

Homecare and Hospice Services for the Chronically Ill

By Matthew D. Hansen, DPT, MPT, BSPTS

A silhouette of a person's head in profile, facing right. The interior of the head is filled with a vibrant sunset scene over a body of water. The sun is low on the horizon, creating a bright glow and reflecting on the water. The sky is a mix of orange, yellow, and light blue. The overall mood is contemplative and serene.

Receiving care in the home is by far less costly than in a hospital, and many homecare options are available to consider.

HOME IS WHERE the heart is, and given the choice, most people would prefer to stay at home than be confined to a hospital or skilled nursing facility to receive medical care. Additionally, risk of infection is frequently better controlled in a patient's own environment than in a novel setting with other sick individuals, despite earnest control measures. Fortunately, there are oftentimes available options for patients to do both: remain at home and receive the healthcare or personal care assistance they require.

Many patients receiving immune globulin (IG) therapy are already somewhat familiar with home health, and may have even received infusion treatments by a nurse at home. However, they are also likely unaware of other available skilled and personal care services available at home and how to access them.

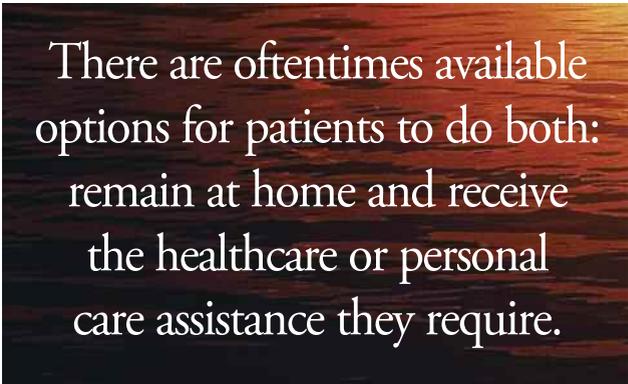
Home Health

The primary aims of home health are to help patients continue their recovery from an acute illness and transition back into the community and/or help maintain their current chronic health conditions and prevent further decline to the point they are no longer able to remain in their home. In addition to skilled nursing, home health services may include rehabilitation services (physical therapy, occupational therapy and speech-language therapy), social work and/or home health aides. Each discipline specializes in helping patients remain safe and as independent as possible at home. Medicare, Medicaid, Veterans Affairs and most private insurance all have a home health benefit. However, to access the benefit, at least Medicare and a number of private insurance require a patient be homebound.

By Medicare's definition (which also tends to be the standard used by other insurers), being homebound doesn't mean someone cannot leave home, but it does have to be a "considerable and taxing effort." Patients can leave home for medical appointments and certain other activities (e.g., church, a funeral, graduation or wedding), but if they are driving themselves, able to access the community independently or assume their normal daily activities outside of home, they most likely would not meet the homebound requirement. It is important to note that some state Medicaid and private insurance plans do not require patients be homebound as long as it can be demonstrated that the home is the most appropriate place for patients to be seen.

Accessing home health services typically requires a doctor's order. Medicare recipients must also have had a face-to-face

visit with the physician who will be signing the home health plan of care within the 90 days prior to, or 30 days following, the beginning of a home health episode. Although other insurers may cap the number of home visits allowed as part of a member's benefit and/or charge a copay, there is not currently a home health copay for Medicare A beneficiaries, and the number of visits are constrained only by homebound status and the medical necessity and appropriateness of care. It's also important to note that Medicare patients don't have to demonstrate the potential to improve their medical condition as long as skilled intervention is necessary to help maintain health and function and/or slow further decline.¹



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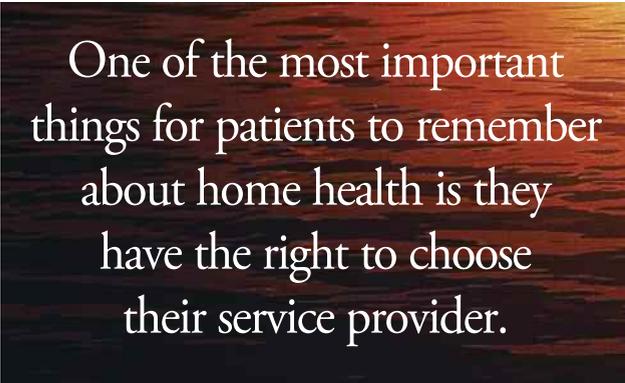
One of the most important things for patients to remember about home health is they have the right to choose their service provider. Even though a physician may encourage patients to utilize a specific agency, requiring its use is strictly against Medicare regulations and should be reported to the Centers for Medicare and Medicaid Services and/or to the local ombudsman. Patients should also not be afraid to ask an agency for a different caregiver if they are unable to remedy concerns they have about a clinician or home health aide. If patients wish to change agencies, they may do so at any time, although it is often best to try to resolve concerns first. The following sections describe typical services offered by a home health agency:

Nursing. Home health nurses can administer IG therapy and other medications, and assist with most any care that would normally be performed by a nurse in a skilled nursing facility or hospital setting. Although most home health nurses are able to triage, provide education and attend to any number of health conditions, patients should feel comfortable asking specifically for a caregiver who is experienced with their particular diagnosis and needs.

Physical therapy. Physical therapy's focus in home health is often to help patients improve transfers and mobility (e.g., getting up from a chair and walking), balance and strength related to functional activities. One of the most important components of any home health plan of care is the home exercise program, which should always be established by the therapist so patients are able to actively continue their program on nontherapy days.

Occupational therapy (OTs). OTs are experts at activities of daily living and can help patients improve their function and safety at home. Therapeutic activities may include training with bathing, dressing, toileting and eating. As part of their initial assessment, OTs will likely conduct a home safety evaluation and make recommendations for alterations (e.g., picking up throw rugs or installing a grab bar). They may also make recommendations and help to acquire adaptive equipment to increase safety and function. Examples may include bathtub transfer benches, elevated toilet seats, adaptive graspers or adaptive utensils.

Speech-language therapy. Speech-language pathologists (SLPs) do much more than treat receptive (comprehensive) and language (speech production) deficits. One of their greatest assets in a home setting is their expertise related to cognition. Together with OTs, SLPs can provide therapy for those struggling with memory, cognition and other cognitive skills.



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Home health aides. Home health aides, usually made-up of certified nursing assistants (CNAs), provide valuable personal care services to patients who are unable to perform tasks safely on their own. In the home health industry, those services are usually restricted to basic care such as bathing, toileting, dressing, light meal preparation and perhaps some light housework. Patients who require additional assistance with nonmedical

tasks may consider contracting a personal care agency.

Social work. Social workers in the home health industry can help patients learn how to access benefits and community resources. They are also often key to assisting families through the home health process, and at looking into other options when home no longer seems the most appropriate place for patients to receive the care they need.

Personal care. Personal care, or private duty, services are not covered by insurance and, consequently, are usually an out-of-pocket expense to clients or their families (however, many states have Medicaid programs that may help to pay for at least some of the services for eligible recipients). Services are usually paid at an hourly rate, and cost varies by the number of hours needed, which can range from someone coming to assist with bathing for an hour several times a week to 24/7 care. According to www.payingforseniorcare.com,² "Nationwide in 2017, the average cost for nonmedical home care [was] \$20 per hour with the state averages ranging from \$15 - \$27 per hour. It should be noted that these are average costs from home care agencies. Private individuals can be retained to provide most of the same services with fees that are 20% - 30% lower. However, independent caregivers are typically uninsured, do not go through background checks and may be unable to provide alternatives in case they are not available to work on short notice."

Unlike home health aide services, personal care agencies are not restricted to basic personal care. I have heard it described that a personal care agency's motto is "Yes," meaning they can (with some obvious exceptions) provide any service needed by clients. Can they do their shopping? Yes! Do the laundry? Yes! Wash the dishes? Yes! Most any market has a number of personal care agencies offering such services. It is recommended to interview several and compare the cost of services, and to remember cost does not necessarily reflect quality.

Another option to using a personal care agency is to hire a CNA privately. Some families even choose to provide room and board as part of compensation to a private aide when significant services are needed.

Hospice and palliative care. Oftentimes, hospice is a misunderstood service with a negative stigma for many people due to its end-of-life nature. Although patients must be certified by a physician as having a medical prognosis of six months or less to live, hospice should be viewed as a service that richly improves quality of life during whatever mortal time patients have left.

Hospice care teams consist of nurses, hospice aides, social workers and chaplains (for interested patients) representing

some of the most compassionate people on the planet. The focus of hospice is palliative, rather than restorative, in nature, meaning the emphasis is on reduction of pain and management of symptoms instead of treating to cure the underlying medical condition. Patients must agree to forego restorative medical treatment related to the diagnosis that has qualified them for hospice, but may still receive treatment for other conditions and receive care to help manage symptoms of the hospice-related diagnosis. This is usually performed by the hospice nurse, but therapists (PTs, OTs and SLPs) may also be involved, at least temporarily, to manage symptoms, train family and other hospice staff in safe transfer and handling techniques, help order adaptive equipment, or perform other skilled tasks. Social workers and chaplains are key to preparing and educating families and patients about hospice, and helping them through every step of the process, including the acceptance and grieving stages before and after patients' passing.

Sometimes, patients will decide to return to active treatment for their hospice-qualifying condition, perhaps after a reverse in course of their medical diagnosis. Although frequently misunderstood by the public, this is a perfectly acceptable practice, as patients may revoke their hospice election at any time and decide to invoke it again at a future date as long as they still meet eligibility criteria.

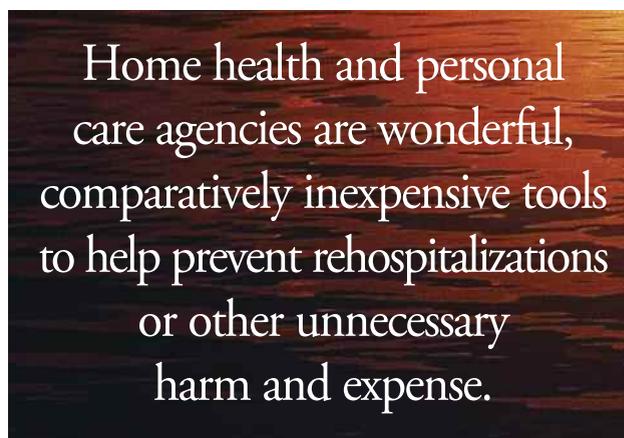
For many of those who are not interested in or ready for hospice, there is often another option. Some home health agencies are now offering one of several different forms of nonhospice palliative care programs, which are covered under patients' insurance benefits (e.g., Medicare maintenance services), on an out-of-pocket basis or as a free service of the healthcare network or insurance provider to reduce long-term costs and risk of decline.

Palliative programs that do not fall under the hospice benefit are usually designed to provide minimally necessary care to help patients manage their condition. Some innovative programs designed for patients with chronic health conditions make use of telemonitoring/telemedicine technology to track patients' vital signs daily and/or conduct visits with their healthcare providers via video conferencing. Periodic live check-ins are also usually a part of the program. The frequency of services may vary from once a month to several times a week.

The Future May Be in the Home

Too often, patients are discharged from a hospital or skilled nursing facility to home, only to end up back in the hospital days to months later due to another exacerbation of

their condition or noncompliance to prescribed precautions/restrictions and self-care directions (e.g., medications, diet, exercise). Home health and personal care agencies are wonderful, comparatively inexpensive tools to help prevent rehospitalizations or other unnecessary harm and expense.



Healthcare.gov reports the average cost of a three-day hospital stay is around \$30,000.³ The average national cost for a private room in a skilled nursing facility ranges from approximately \$7,400 to \$8,500 per month, depending on whether the room is shared (semi-private) or private.⁴ Medicare's standardized 60-day episode payment for homecare is just over \$3,000.⁵ Imagine how much morbidity, mortality and money could be saved by preventing even one hospital stay as a consequence of healthcare networks and insurers using homecare.

With inherent savings and a growing number of homecare options for patients and physicians to consider, the future of healthcare just may be in your own home. ■

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