

Quality of Life Matters®

in Home Care

■ Latest news and clinical findings ■

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American Medical Association and American Academy of Home Care Physicians Offer Updated Guidelines

The third edition of *Medical Management of the Home Care Patient: Guidelines for Physicians* is now available.

The latest edition, published in 2007, is a result of a collaboration between the American Medical Association (AMA) and the American Academy of Home Care Physicians (AAHCP).

The AMA convened its first Home Care Advisory Panel in 1987 in order to increase the involvement of physicians in home care. The panel produced the first edition of the *Guidelines* in 1992, as a collaborative project with the U.S. Administration on Aging.

Who needs home care?

The comprehensive, 68-page document offers numerous practical tips, charts, and

other resources. At a glance:

- Between 5% and 10% of all patients in a primary care medical practice receive home care, but evidence shows the need is much greater.
- For every patient over age 65 years in a nursing home, an estimated three more similarly impaired patients are cared for in their own homes.
- About 20% of patients over age 65 have functional impairments with related home care needs that are often unrecognized during the typical office visit.
- Home care services are provided to patients of all ages with acute illnesses, long-term health conditions, permanent disabilities, or terminal illnesses.
- Of the 7.6 million patients receiving home care services, about 44% are patients discharged from the hospital who require post-hospital medical or nursing care that cannot be provided by family or friends alone.
- Home care plays an essential role in helping the rapidly increasing numbers of hospice patients and those who receive the benefits of telemedicine due to their distance from medical facilities.

The physician's role

"Home care starts with a physician's recognition that the patient's condition and resources are appropriate for care in the home," the *Guidelines* state. Physicians in all specialties make use of home care. The

physician's role includes:

- Establishment/approval of a plan of treatment with identification of both short- and long-term goals
- Evaluation of new, acute, or emergent medical problems based on information supplied by other team members
- Participation, as needed, in home care family conferences

Measurable outcomes include:

- Decrease in utilization of emergency departments, ambulances, and acute/sub-acute hospitalizations
- Decrease in institutional/nursing home placement
- Improvement in knowledge of disease process and signs and symptoms to report
- Improvement in patient/caregiver management of medications/treatments

"Home care has emerged as a reasonable and important alternative to acute hospitalization or a skilled nursing facility for many patients with acute or chronic illness," the *Guidelines* note.

"Changes in technology and reimbursement continually influence the scope and practice of home care. Physicians need to understand these issues in order to participate in home-based care in an informed fashion when medical necessity and/or patient wishes dictate."

The entire document is available for free download at www.aahcp.org.

Inside This Issue:

- Low-Income Seniors: Home-Based Geriatric Care Management Improves Quality of Care
- At a Glance: Focus on Pain
- Home Care Fast Facts
- [Note: This article is being replaced.] Children with Cancer: Home Care Benefits and Recommendations

Low-Income Seniors: Home-Based Geriatric Care Management Improves Quality of Care

'The approach... is to complement and support the role of the primary physician'

In a randomized, controlled trial of low-income seniors living in Indianapolis, home-based geriatric care management was found to improve quality of care. In addition, in subjects considered at high risk for hospitalization, the management model significantly reduced acute care utilization.

These are the major findings of a study conducted by a research team from Indiana and Wisconsin, which was published in a recent issue of the *Journal of the American Medical Association*.

Investigators designed the Geriatric Resources for Assessment and Care of Elders (GRACE) model of primary care by building on the Acute Care for Elders (ACE) model, which studies have shown to be a cost-effective model for improving outcomes in geriatric patients.

"The approach in both models is to complement and support the role of the primary physician by helping to identify common but frequently unrecognized geriatric conditions and providing resources that aid in evaluating and treating these patients," the authors explain.

Unique features of the GRACE intervention model include:

- In-home assessment and care management provided by a team comprised of a

- nurse practitioner and a social worker
- Extensive use of specific care protocols for evaluation and management of common geriatric symptoms and conditions
- Utilization of an integrated electronic medical record and internet-based care management tracking tool
- Integration with pharmacy, mental health, home health, and community-based and inpatient geriatric care services

Subjects included 951 adults 65 years or older with an annual income less than 200% of the federal poverty level, whose primary care physicians (n = 164) were randomized to participate in the intervention or usual care in community-based health centers.

Based on physician randomization, 474 patients were assigned to the GRACE intervention program, while 477 were assigned to usual care.

Key overall findings

After 24 months of the trial, overall data show that patients in the intervention group improved significantly in several outcome measurements, including:

- Vitality ($p = <.001$)
- Mental health ($p = <.001$)
- Social functioning ($p = .008$)
- General health ($p = .045$)

Among patients categorized as being at high risk of hospitalization at the outset of the study, those in the intervention group (n = 112) had fewer emergency department (ED) visits over the 24-month trial period than high-risk subjects receiving usual care (n = 114). As well, ED visits per 1000 were significantly lower in the intervention group in year two of the study ($p = .03$), while ED visits remained similar between the two groups in the first 12 months.

Regarding hospital admissions and hospital days per 1000, investigators found similar results in year one between the two groups, but in year two, GRACE intervention seniors considered at baseline to be at high risk of hospitalization had significantly lower hospital admission rates ($p = .03$).

Noting that they found no evidence that the GRACE intervention improves activities of daily living (ADL) status or helps prevent a decline in ADL, investigators believe a longer intervention period and/or more intensive intervention may affect ADL outcomes in future studies.

Source: "Geriatric Care Management for Low-Income Seniors," Journal of the American Medical Association; 298(22) 450-454. Counsell, SR, Callahan, CM, Clark, DO, et al; Indiana University Center for Aging Research and Department of Medicine, Indiana University School of Medicine, Indianapolis; Department of Medicine, University of Wisconsin Medical School, Madison.

At a Glance: Focus on Pain

A widespread problem

- An estimated 100 million Americans who are affected by chronic diseases and conditions suffer from pain.
- Pain is one of the most common physical complaints upon a person's admission into the health-care system.
- Patients frequently report moderate to severe pain throughout hospitalization, during treatment, and even after discharge.
- Unrelieved pain costs America \$61 billion annually in lost productivity, according to the *Journal of the American Medical Association*.

Who is suffering?

Despite advances in pain management, chronic pain is a part of daily life for millions, including:

- More than 50 percent of all cancer patients
- More than 75 percent of advanced-stage cancer patients
- HIV/AIDS patients
- Sickle-cell anemia patients
- Fibromyalgia patients

Source: The Pain and Policy Studies Group, www.painpolicy.wisc.edu

Home Care Fast Facts

The National Association for Home Care & Hospice compiles an annual "Basic Statistics about Home Care" summary. The following are highlights from the 2008 document.

PATIENTS SERVED

Approximately 7.6 million patients received home care from 83,000 providers, according to the most recent figures available from the U.S. Census Bureau. (2002 Economic Census)

CAREGIVERS

The 2004 Caregiving in the U.S. survey, sponsored by the National Alliance for Caregiving and AARP, found that there are an estimated 44.4 million informal caregivers over the age of 18.

DIAGNOSES

Medicare data show that 21.4 percent of 2006 home health patients had conditions related to diseases of the circulatory system as their principal diagnosis. Patients with heart disease, including congestive heart failure, made up over half of this group. Injury, poisoning, and diseases of the musculoskeletal system and connective tissue were also frequent principal diagnoses.

COPD

An innovative home care program tested in Connecticut found that patients with chronic obstructive pulmonary disease required less frequent hospitalizations, saving an average of \$328 per patient per month.

For additional information and home care resources, visit www.nahc.org.

Home Care for Children with Cancer: Benefits and Recommendations

Children and adolescents with cancer can benefit tremendously from home care services. Though a one-size-fits-all plan does not exist, multitudes of families would reap the advantages of individualized efforts.

That is according to a review of current literature and guidelines compiled by Donna Kandsberger, RN, MSN, and published in a recent issue of *Home Health Care Management & Practice*.

The growth in number of children with complex or chronic medical conditions using home care services is due in part to a number of advances in medical technology, says Kandsberger. In turn, "the steady increase in cure rates for most childhood cancers has broadened the focus of caregivers from the initial goal of treating the malignancy to encompass addressing the significant burdens that even successful cancer treatment can impose on the child and the entire family."

Oftentimes, the option of keeping the child at home alleviates pressures and anxieties that come with spending time in an inpatient or outpatient treatment center, the author notes. [See sidebar, right.]

Recommendations for a successful home care plan include:

- Evaluation of the needs and abilities of specific patients and their families
- Communication between the home care agency and primary treatment center
- Consistency of caregivers
- Having a designated contact person at the home care agency and at the primary treatment center

Studies consistently show the importance of the above factors in increasing the satisfaction of both families and health care professionals, notes Kandsberger. All factors play a key role in raising the comfort and confidence levels of the child and his or her family.

HOME CARE CAN ALLEVIATE STRESSORS SUCH AS:

- Separation of family members
- Travel time and costs
- Lack of privacy
- Lack of control
- Lack of family togetherness
- Missed school or work time

—Donna Kandsberger,
Home Health Care Management & Practice

Competency considerations

Furthermore, clinicians need to demonstrate to pediatric oncology patients that they are competent in home care. A study conducted by the Children's Cancer Group Nursing Committee revealed that of the home care agencies surveyed, 43% of nurses caring for children with cancer had pediatric experience, 33% had oncology experience, and those remaining had neither qualification.

Kandsberger says committee guidelines from both the American Academy of Pediatrics and the International Society of Pediatric Oncology address the need to improve upon the lack of training in this area, regarding both specialists and local pediatric and family practices.

Kandsberger cautions that home care is not for everyone. Families should be made aware that they may need to assume new responsibilities, like administering some treatments themselves and having to arrange care with several health care providers. Also, "some families view their homes as havens from the rigors of cancer treatment and prefer not to have medical technology intrude in that environment."

Source: "Factors Influencing the Successful Utilization of Home Health Care in the Treatment of Children and Adolescents with Cancer," *Home Health Care Management & Practice*; 19(6) 450-454. Kandsberger, D; Penn State Children's Hospital at the Milton S. Hershey Medical Center and Pennsylvania State University College of Medicine.

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- *Bathing and Personal Hygiene*
- *Light Meal Preparation*
- *Light Housekeeping*
- *Transportation*

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