> 3. A combination service jointly administered voluntary agencies with all field services rendered by a single group of public health nurses. Such a combination of services is most desirable in smaller cities because it provides more and better service for each family. (4)

In June 1958 the Chronic Disease Program of the United State Public Health Service held a conference on organized home

health in Virginia. There were four main elements that were discussed as being essential for a successful home care program: (1) administration, (2) personnel, (3) community resources, and (4) evaluation. Funding was also discussed, as well as areas of research that would help the insurance companies to gain data in order to establish appropriate premiums (Spiegel 9).

Public grants to public and nonpublic agencies became available in 1961 to help develop health services outside of the hospital. The Community Health Services and Facilities Act authorized the Surgeon General to support services such as nursing care, homemaker services, physical therapy, occupational therapy, nutritional services, and social services. From 1962-1967, $42 million were spent; 15 percent of these funds were used directly for home health care. Many home care projects and services continued after this period and were then eligible for Medicare reimbursement (Spiegel 9).

Medicare has been a great influence on the growth and expansion of home health care. Federal laws required that home care agencies provide additional services in addition to nursing; these services could be various therapies or social services. However, since many nursing agencies were not providing this minimal service, the federal government provided funds to assist home care agencies in raising and improving their levels of care. Private agencies primarily funded with Medicare monies dramatically increased in number (Spiegel 10).

It is estimated that nine to eleven million people in the United States need some type of home health service although many of these people receive their needed care through family members or close friends. In 1987, almost six million people received formal home health services; of these people, over half were elderly. Generally speaking, the amount of home care that is needed increases with age with both functional disability and age likely determinants of the need for home health care services (Basic Statistics 5).

Although it appears that millions of people are currently using home health care, these services will be needed to an even greater degree with the increasing percentage of the elderly in our population. Simply put, the American population is getting older. The 1983 Census Bureau reported that in the past 20 years the number of people over 65 has grown twice as fast as the rest of the population. In 1990 one out of every five persons was over 65 years, compared to one in 16 at the turn of the century. By 2025 the numbers are expected to be as high as one out of three. These numbers would indicate that this age group is the fastest growing population in America (Nassif 25).

When people started living longer and not always able to live on their own, the country turned to nursing homes as one answer. With more and more women in the workplace and elderly people living far away from their children, institutions such as nursing home and extended care facilities seemed to be the

perfect solution, or at least an acceptable one. People believed that in these settings the elderly would be provided with such necessities as food, water, shelter, and medical care, while giving them companionship and opportunities for social interaction.

Millions of dollars in government funds were allocated to subsidize the building of nursing homes while public assistance was made available to help pay nursing home costs. According to Nassif, the annual cost of a nursing home stay ranges from $15,000 to $50,000 per person. In many instances, people who enter nursing homes quickly deplete their assets and end up using federal and state funds. These elderly not only wipe out their savings but their family's savings as well (Nassif 26).

Financing was not the only problem encountered with nursing homes. Abuses began to occur within the institutions, in too many instances the quality of life and the quality of care was not even questioned. Some of the poorly run nursing homes used every method they could to collect payments. Very little of this money was spent on the patient, who was often mistreated, badly housed, ill fed, and medically and mentally neglected. By the time these abuses were discovered and properly handled it was all too clear that nursing homes were able to solve only a portion of the problems. With the increasing number of elderly, availability became a concern. As far back as 1982 the Department of Health and Human Services reported to Congress,

"There is considerable evidence that the current supply of nursing home beds is not sufficient to meet the demand for care" (Nassif 26). All of these issues, concerns, and problems with nursing homes add to the movement for alternative solutions such as home health care, when appropriate.

Home health is becoming very popular with the consumer in general, as people are taking a greater interest in their health and the control of it. The aging population is becoming more knowledgeable and aware of options available to them. Fitness centers, health stores, and self-care books are more popular than ever. Unconventional medicinal approaches are being used for everything from treating cancer to high blood pressure. Consumers are being encouraged to ask questions and get actively involved in their health care.

Many people are looking at institutionalized care and are demanding changes. There are many new approaches to solve old problems, for example, home birthing centers came on the scene, whereas they were not even thought of 10 or 20 years ago.

In today's market, competition is intense among home care centers and agencies. In February 1993 the National Association for Home Care identified 13,951 home care agencies in the United States. These are a combination of Medicare-certified agencies and hospices, home health agencies, home care aide organizations, and other hospices (Basic Statistics 1). In addition, many states require that insurance companies offer home care benefits.

Insurance companies found that they could save a significant amount of money when they used home care. In 1981, according to a study on home care savings, the State of Colorado saved $163,000 by adding home care to its employee benefits package. Kodak also reported that it saved $160,000 each year by incorporating a similar program (Nassif 28).

It would appear that everyone, or at least a goodly number, wants to get into the home health market. Medical equipment companies, doctors, and even pharmacists want to be a part of the growing trend. Hospitals, which once had no interest in home care, are seeing this service as one way to increase their revenues. When Diagnostic Related Groups (DRGs) became effective in 1983, hospitals were finding their patients' stays to be shorter and their beds empty. Instead of discharging the patient from the hospital and not seeing them again, hospital-based home care centers were offered. Hospitals can then continue to serve the patients' needs through offering the home health service.

It would appear that these factors would operate to facilitate maximal utilization of home health services. However, with the many positive elements in home health care, the author feels that home health care utilization should be much greater than the present figures would indicate.

President Clinton apparently supports home health services as it is included in the Health Security Act of 1993. In addition, the National Association for Home Care (NAHC)

supports the key elements in this plan. Val J. Halamandaris, president of NAHC, says:

> I commend President Clinton and First Lady Hillary Rodham Clinton for the aggressive and historic efforts directed towards health care reform. I commend their leadership, their goals, and their basic approach. They have taken us a long way toward the establishment of the fundamental goal of creating a national health care system, including long-term care as a basic right for all Americans. ("Health Care" 2)

A key provision in the Health Security Act directly relates to home health. One function of the Act is to take a first step toward establishing a national, long-term, home care program. This program would guarantee long-term care to the sick and the disabled where they most prefer it--in their homes. In addition, part of what the Health Security Act will do is recognize home health as a major part of the health care system and guarantee this coverage of care.

Elements of home care would include skilled nursing, therapies, social services, IV therapy, outpatient drugs, and hospice services. Relative to long-term care, President Clinton wants to create a $15-20 billion long-term care program which would reach nearly eight million people who are disabled and living at home. These people include the elderly, severe or profoundly mentally retarded, and children who are under the age of six and depend on specific types of technology ("Health Care" 3).

With all the changes that might occur in the future with health care, and specifically with home health care, it would appear that the demand for home health care would be extensive. If cost-effectiveness is a given, as indicated in many studies, why isn't this country using home health more frequently. Additionally, what might be the primary reason for nonutilization of a service that seems to have all positive aspects in reference to its use?

Chapter II

LITERATURE REVIEW

Home Care Usage

Many home health care programs are centered around a humanistic approach of philosophy. Dr. Cherkasky, a designer of many home health care programs, is a firm believer in this philosophy. He believes that it is critical that the patient must be viewed as an organic and spirital whole and as a whole in society. Factors such as the patient's family, where they live, the clothes they prefer, the food they like, entertainment preferences, and the type of employment are all very important in understanding the patient as a person and as a physically sick person (Spiegel 160).

Home health care agencies use the humanistic approach often when deciding what patient is appropriate for care at home, with a particular agency. Each agency has rules and regulations about who they can administer home care to; home care is not for everyone. For example, if an individual was in a deep coma, he or she would not be suitable for home health care because of the need for advanced, continuous care such as is offered in a hospital setting. People with severe disabilities who live alone and need 24-hour care, would not be appropriate for home care as this

would require more than home health can provide, or is designed for. Home care would also be very difficult to administer for a patient who sees his or her illness or disability as an excuse to give up completely.

It is estimated that as many as nine to eleven million Americans need home care services. Most of these people will receive care from informal caregivers--friends or family members. Nearly three-quarters of severely disabled elders who received home care services in 1989 relied solely on family or unpaid help (Basic Statistics 6). In 1987 the National Medical Expenditure Survey indicated that 5.9 million individuals in the United States actually received formal home care services (5). This is roughly 2.5 percent of the United States population; half of these recipients were over 65 years of age. Table 1 shows the complete demographics for home care recipients.

There are many patients who are perfect candidates for home health care. Some of these candidates include the elderly, poor, children, handicapped, chronically ill, mentally ill, terminally ill, disabled, and those who live in rural areas. Although a patient may be suitable for home health care, the patient's home must also be suitable. The home health agency examines the home of the patient carefully to determine such suitability. Many questions need to be asked in order to determine if care at home will be successful or if changes will need to be made:

Table 1

National Home Care Usage, by Client Age

Characteristics (age in years)	US Population (thousands)	Home Care Recipients		Average Number of Visits Per Recipient
		Number (thousands)	Percent of US Population	
All ages	239,393	5,878	2.5	44.0
Under 65	212,872	2,912	1.4	24.4
Under 6	24,838	621	2.5	4.3
6-17	41,950	251	0.6	14.9
18-39	86,340	863	1.0	22.8
40-64	59,744	1,183	2.0	37.9
65 and older	26,521	2,966	11.2	63.3
65-74	16,387	1,165	7.1	55.7
75-84	8,111	1,173	14.5	66.9
85 and older	2,032	628	30.9	70.6

SOURCE: Basic Statistics About Home Care 1993 (5).

1. Is the home quiet?
2. Does the home have stairs that could create barriers to rooms such as the bedroom or the bathroom?
3. Is there a private room available for the patient? Does it have a bath?
4. Do the doors and hallways accommodate wheelchairs?
5. Are there small children in the household?
6. Is there an adult nearby?
7. Is there access to a telephone?
8. Is a television and radio available? (Spiegel 163)

If problems are found with some of these questions, arrangements must be made to accommodate the patient. Perhaps a little construction can wide the doors or hallways, and bedrooms can be moved to ground level.

Home Health Industry

Accreditation, licensure, certification, authorization, and supervision are all important components for an agency to ensure quality. For an agency to be licensed it must have legal permission to operate, which is granted by public authority. This regulatory device protects the interests of the public. A certified agency has a uniform meaning recognized nationwide and would be authorized to receive payment for Medicare home health services. Also, the state health department certifies and monitors qualified agencies on behalf of the federal government. Therefore a

certified agency is very important for an elderly or disabled person who relies on Medicare. An accredited agency is carefully evaluated and judged satisfactory against stringent professional standards that are set by non-governmental organizations that work to promote excellence (Spiegel 421).

A home health agency may be run as a nonprofit organization or as a proprietary. A nonprofit organization may be voluntary or private; a community service-oriented agency with a board of directors, or a private agency run by an individual or a family who are really business partners (Nassif 51). An agency run as a proprietary is an agency concerned with profit-making; these agencies now comprise more than one-third of all certified agencies (Basic Statistics 1).

Home health agencies can provide a wonderful service to those who need it; however, it is important to remember that home health is an industry and it is run as such. Unfortunately, this means that there may be some poorly run agencies, or agencies that may utilize unethical practices. For example, according to Spiegel, it is not uncommon for an agency to bill twice for the same service. The agency may also bill more than one program for the same service, such as billings to both Medicare and Medicaid. Another example would be that of billing for services that were never provided by increasing the level of care over what was actually provided, is certainly an unethical and illegal practice. Some companies also appear to spend monies

lavishly, such as buying luxury cars to make home visits (330). Although these agencies are perhaps few in number, they make the entire industry look bad. The purpose of accreditation, licensing, and certification of agencies is to offer these as guidelines to a more reliable and trustworthy organization, one that is capable of providing excellent care to its patients.

There are three main levels of home care: (1) intensive, (2) intermediate, and (3) maintenance. Intensive home care is used for a serious illness, where the patient may be unstable and require concentrated physician and nursing care. Normally the patient would be an inpatient in a hospital setting, but because the needed services can be provided at home, the patient can receive treatment there. Intermediate home care is utilized when a patient's medical condition is not expected to change a great deal, as rehabilitation is achieved or as the specific disease progresses. The patient may need personal care from professional health services. The final level of home care is the maintenance level. This level is utilized when the patient's primary needs are for personal care or other supportive environmental services. The patient's condition is considered stable, yet he or she still needs periodic monitoring (Spiegel 174).

Several characteristics have been offered that can help to determine an effective home health system. Spiegel lists these characteristics as follows: (1) coordination by a professional nurse; (2) complete medical records; (3) central administration;

(4) contractual agreements; (5) no restrictions by age, sex, or source of payment; (6) standards for quality of care; (7) patient care planning; (8) utilization review; (9) data collection and analysis; (10) flexible, but standard administrative and professional policies (173).

One cannot receive home care simply because one wishes to, or feels the need for it. Home health care must be prescribed by a physician in the same manner that medicine must be prescribed. After it has been determined that home health care is necessary, a particular process must then be followed. When the doctor recommends or prescribes home health care, an agency that provides the appropriate services is selected. The agency receives a detailed evaluation on each patient from the doctor and, ultimately, a care plan is tailored to meet the specific needs of that particular patient. Basic paperwork ranging from consent to treatment, to payment obligations are then signed. When the paperwork is completed the agency selects personnel and arranges for any medical equipment that may be required. Regular in-home visits begin and the physician is kept informed of the status of the patient. The agency then either bills the patient and/or the insurance company. Finally, treatment is terminated when specified goals are reached (Nassif 40).

A patient's physician plays a key role in home care because they must write the orders before care begins; they can be considered the "captain" of the team. The physician should know

where home care is available and understand how to refer the patient. According to the American Medical Association:

> Appropriate physician participation and leadership is indispensable to the delivery of high-quality home health care. Care that patients receive must be prescribed by a physician. Where there is insufficient physician participation, the quality of care can suffer. (Spiegel 470)

There are individuals who may not fully understand how home health care works, who may be afraid because they are not seen by a physician during each visit. However, the necessary medical attention is conveyed through qualified medical personnel who simply carry out the doctor's orders. The doctor is responsible for the care given to each patient.

According to Nassif, about 7 percent of all hospitalized patients on any given day could be treated at home (6). This statistic would appear to indicate the high level of need for home health care. A patient may be discharged from the hospital before a full recovery has been made and although discharge planners are responsible for freeing hospital beds as soon as possible, they must also be responsible for the welfare of the patient and help the patient find other sources of medical or domestic attention if it is needed. The discharge planners can be a tremendous source of help to patients and families. They have access to the appropriate forms, know the community agencies that offer home care services, and can even help a patient

decipher insurance forms for understanding their own particular insurance (Friedman 34).

Hospital-based home care programs are rapidly growing primarily because of inflationary costs associated with rising medical expenses (Spiegel 40). There are several reasons for this. First, an early discharge from a high-cost hospital bed to a more economical one makes fiscal sense. Follow-up care at home can help to reduce rehospitalization which saves money. Lastly, rehabilitation services in the home can include family members, which can also help to lower costs.

Hospitals are very aware of the rising costs of medical care and the number of early discharges. They are also very aware of their patient censuses decreasing figures, especially with smaller rural hospitals. Thus, one solution to keeping the patients affiliated with the hospital is to release them, when appropriate, to the custody of the hospital's home health care program. These programs have to meet all federal, state, and local regulations and certification requirements, just as many other programs must do. They should also provide professional nursing and other therapeutic services in order to meet the wide range of patient needs (Spiegel 430).

The Joint Commission on the Accreditation of Hospitals (JCAH) is a nonprofit organization that encourages "the attainment of uniformly high standards of institutionalized medical care" (Spiegel 430). In 1982 the JCAH created a manual for

hospitals that contained a comprehensive section on home care services. Five standards or principles ranging from the need for adequate personnel to regular evaluation of home care services were listed as follows:

1. The scope of the program should be specific and documented with clearly stated objectives.
2. There should be adequate personnel to deliver home care and meet the program's objectives. Authority and duties of the director should be in writing.
3. Home care programs must be guided by appropriate written policies and procedures.
4. Administrative and professional activities should be documented.
5. The quality of care should be reviewed and evaluated regularly. (Spiegel 430)

The expansion of services and technology that can be accommodated in the home setting through home health care and the many positives, as viewed by a patient, in the comfort and security of familiar people are influencing people to choose home health care over other acute settings. Hospitals are often viewed as being stressful and many people fell a lack of personal control over certain situations. Although hospitals are, undoubtedly, a place of great medical technology and medical care, they also can be repositories of infection. Sometimes, a patient can actually become much sicker from a hospital stay because of these infections. In addition, constant personnel changes can also mean

occasional mistakes and medication errors (Nassif 11).

Home Births

In addition to home care post-discharge from the acute hospital setting, many couples are choosing to give birth in the privacy of their own home rather than in a hospital setting. In 1980 the Journal of the American Medical Association (JAMA) did a comparison between home births and hospital births (Spiegel 76). The results are very interesting; listed below are several reasons why JAMA found hospital births to be more hazardous than home births.

> There is an increase in caesarean births.
>
> Complications of oxytocin challenge test.
>
> Complications of fetal heart monitoring.
>
> Routine use of sedation.
>
> Supine position of women in labor defies the natural laws of gravity.
>
> Existence of more pathogens in the hospital.
>
> Increased psychological trauma. (Spiegel 76)

In addition to citing hazardous reasons for hospital births, JAMA found several other negative issues associated with giving birth in a hospital: (1) inappropriate and possibly hazardous use of medical technology; (2) emotional trauma of separation of mother and infants; (3) environment of hospital alienates the

patients; (4) fragmented and depersonalized maternity care; and (5) high and rising costs of maternity care. Some combination of these factors appear to be responsible for the rising number of couples who choose to deliver their babies at home.

Many people might argue that it is not safe to give birth at home because of the lack of emergency equipment. However most births are considered very natural. Indeed, 75 percent of births in the United States are normal and do not required medical intervention (Spiegel 76). Many women feel safe in their own home and are beginning to choose to deliver their babies in this safe and caring environment. However, for legal reasons, it is not always easy for these women to choose a nurse or a midwife to aid in the delivery. Although there are few states that permit midwives to help deliver a child at home, they certainly can provide medical and preventative care throughout a woman's pregnancy. The whole topic of midwives and home deliveries can create a heated discussion with many health care professionals. Although this is ultimately the woman's decision, since the beginning of time women have given birth in their homes, it is not unusual that a woman might want to do the same thing today.

Cost-effectiveness

One of the main reasons that home health care will be "the wave of the future" is because of its cost-effectiveness. With the changes that will probably be made in the United States

health system, cost will remain a very high priority. When comparing costs between various methods of health care, it must be clear that figures are being examined. Cost-effectiveness is "a technique for assessing and comparing the costs and effectiveness of a program" (Spiegel 347). It helps the decision-maker make a choice. It can also be considered the ratio of net increase of health care costs to the net effectiveness in terms of enhanced life expectancy and the quality of life. Net costs would be defined as the medical, health, and social services costs of care, minus costs saved due to prevention, plus costs of care for disease that would not have occurred if the patient had not lived. Net effectiveness is the savings in years plus life years saved by prevention minus life years lost from side effects. After these figures are determined, the cost effectiveness of the program may be evaluated (Spiegel 347).

In 1981 the Government Accounting Office stated, "Home health care is generally recognized as a beneficial and cost-effective alternative to prolonged hospital and nursing home care" (Spiegel 205). In the hospital patients are charged a day rate based on all the general services the facility must provide in order to operate. In addition to provided care, the patient pays for administrative and building costs. With home health patients are charged only for the health service or personal service they need. Home care agencies have lower administrative costs and patients may obtain their own drugs by ordering the

drugs themselves at bulk rates. The cost of home care provided over a period of time, such as a few weeks, can come close to what patients would pay for a single day of hospital care (Nassif 13).

There are numerous cases of individuals saving a significant amount of money by choosing home care. Examples of some of the savings were evident almost 20 years ago. For example, in 1977 an elderly man was involved in an automobile accident that resulted in severe injuries. His insurance company decided to provide home care for his recovery and discovered a huge savings. After two months of home care his bill was $3,200. The hospital stay would have been $200 per day, with an estimated total of $12,500 for those two months. By having home care the man and his insurance company saved $9,300. Another example of the savings possible through home health was shown in a study done by Bloom and Kissick in 1980 (Spiegel 380). In this study, 19 terminally ill patients were cared for in their homes, and 19 terminally ill patients were cared for as inpatients in a hospital. Both cases were for the charges in the last two weeks of life. The mean charges for home care were $586; the hospital's mean charges were $6,180. Hospital charges were 10.5 times greater than the home.

Not only is there a great difference in the amount of savings between the two situations but there is also a question of heroics and humanity in the care of the terminally ill. In a

hospital the philosophy of the doctors and hospital may be to try to save the patient's life at all costs, which may include heroic methods. Some people question this method of care because the quality of life of the terminally ill patient should be taken into consideration. The patient might prefer to spend the remaining weeks of his or her life in the privacy of his or her own home. While the hospital is a place where many people choose to go to get the medical attention they need in order to get well, it ia also a place where many people spend the remainder of their final days. With the increasing acceptance of home care, many of these people appear to prefer to die in their own home.

Funding

Home health care is funded in many ways. Most of the government funding comes from Medicare, Medicaid, Title XX, the Older Americans Act, the Veteran's Administration, and Champus (Basic Statistics 3). Private funding often comes from commercial insurance companies and comprises a small portion of home care payments. Other agencies and organizations such as The United Way often contribute monies to home health care. Personal out-of-pocket payments are also a large source of payment (see Table 2).

A large portion of government funding comes from Medicaid, which was passed in 1965 as Title XIX of the Social Security Act. Medicaid finances health care for low-income people. It is

Table 2

1992 Sources of Payment for Home Care

Source of Payment	Percent
Total	100.0
Medicare	37.8
Medicaid	24.7
Private insurance	5.5
Out-of-pocket	31.4
Other	0.6

SOURCE: Basic Statistics About Home Care 1993 (3).

state-administered with federal regulations and its eligibility criteria is set by each state (Spiegel 309). Medicaid is very specific about what it will cover. It pays for hospital or skilled nursing facility care, home health, physician services, laboratory, radiology, family planning services, early and periodic screening, diagnosis and treatment to those under the age of 21 years, and rural clinic services (Spiegel 309).

In addition to Medicaid, a significant amount of financing for home health care comes from Medicare. Medicare was effective July 1, 1986, and passes as Title XVIII of the Social Security Act. Since its enactment, the home health industry has greatly accelerated (Basic Statistics 1). Medicare is a nationwide insurance plan for those 65 years or older, those who are

eligible for social security disability payments for over two years, and those with specific kidney transplants or dialysis. Medicare is comprised of two parts: part A and part B. Part A is hospital insurance and part B is supplementary medical insurance. Home health services must meet specific requirements if it is going to be covered by Medicare. The patient must be confined to his or her residence, have the service prescribed by a physician, and need part-time nursing or therapy. In regards to home health, Medicare pays for skilled nursing, physical therapy, speech therapy, occupational therapy, medical social services, and home health aides. It does not pay for services that are not covered in the hospital, such as television, Meals-on-Wheels, housekeeping chores not related to patient care, or transportation (Spiegel 295).

Medicare has made home health services available to the elderly and certain disabled Americans since 1973. In 1980 the number of certified Medicare agencies topped 2,924 and doubled in 1985 to 5,983 (Basic Statistics 1). As with many government-affiliated agencies, Medicare-certified home health agencies began to level off in part due to the enormous amounts of paper-work required and unreliable methods of payment. In 1987 these problems led to a lawsuit brought against the Healthcare Financing Administration (HCFA) by several different groups and organizations. The results of this lawsuit enabled the NAHC to rewrite many of the payment policies for Medicare home health

agencies. The number of Medicare agencies began to grow once more, attaining a high of 6,902 in August 1993 (Basic Statistics 1).

Many elderly patients may simply not be aware that home health care is even an option for them. They also may not understand how to pay for it. It certainly is vital that these individuals understand how home care works and how it is financed. Questions can be asked while a patient is still in the hospital. Insurance coverage is definitely not easy for anyone to understand, but there are people who are trained to answer all types of insurance questions and can be of tremendous help to the patients and families in getting the proper information.

Utilization

Despite the fact that home health care is available, it would appear that it is still highly underused. Urbanization probably plays an important role in this underutilization. Extensive mobility and the creation of many new social institutions have combined to break up the extended family. There is no longer a "typical" family; social institutions have taken over some of the traditional functions of the family (Spiegel 74). People also choose hospitals or other institutions over the home because of medicine, science, and technology and equate them with the acute hospital; certainly not with home health care.

Despite the positive aspects of home health care, there are

some drawbacks. For one, the tools that are often used to measure and determine the quality of home care are often more subjective than they are objective (Spiegel 419). This means that the data received is mostly from verbal expressions and observations of the home care workers. Another drawback that many people fear is not being able to get emergency help when and if they need it. This is a great concern especially for those who live alone. However, there are alternatives or other solutions that may be available. One such alternative is called Lifeline, an electronic device that automatically dials a 24-hour phone number by the push of a button. This device identifies the caller and the type of emergency (Spiegel 386). There are also other types of devices such as this on the market. The enhanced 9-1-1 system is especially helpful in an emergency. When a caller dials 9-1-1 the call is traced and the location of the caller appears on a computer screen and the dispatcher can then send the necessary help to that location.

When people think of home health care they often think of the elderly. While it is true that many elderly people do receive some type of home care, it is estimated that 70 percent of all elderly receive home care services from family or friends, and not from institutions (Spiegel 22). In addition, while it is true that some elderly individuals reside in nursing homes, the numbers are not as great as we may think. About 5 percent of those over the age of 65 years, or 1.3 million individuals,

reside in nursing homes. For those over 85 years, 22 percent reside in nursing homes (Spiegel 22). As these figures indicate, there are relatively few elderly in institutionalized settings. Where are the majority getting the treatment they need? Many times, the needed treatment is obtained in their own home!

Many elderly people prefer to stay in their own home for care, and do not wish to enter a hospital or a nursing home. According to Dr. Philip W. Brickner, pioneer of hospital-based home care services, "People say they'd rather die at home than go to a nursing home. They're desperate to remain independent despite all risks" (Spiegel 17). One of the most difficult things for anyone to lose is their independence. Oftentimes, it is especially difficult for elderly people to leave their homes because home is a place where they feel comfort and familiarity. According to Val J. Halamandaris, "There is significant evidence that patients heal more quickly at home" (10). Institutionalized care can quickly strip away one's pride and dignity. When people are placed in institutions, there can be a speed-up in their physical and mental deterioration due to the shock of leaving family, friends, and familiar surroundings. Depression may set in and if the patient is not mobile, he or she may lose autonomy (Spiegel 203). Statistics say that 25 percent of the elderly who move into a nursing home die within the first year of residence (Nassif 11). After entering a nursing home, many elderly can never return to the community because they have depleted their

financial resources and their community ties have been severed (Spiegel 49). With statistics such as these, it is easy to understand the fears many elderly having concerning nursing homes.

It would appear that many patients could maintain more independence in their homes with social, psychological, medical, and financial advantages. In the early 1980s Representative James Abnor of South Dakota testified at a congressional hearing about long-term care for the decade. There were several main points that he felt were critical for care regarding the elderly. First, the elderly need a single access point where they can go to find out about services. Existing services and programs must be coordinated with the needs of the patient. If the appropriate services do not exist, they must be developed. Finally, family support must be encouraged and rewarded (Spiegel 242). Not all of these ideas have been accomplished in the last 10 years or so. Many elderly still do not know where to go or who to ask about home health services, or even that the service exists.

Expenditures for national spending for personal care were estimated to exceed $800 billion in 1993. Approximately two-thirds of this amount goes for hospital care and physician services. Very little of these expenditures concern home health care. However, the home care market grew 10 percent between 1986 and 1991, and is expected to grow 12 percent between 1991 and 1996. Home care expenditures were estimated at $21 billion in

1993. Although these figures make it appear that a great deal of money is being spent on home health, it is still only 2.6 percent of national health care spending (Basic Statistics 3). (See appendix A.)

With home health care appearing to be one beneficial solution to our health care system, why don't more people access its services? What are some of the reasons why people do not use home health care? The author feels that skepticism may be one very large reason that people don't use home health care as often as they could. People appear to be indifferent to home health care and there appears to be a reluctance by some physicians to prescribe home health services. Physicians do not use home care as often as they might do so (Spiegel 495). There is also an inadequate number of personnel who are trained to deal with home care patients, and as previously mentioned, there is a lack of awareness of available services. If people are not aware of home care services, how can they obtain them? Despite its benefits the home care option remains seriously underused. According to Val Halamandaris, NAHC president, "Consumers still don't know that home care exists" (Nassif 15). A geographical barrier, such as living in rural areas, can also make obtaining these services more difficult.

In the Wall Street Journal on April 4, 1975, Dr. Robert Morris of Brandeis University talked about a combination of factors that together make then-and-now the time for home health

care (Spiegel 203). Some of these factors are: (1) abuses in the billions of dollars within the nursing home industry; (2) efforts to control inflationary costs; and (3) the move towards holistic concepts in medicine. These factors have led to the need for the home care movement and an increasing awareness. Although these statements were made nearly 20 years ago they are still extremely valid today. A family physician from Wisconsin was quoted as saying:

> We've hardly scratched the surface as far as exploiting health care at home as a cost-saving device. Home visits directed by a physician/nurse team can save dollars and provide good care in a good setting. What's required is for physicians to support this activity more widely than they do at present. (Spiegel 345)

The public often feels that good medical care is only possible in a hospital or institution and that the more complex the diagnostic procedures and measures are, the better care they are receiving. These things are not always necessary for excellent medical care nor do they guarantee a high quality of care (Spiegel 17). The United States Department of Health and Human Services did a study on home health services and stated:

> The quality is typically quite high, primarily because of the service ethic and professionalism of the nurses. The fact that as home health nurses they function in a much more independent manner than is customary for nurses (especially compared with hospital settings) seems to bring out the best in them. (Spiegel 9)

When it comes to personal satisfaction and contentment, home health care is usually preferred over institutionalized care. Many other benefits of home care such as the normalcy of the patient's home environment and the increased independence indicate the need for home health care. (See appendix B.)

Component of Health Care System

Home health care should be recognized as a major and vital component of our health care system. It is certainly a rapidly growing industry in the United States. In February 1993, the National Association for Home Care reported a total of 13,951 home care agencies (Basic Statistics 1). In addition, hospital-based home care agencies are predicted to greatly increase and flourish within the next 10 years. In a report titled "Growth Trends in Hospital Home Care, 1980-1990," the American Hospital Association indicated that 35.6 percent of all hospitals in 1990 operated a home care agency (Anderson 62). Cathy Frasca, executive director of the South Hills Health System Home Health Agency in Pennsylvania, believed that hospitals with their own health care agencies can be more efficient in controlling inpatient lengths of stay and still maintain quality (Anderson 61).

Across the country, many colleges and universities are beginning to include home health care as part of their curriculum. Currently 20 college of pharmacy offer students a specific

course in home health care and 29 other classes include home health care in over-the-counter and nonprescription courses (Gannon 27).

With the numerous benefits that home health care provides, how can we increase the utilization? Although the home health care field is expanding at a rapid pace, there are still many people who are unaware of the service and its benefits. How can more patients learn about home health services? How can physicians encourage utilization?

President Clinton called for national limits on health care spending, and home health care would appear to be one very beneficial answer to rising health care costs. With increased awareness, home health care can provide a cost-effective alternative to the more traditional delivery forms of health care, as well as increased benefits to the patient.

Chapter III

RESEARCH METHODOLOGY

Subjects

Subjects of the study included eight health care professionals with administrative experience in the home health care field who agreed to participate in the study by completing the questionnaire. Seven of the eight subjects currently hold administrative positions in home health care; one subject recently changed jobs and is no longer in home health but was in an administrative position with a hospital-based home health agency for several years.

The names of possible subjects were obtained by the author from other health care professionals and through a search of advertisements for home health care in an area telephone book. They were selected to be included in the study on the basis of the type of position they held and their years of experience in the home health care field. All of the subjects reside and work in growing suburbs of a large midwestern metropolitan area.

The purpose of the study was to attempt to determine the level of understanding of home health care and the utilization of its services by the general population as determined by knowledgeable experts in the field. In addition to this broad

purpose, there are also questions pertaining to the positive benefits of home health care, and the possible cost-effectiveness on the health care system.

In the initial telephone contact, the subjects each provided a brief history of their education and prior work experience that related to the position they currently hold; this information is summarized in the following paragraphs or sections:

Subject A is the supervisor of one office of a private home health agency in a rapid-growing community. She recently received her bachelor of science degree in business administration. Although she has been with this agency for less than six months, she has years of experience working with mentally retarded adults and children as a teacher's assistant. She was the supervisor of a group home for mentally retarded adults and the company she currently works for required a background in this area. This agency has two offices in the metropolitan area and this particular office services 250 patients.

Subject B is a clinical supervisor of home health services in a large suburban hospital. She received her associate degree in nursing in 1967 and her bachelor of nursing degree in 1981. Four years later she received her masters of science degree in nursing with a major in gerontology. She worked in a private home health agency for several years until the hospital opened a home health center of its own six years ago. She began as a field staff nurse before moving into an administrative position.

Subject C is the administrator and owner of a private home health agency in a growing suburb of a metropolitan area. She is a registered nurse and has a bachelors degree in nursing management. She had several years of experience working at various agencies before she opened her own company. She states that although her company was successful from the beginning, she eventually sold the company to a local hospital and began to do consulting work for rural hospitals. However, she was not happy with what she felt was the lack of quality being provided in the home care field, and with the help and encouragement of area physicians, opened her second home care agency. At this time her company services over 100 patients and has several full-time staff, including a social worker.

Subject D has been the assistant director of nursing for over a year for an established company which has two offices in the metropolitan area. She has an associate degree in nursing and has experience working in surgery, intensive care, and emergency departments of a hospital. In addition to scheduling the staff, she works closely with Medicare to ensure that they are in compliance with all regulations.

Subject E is the patient care coordinator for the home health department in a mid-sized rural hospital. She received her associate degree in nursing in 1989 and is currently working on her bachelors degree. She has experience working in the intensive care unit of a hospital and also as a field staff

nurse for a private home health agency before she began working for the hospital.

Subject F is the executive director for a state-wide home health care organization. She works primarily with legislative efforts concerning home health care, in addition to fostering community education in health care issues. She has prior administrative experience working for the governor, lieutenant governor, and chief of state, and as a regional director for Kindercare Inc. She has been in her current position for five years.

Subject G has recently changed careers. Although she is no longer in home health, she was a marketing manager for a very large hospital for over three years. She began as a home health field nurse, moved to a coordinator of home health services, and then to manager of marketing, where she worked with physicians and the community. She has a bachelors degree in nursing and is working on her masters degree in nursing with a major in gerontology.

Subject H is the manager of private duty nurses for a hospital-affiliated home health agency. She is a registered nurse and worked in the emergency room and surgery departments of a large metropolitan hospital before she became interested in home health. In home health care she started as a field staff nurse before she moved into a supervisory position and then to the managerial position she now holds. She has over 10 years

experience in the home health care field.

Instrument

The instrument used to gather data for the study consisted of 15 questions and was one and a half pages in length. The answers were to be marked from strongly agree to strongly disagree for 14 of the questions. Question 15 was an open-ended question and asked what percent of all health care services should be provided by friends and family of the patient. The last line of the questionnaire asked for further comments with a blank space provided for answers.

A cover letter was used by the author when arranging for interviews to assure that all subjects received the same information and in the same sequence, in order to decrease chances for error. (See appendix C.)

A personal interview was the method used to gather data with seven of the eight subjects; a telephone interview was conducted with the one interviewee because there was considerable distance involved. The questionnaire took approximately 10 minutes to complete; and it was practical and economical in terms of time involved to complete and ease of administration.

The author compiled the questionnaire; ideas for the questions originated from readings about the health care field and discussions with various professionals in the field.

Each subject was given the questionnaire to read and mark

responses during the interview; the completed questionnaires were returned to the author. Regarding the single telephone interviewee, the author read the questions individually, marking the answers as indicated by the interviewee.

A complete copy of the questionnaire utilized is as follows:

Please circle the number which indicates your opinion on each of the following issues. 1 indicates that you strongly disagree. 7 indicates that you strongly agree.

The general public has a basic understanding of what home health care consists.....	7	6	5	4	3	2	1
Most patients who need medical or personal treatment are aware of the availability of home health care.....	7	6	5	4	3	2	1
Most physicians are aware of home health agencies in their community and the array of services that are available to the patient.....	7	6	5	4	3	2	1
Home health care in the United States is underutilized.....	7	6	5	4	3	2	1
Home health care is a cost-effective method of meeting a patient's needs....	7	6	5	4	3	2	1
A patient's maximal level of independence is most often maximized when home health care is used.....	7	6	5	4	3	2	1
There are numerous psychological advantages for the patient who receives home health care.....	7	6	5	4	3	2	1
Home health care could be a major factor in drastically reducing health care costs.....	7	6	5	4	3	2	1
Patients generally are not aware of the scope of services available through home health care.....	7	6	5	4	3	2	1

Generally speaking, the public often feels that qualified medical care is only possible in a hospital or skilled care facility..... 7 6 5 4 3 2 1

In most instances, a patient who receives home care is satisfied and pleased with the services..... 7 6 5 4 3 2 1

With the rapid rise in home health agencies, additional government regulations and policies should be implemented..... 7 6 5 4 3 2 1

Given a choice, patients generally prefer medical attention in their home, rather than a hospital or other skilled care facility..... 7 6 5 4 3 2 1

Many patients are afraid and unwilling to have medical care in their home because of the lack of continual professional surveillance..... 7 6 5 4 3 2 1

According to statistics, at least 70% of all health care services are provided by friends and family of the patient..... 7 6 5 4 3 2 1

In your opinion, what percent of all health care services should be provided by friends and family of the patient? _____

Do you have any further comments?

Procedure

As each respondent was asked to participate in the study, a cover letter listing all appropriate aspects to be covered with each individual was used by the author in an attempt to reduce error. Appointments were made during business hours and at the

subject's convenience. Seven of the interviews took place at each individual work site and one interview took place over the telephone. With all the interviews, the voluntary and confidential nature of the study was stressed. Subjects were told that the data collected would be used only for completion of the author's study. They were also informed that the questionnaire would be destroyed after all results were tabulated.

Results of the questionnaire were tabulated by hand and the questions were arranged into five smaller units of similar issues or topics. Scoring was done by tabulating the answers to each question and assigning a specific color to each subject; each color represented one individual's response to the question. A color graph, along with a key to identify each subject by private or hospital-affiliated home health agency (see appendix D) was then compiled to demonstrate the information obtained from the subjects in graphic form. No generalization from the data was made or attempted because of the small size of the sample.

Unit 1

The general public has a basic understanding of what home health care consists.....	7	6	5	4	3	2	1
Most patients who need medical or personal treatment are aware of the availability of home health care.....	7	6	5	4	3	2	1
Most physicians are aware of home health agencies in their community							

and the array of services that are available to the patient.....	7	6	5	4	3	2	1
Patients are generally not aware of the scope of services that are available through home health care.....	7	6	5	4	3	2	1

Unit 2

Home health care in the United States is underutilized.....	7	6	5	4	3	2	1
Home health care is a cost-effective method of meeting a patient's needs....	7	6	5	4	3	2	1
Home health care could be a major factor in drastically reducing health care costs.....	7	6	5	4	3	2	1
With the rapid rise in home health agencies, additional government regulations and policies should be implemented.....	7	6	5	4	3	2	1

Unit 3

Generally speaking, the public often feels that qualified medical care is only possible in a hospital or skilled care facility.....	7	6	5	4	3	2	1
Many patients are afraid and unwilling to have medical care in their home because of the lack of continual professional surveillance.....	7	6	5	4	3	2	1

Unit 4

A patient's maximal level of independence is most often maintained when home health care is used.....	7	6	5	4	3	2	1

There are numerous psychological advantages for the patient who receives home health care..... 7 6 5 4 3 2 1

Given a choice, patients generally prefer medical attention in their home, rather than a hospital or other skilled care facility..... 7 6 5 4 3 2 1

In most instances, a patient who receives home care is satisfied and pleased with the services..... 7 6 5 4 3 2 1

Unit 5

According to statistics, at least 70% of all health care services are provided by friends and family of the patient..... 7 6 5 4 3 2 1

In your opinion, what percent of all health care services should be provided by friends and family of the patient? _____

Chapter IV

RESULTS

Each of the questions from the questionnaire have been placed into one of five units composed of similar topics. Results from the study will be discussed according to each of these units; a color graph presents data obtained according to the key chart provided in appendix D.

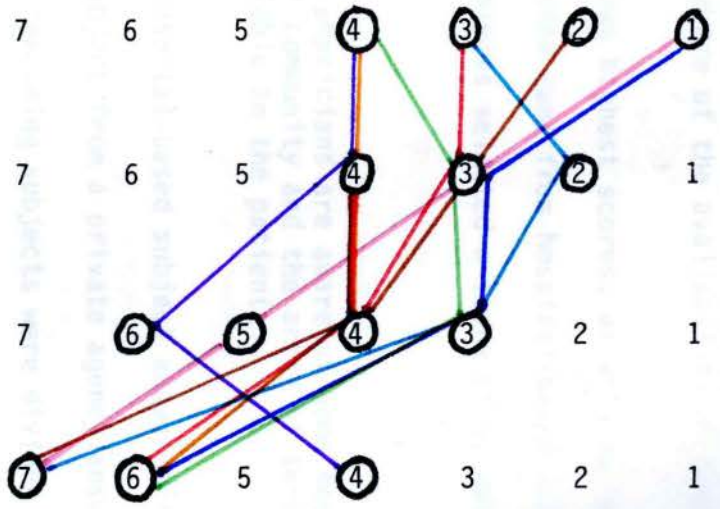
Unit 1

All for of the questions in this unit address the patients' and physician's knowledge and awareness of home health care and the services it provides (see Figure 1).

> The general public has a basic understanding of what home health care consists.

From the data presented in Figure 1, it appears that the subjects did not feel very strongly that the public understands home health care. Scores ranged from 4 to 1, with 1 being strongly disagree. The mean answer for the eight subjects was 2.75. There does not appear to be a difference in the way hospital-based and private facility subjects answered this question. Two of the hospital-based subjects answered the question with a 4 and two of them answered near the average.

Question							Mean
The general public has a basic understanding of what home health consists	7	6	5	4	3	2	1	2.75
Most patients who need medical or personal treatment are aware of the availability of home health care.	7	6	5	4	3	2	1	3.13
Most physicians are aware of home health agencies in their community and the array of services that are available to the patient.	7	6	5	4	3	2	1	4.00
Patients generally are not aware of the scope of services available through home health care.	7	6	5	4	3	2	1	6.13



Key: Subject A, Subject B, Subject C, Subject D, Subject E, Subject F, Subject G, Subject H

Fig. 1. Unit 1 Results

Two of the private facility subjects answered above the average and two answered below the average.

> Most patients who need medical or personal treatment are aware of the availability of home health care.

The two highest scores, as well as the lowest score, for this question came from hospital-based subjects. The remainder of the subjects selected a score of 3, making the mean score 3.13.

> Most physicians are aware of home health agencies in their community and the array of services that are available to the patient.

One hospital-based subject answered the question with a 6 and one subject from a private agency answered the question with a 5. The remaining subjects were divided between 4 and 3, for a mean score of 4.

> Patients are generally not aware of the scope of services that are available through home health care.

Seven of the eight subjects answered this question with either a 7 or a 6, indicating that they do not feel very strongly that patients understand all of the services that home health care provides. Subject G, a hospital-based subject, answered the question with a 4, dropping the mean score slightly to 6.13.

Unit 2

The questions contained in this unit addressed the utilization of home health care in the United States and its cost effectiveness on the health care system (see Figure 2).

> Home health care in the United States is underutilized.

Subjects B and G, who were hospital-based, gave scores of 4 and 5, respectively. The remaining subjects answered the question with a 6 or 7, which appears to indicate that they feel home health care is underutilized.

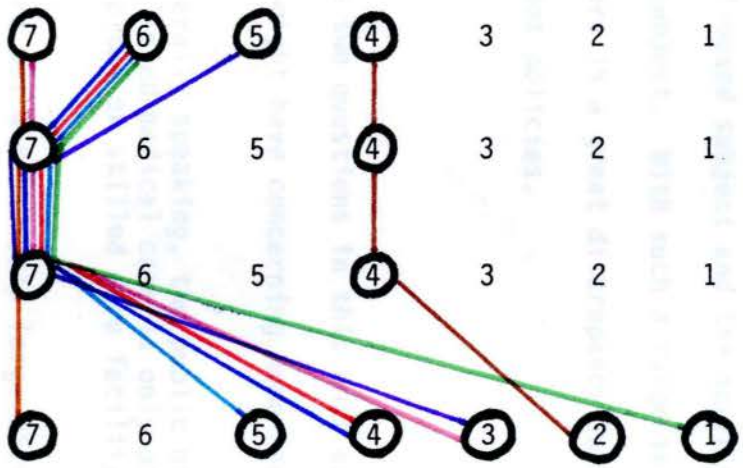
> Home health care is a cost-effective method of meeting a patient's needs.

Seven of the eight respondents scored 7 on this question; subject B scored 4, which brought the mean score to 6.63.

> Home health care could be a major factor in drastically reducing home health care costs.

All of the subjects answered this question with the same score, 7, as in the question above. Seven of the subjects feel very strongly that home health care could be a major factor in reducing health care costs and one subject appeared more neutral, answering with a 4.

> With the rapid rise in home health agencies, additional government regulations and polices should be implemented.

Question		Mean
Home health care in the United States is underutilized.		5.88
Home health is a cost-effective method of meeting a patient's needs.		6.63
Home health care could be a major factor in drastically reducing health care costs.		6.63
With the rapid rise in home health agencies, additional government regulations and policies should be implemented.		3.38

Key: Subject A, Subject B, Subject C, Subject D, Subject E, Subject F, Subject G, Subject H

Fig. 2. Unit 2 Results

This question generated the greatest range in scores, running the gamut from 7 (strongly agree) to 1 (strongly disagree). The mean score was 3.88. The score of 7 was from a hospital-based subject and the score of 1 was from a private agency subject. With such a range in answers it would appear that there is a great discrepancy in feelings of additional government policies.

Unit 3

The two questions in this unit addressed fears that the patient might have concerning home health care (see Figure 3).

> Generally speaking, the public often feels that qualified medical care is only possible in a hospital or skilled care facility.

There was a relatively large difference in scores for this question, ranging from 7 to 3. Hospital-based subjects and private subjects do not seem to differ greatly in their responses, as they are fairly evenly spread. The mean score for this question was 4.63.

> Many patients are afraid and unwilling to have medical care in their home because of the lack of continual professional surveillance.

Subjects were evenly divided in answering this question with a score of 5 and a score of 2. An interesting factor is that the two groups of answers were evenly divided between

Question							Mean
Generally speaking, the public often feels that qualified medical care is only possible in a hospital or skilled care facility.	7	6	5	4	3	2	1	4.63
Many patients are afraid and unwilling to have medical care in their home because of the lack of continual professional surveillance.	7	6	5	4	3	2	1	3.50

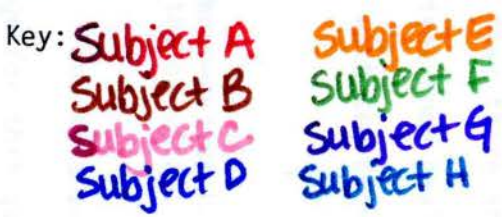


Fig. 3. Unit 3 Results

hospital-based and private subjects, the mean score being 3.5.

Unit 4

The four questions in this group addressed benefits the patient receives from utilizing home health care (see Figure 4).

> A patient's maximal level of independence is most often maintained when home health care is used.

Four subjects answered the question with a 7, with three of the four being with a private agency. The remaining four respondents scored a 6 for this question, with three of the four representing hospital-affiliated agencies. The mean score for the eight responses was 6.5.

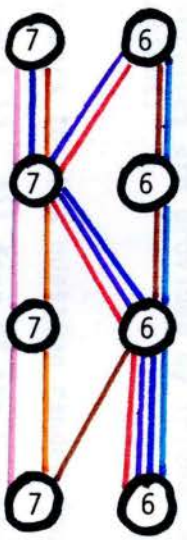
> There are numerous psychological advantages for the patient who receives home health care.

Six of the eight subjects answered this question with a 7, indicating that they strongly agree that there are psychological advantages for the patient who receives home health care. Two hospital-based subjects scored a 6, with the mean score being 6.75.

> In most instances, a patient who receives home care is satisfied and pleased with the services.

Three subjects answered with a 7 and five subjects answered with a 6, making the average for this question 6.38.

Question						Mean
A patient's maximal level of independence is most often maintained when home health care is used.	5	4	3	2	1	6.50
There are numerous psychological advantages for the patient who receives home health care.	5	4	3	2	1	6.75
In most instances, a patient who receives home care is satisfied and pleased with the services.	5	4	3	2	1	6.38
Given a choice, patients generally prefer medical attention in their home, rather than a hospital or other skilled care facility.	5	4	3	2	1	6.50



Key: Subject A, Subject B, Subject C, Subject D, Subject E, Subject F, Subject G, Subject H

Fig. 4. Unit 4 Results

> Given a choice, patients would prefer medical attention in their home, rather than a hospital or other skilled care facility.

The subjects were evenly divided in answering this question, with four scoring 7 and four scoring 6, making the mean score 6.5.

Unit 5

Questions in this unit referred to how much of the health care services were provided by friends and family of the patient (see Figure 5).

> According to statistics, at least 70% of all health care services are provided by friends and family of the patient.

The answers to this question ranged from 7 to 3, with a mean score of 5.13. All four of the hospital-based subjects answered above the average, with scores of 5, 6, and 7. Of the four subjects employed by private agencies, one answered 6, one answered 5, one answered 4, and one answered 3. It would appear that there is a wide range of opinions and feelings regarding the level of home care that is provided by friends and family of the patient.

> In your opinion, what percent of all health care services should be provided by friends and family of the patient?

Question		Mean
According to statistics, at least 70% of all health care services are provided by friends and family of the patient.		5.13
In your opinion, what percent of all health care services should be provided by friends and family of the patient?		

Key: Subject A, Subject B, Subject C, Subject D, Subject E, Subject F, Subject G, Subject H

Fig. 5. Unit 5 Results

This open-ended question received a variety of responses; answers ranged from 20 to 60 percent. Four of the subjects felt that they could not respond to the question, as they stated, each situation is different and unique. From the responses it would appear that this was a poorly worded and confusing question, contributing little to the overall data of the study.

Chapter V

DISCUSSION

Summary

Data obtained from the subjects in this study indicate underutilization of home health care. They further suggest that patients are not always aware of the services that home health care can provide, and that when given a choice, patients prefer medical attention in their home, rather than a hospital or other skilled care facility. This would suggest that if more patients were aware of home health care services, it might be utilized to a greater degree.

All of the subjects in the study were in agreement with the question in Unit 4 that stated: "There are numerous psychological advantages for the patient who receives home health care." Further subject data indicate that independence is often maintained and the patient is usually very satisfied with the care he or she receives. Patients often prefer to stay in their home because they feel safe and in control of their lives; the author feels that this is a very important component to achieving wellness. As the older portion of our population comprises a larger proportion of the patients who receive home health care, it certainly remains important, that they are treated as individuals

who are assisted in maintaining their dignity and independence for as long as possible.

Seven of the eight subjects indicated by their scores that they strongly agreed that home health care could be a major factor in drastically reducing the health care costs in the United States. Although they are no doubt predisposed to view home health care in a very positive manner, it certainly is a factor that merits scrutiny as another alternative to our more traditional forms of health care. It would appear that cost benefits and other positives that could be derived from a home health care approach would foster greater and greater utilization. However, if potential patients and family members do not know about or understand the benefits possible from home health care, then it will remain underutilized, as identified by this selected group.

One of the aspects of President Clinton's Health Security Act of 1993 is examination of long-term care. In his proposal, President Clinton wants to provide a new home and community-based care program that will enable older Americans with severe disabilities to remain in their homes and receive the care and treatment they need. This Act will also attempt to encourage people to buy private long-term care insurance that meets new standards (Health Security: President's Report 44). It would appear that by including home health care in the Health Security Act, President Clinton is acknowledging the fact that home

health care is beneficial not only for the patient, but the health care system as well. Because of the importance, and possible ramifications of this legislation, a complete, detailed description of the bill is provided in appendix E.

Another factor selected for discussion in the questionnaire addressed the fact that many people may choose not to use home health care services because they are apprehensive with the lack of continual professional surveillance. They may also feel that optimal medical care is possible only in a hospital or skilled care facility, where advanced technological equipment and personnel are continually present. These are legitimate concerns, as home health care is not appropriate in all situations, or for all patients.

Home health care is a highly regarded part of the health care profession with strict rules and regulations that govern both private and hospital-based facilities. Not designed to substitute for hospital care, it is designed to provide medical or personal attention to appropriate patients needing skilled care and attention in the home. A wide array of technology and care is feasible in the home setting ranging from the changing of a sterile dressing or a catheter to specific professional services such as a physician, therapist or an occupational therapist (Friedman 51).

Although home health care is a rapidly expanding field, the author feels that a much greater number of people could benefit

from its services. One important factor is how can we make people more aware of the service; that it can be a very cost-effective alternative to extended hospital care in the appropriate scenario? It would appear that more and more insurance companies are realizing this, and many provide coverage for home health in some policies.

As related earlier, subjects who participated in this survey felt as does the author, that home health care is not utilized to the degree that it could be; that people simply are not aware of its availability or the scope of its services. Physicians may have some knowledge of home health care, but may not always prescribe it as often as might be appropriate.

It is important that the general public be educated about home health care and to research the field in order to take advantage of the fullest range of services available. They certainly could be encouraged to make a phone call to various home health agencies and ask questions of their physicians regarding the possibilities.

Home health care will not only be utilized to the degree that the public wants it, but as more and more people realize the benefits that may be available to them through home health care, the author feels that it might very well expand to such a degree that it could revolutionize the health care field. It might bring home care to the forefront and acute care hospitalizations and physician services would serve then as an alternative

type of care.

The author's thoughts and feelings appear to be mirrored by the subjects in the study. In addition, it would appear that one of the primary reasons for the nonutilization of the service may be the lack of knowledge that the public has concerning home health care. With greater educational efforts, a larger number of people might take advantage of the benefits home health care can provide and save health care dollars, as well.

Limitations

One limitation of the questionnaire was the last question: "According to statistics, at least 70% of all health care services are provided by friends and family of the patient." The question did not appear clear to many of the subjects and many of them had to ask for clarification. The author was trying to discover if the subjects agreed with the given statistic. Once the question was explained further, the subjects would indicate the poor design of the question. This might have been eliminated if the validity of the survey tool had been examined through a small pilot effort.

The open-ended question at the end of the questionnaire asks the subject what percent of all health care services should be provided by friends and family of the patient. Four of the subjects answered the question by stating that it depended on individual circumstances; some patients were able to have their

families help care for them and other patients were not able to do so. The author had been trying to determine how the subjects, who were professionals in the home health care field, felt to what extent nonprofessionals should provide home health care to the patient. The question did not take into account individual differences and circumstances and was therefore highly confusing.

The size of the sample in this study was another limitation as the sample was not large enough for descriptive analysis. Random selection of subjects from a larger pool would also have made the design of the study stronger. The geographic area and the restricted background of the sample were also limitations.

Suggestions for Future Research

A replication study could utilize a much larger sample population which would greatly strengthen the design. According to Zigmund, "The larger the sample the more accurate the research" (383). In addition, the greater the number of subjects, the better the generalizability of the data from the larger sample to a given population group. The study also could be expanded to include not only administrators in home health care, but other professionals such as nurses, physicians, hospital administrators, social workers, and others.

Although expansion of a study of this type from a single geographical area to a regional or even national scope would certainly add to costs and overall efforts, it would also

strengthen the research study effort.

In a replication of the study with a much larger sample population, it would probably be more efficient to mail questionnaires to subjects who were randomly selected. In order to facilitate the return of the questionnaires, a stamped, self-addressed enveloped could be included with the questionnaire and cover letter. A follow-up reminder letter is also a good approach in order to improve response rates. Personal interviews are quick and relatively easy to perform, however, it would certainly not be easy to personally interview a large number of subjects in various geographical areas of the country; the lack of time and available funds would be a major problem.

In possible future research it would be interesting to interview physicians to discover: (1) what views they hold on home health care; (2) how they view home health care in terms of providing benefits for the patient, and possible cost-effectiveness on the health care system; (3) would most physicians have a positive feeling about home health care, or would they feel it might interfere with their plan of care for their patients; and (4) how much do physicians actually understand about the services provided by home health care. All of these questions and many others would make interesting studies.

Future research efforts could concentrate on the patient, as the patients themselves could provide a great deal of information concerning home health care, and why it may or may not be used.

With the numerous changes that may occur in the future with the American health care system it is important that home health care be considered a very vital component in this system. The author strongly feels that home health care is a very valuable option for the patient, the patient's family, the community, and the health care system. Home health care is a nontraditional form of caring for the sick or injured in a society that often views hospitals or institutions as the sole place of wellness. The author views home health care as a humane and compassionate way to deliver health care to the appropriate patients. Further research and education is needed to foster the utilization of home health care, and create an alternative for the delivery of traditional forms of health care.

APPENDIX A

NATIONAL HEALTH CARE EXPENDITURES, 1993

	Percent
Total personal health care	100
Hospital care	45
Physician's services	21
Nursing home care	9
Drugs and other medical nondurables	9
Other professional services	5
Dentists' services	5
Home care	3
Other personal health care	2
Vision products and other medical durables	2

SOURCE: Basic Statistics About Home Care 1993 (3).

APPENDIX B

BENEFITS OF HOME HEALTH CARE

1. Patients prefer care in the normalcy of their home environment.
2. Homebound people can be taught to live in a relatively independent status.
3. The need for initial admission or readmission to inpatient institutions can be diminished.
4. For the necessary institutional admission, unnecessary days can be eliminated through early discharge to home care.
5. Unnecessary capital construction costs for inpatient facilities can be decreased.
6. The efficiency of the practicing physician can be increased by expanding the team approach.
7. The physician can care for a greater number of patients through a home care program because he does not have to assemble and coordinate individually the services needed for patients in their home settings.
8. Home care staff can identify day-to-day problems and thus help to reduce the possibility of emergency situations arising. (Spiegel 162)

APPENDIX C

COVER LETTER

Hi,

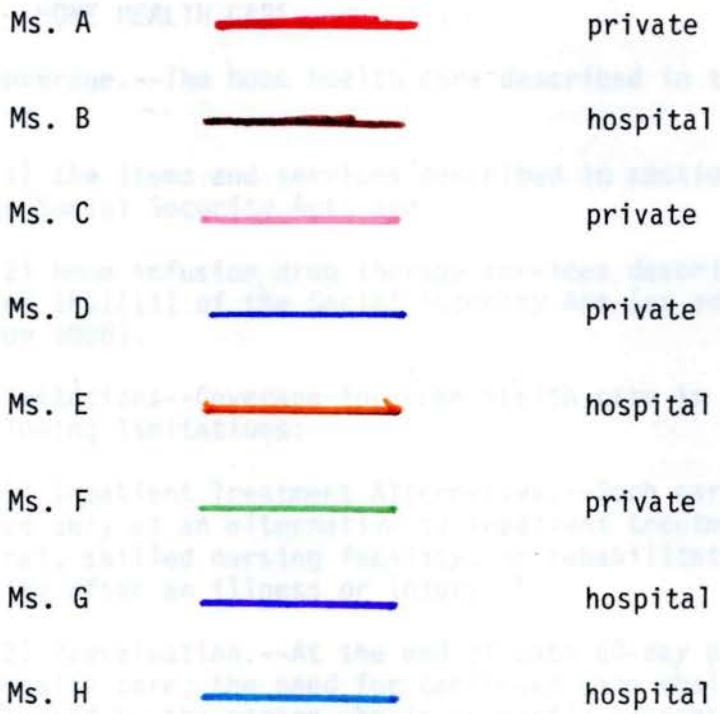
My name is Tracy Kustermann and I am a graduate student at Lindenwood College. I am working on my thesis on home health care and I would like the opportunity to interview you. My interview questions consist of about 15 short questions, that range from strongly agree to strongly disagree. There is one open-ended question and a question on your background that pertains to your job with home health. The interview would take 10 to 15 minutes.

I would appreciate your time and willingness to share your expertise. Could I set up a time in the near future to interview you?

Tracy Kustermann

APPENDIX D

KEY



APPENDIX E

HEALTH SECURITY ACT

SEC. 1118. HOME HEALTH CARE.

(a) Coverage.--The home health care described in this section is--

(1) the items and services described in section 1861(m) of the Social Security Act; and

(2) home infusion drug therapy services described in section 1861(11) of the Social Security Act (as added by section 2006).

(b) Limitations--Coverage for home health care is subject to the following limitations:

(1) Inpatient Treatment Alternative.--Such care is covered only as an alternative to inpatient treatment in a hospital, skilled nursing facility, or rehabilitation facility after an illness or injury.

(2) Reevaluation.--At the end of each 60-day period of home health care, the need for continued care shall be reevaluated by the person who is primarily responsible for providing the home health care. Additional periods of care are covered only if such person determines that the requirement in paragraph (1) is satisfied.

SEC. 1119. EXTENDED CARE SERVICES.

(a) Coverage.--The extended care services described in this section are the items and services described in section 1861(h) of the Social Security Act when provided to an inpatient of a skilled nursing facility or a rehabilitation facility.

(b) Limitations.--Coverage for extended care services is subject to the following limitations:

(1) Hospital Alternative.--Such services are covered only as an alternative to inpatient treatment in a hospital after an illness or injury.

(2) Annual Limit.--Such services are subject to an aggregate annual limit of 100 days.

(c) Definitions.--For purposes of this subtitle:

(1) Rehabilitation Facility.--The term "rehabilitation facility" means an institution (or a distinct part of an institution) which is established and operated for the purpose of providing diagnostic, therapeutic, and rehabilitation services to individuals for rehabilitation from illness or injury.

(2) Skilled Nursing Facility.--The term "skilled nursing facility" means an institution (or a distinct part of an institution) which is primarily engaged in providing to residents--

(A) skilled nursing care and related services for residents who require medical or nursing care; or

(B) rehabilitation services to residents for rehabilitation from illness or injury.

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