

# Home Health Care: A Vital Cost-Effective Service

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## **Home Health Care: A Vital Cost-Effective Service**

Home delivery of various items and services directly to the home has mushroomed since the beginning of this century, including delivery of food, and other required services, such as laundry and personal things. The philosophy behind home delivery is to reduce the hassle of getting the service from its source, requiring effort, causing stress and costing money.

In the same vein, Home Health Care (HHC) has been evolving for some time, growing quickly while incorporating many new services. In the USA, an estimated three million Americans receive home health care, which is fast becoming the preferred method of meeting the social and medical challenges of patients especially the elderly (1). Although well-established in developed countries, such care is seldom present in the developing world. Is it due to lack of resources? Doubtful, probably it is due to disbelief or misunderstanding of the concept by policy makers. Smith-Stoner believes that place has relevance for people's health, and that home as a site of care has a positive impact on patients' health, benefiting in terms of autonomy (2).

HHC is defined as medical services provided for patients in their own homes. This care could be medical, social or psychological, given by an interdisciplinary team consisting of professionals and skilled medical personnel such as doctors, nurses, nursing assistants, and others such as medical assistants, helpers, home health aides, medication aides and unlicensed assistive personnel with or without certification (3).

Due to many reasons, doctors, most of the time are not part of this interdisciplinary team. Boling quoted that *"there are still policies that make it difficult for a physician to be part of the interdisciplinary team providing home care"* (4). Doctors are only needed in cases when patients are suffering from critical

conditions or when they have complex problems. For physicians, HHC remains a misunderstood and neglected phenomenon, Boiling thinks. This is primarily due to a lack in education about such services during physicians' undergraduate medical education (4). Nurses, as well, need to possess a level of skill and professionalism to enable them to provide the required care without causing problems to the patient plus avoiding conflict with the patient and family members.

On the other hand, auxiliaries or nursing assistants also have important roles to play, understanding that they must have proper hands-on skills, good training, good communication, documentation and technology skills, and acceptable clinical knowledge (5).

To be able to offer these services within the patient's home, special characteristics, skills and attitude are required from each team member. Since home is considered the patient's safe haven, many factors, whether familial, social or environmental, interact, affecting the well-being of the individual. Patients want to see that all these factors are respected and kept confidential by the medical team. Therefore, team members should be constantly aware of all these factors in order to be granted access to a patient's personal life to ultimately be able to offer service with an interdisciplinary approach.

The role of this team is providing required services to patients within their home environment without the hassle of moving the patient to primary, secondary, or tertiary care units to meet their needs. The medical role should be well-organized and known before the home visit. For this reason, the American Medical Association (AMA) developed guidelines for physicians when they practice home care (6).

As part of the medical care provided to patients in the UK, the Department of Health has recommended replacing hospital admissions by offering in home treatment for acute problems (7). In the United States, there are four models of

HHC: high-tech home care, hospice care, skilled home health care and low-tech homemaker/home health aide/personal care services (8).

A study in Sweden has shown that patients were pleased with HHC most of the time and satisfied when they were not being forced to leave their home for nursing and medical care. They thought it is safer to be at home to receive care rather than in the hospital. The patients also admitted advantages other than medical care. They said “Not everything concerns my illness; there are other things as well. Sometimes it’s a relief that when they come in the morning they don’t always discuss my illness. I want to talk about other things as well.” The patients also thought that it was crucial for them to be involved in decision making and to be respected for their opinions (9).

HHC claims to have many advantages, most importantly; provision of care in the home environment where patients are surrounded by their beloved ones giving the patient a positive element of support, reducing strain and anxiety induced by separation, plus decreasing the risk of nosocomial infection, due to shorter periods of hospital stay. When HHC is provided in a professional, well-planned way, it could replace some non-urgent hospital stay. Basically HHC could reduce patients’ hospital stays by allowing earlier discharge. This offers an opportunity for home health nurses to provide vital home care which is complex using a high technology approach (10). With regard to money, the most important issue of HHC, it has been advocated that HHC is a cost-saving and cost-effective method of providing health services (4). HHC decreases the financial burden on hospitals and patients by preventing longer stays in hospital. Eastaugh stated that, within HHC, a good saving could be accomplished by better case management and by avoiding expensive hospital stays (1). In the past, patients used to stay in hospital for longer periods, even for minor problems. For example, it was reported that in the USA

between 1970 and 1974 the average stay of a patient due for cataract surgery was 10 days (8).

A study done in the USA found that the marginal cost of a day stay in the hospital could range from US \$315 to US \$472, but each dollar invested in HHC shows a benefit reduction of US \$1.78 in hospital costs. The study advised large hospitals to invest in home health care in order to reduce patient's length of stay, generate a more diversified revenue base, and reduce inpatient losses (1).

Cummings et al., and Hughes et al., (1990, 1992) in their studies found that along with the significant increases in patient and caregivers' satisfaction with HHC care, HHC has led to a net cost savings of 10 percent in the severely disabled group and 18 percent in the terminally ill group, making a net cost savings of 13 percent (11,12,13). They also reported that *"these were the largest cost savings ever reported due to reductions in hospital readmission days and to use of lower-intensity hospital beds for a hospital stay"* (10).

In Salmaniya Medical Centre, the main government hospital in the Kingdom of Bahrain (which represents a developing country), it was reported that the daily cost of inpatient care has increased from US \$325 in 2003 to US \$495 in 2007, while the average cost per visit to the same hospital's outpatient clinic is US\$124. With an average stay per patient of 5.3 days, the average cost per patient will reach US \$2,623.50. However, the cost of each patient's visit to a primary health care facility in Bahrain was only US \$14.5 in 2007 (14). By adding on the cost of transportation and visiting staff to patients in their homes, each HHC visit cost would not exceed US \$50 (about 10% of each day's hospital stay cost or 40% of the hospital's outpatient visit cost). A very successful practice adopted by the Ministry of Social Affairs in the Kingdom is utilizing the Mobile Unit Services to provide limited services to the elderly in their own homes. However, this does not cover all patients on the Island.

Many services could be provided through HHC which include basic medical care, improving patient's function, psychological and or social support, medical advice and health education, involving family members in patient support and care, providing preventive services and providing various medical and supportive equipments (5, 4).

Since one of the essential pillars of primary health care is the "continuity of care", HHC should be an integral part of such care, to be available within the total health care provision for the nation.

In conclusion, while considering the many advantages of HHC, health care providers whether private or governmental, should look into the possibility of investing in home health care as a cost-effective replacement for certain inpatient hospital care (1). We strongly believe that HHC could be a very cost-effective way of providing health services if adopted by the Ministries of Health.

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