

In 2005, 12.4% of the United States population, or 36.8 million people, were 65 years or older. Among these seniors, only 38.3% reported that their health was excellent or very good, demonstrating a strong need for various types of health care (Administration on Aging, 2006). As the number of American senior citizens is projected to rise exponentially to 71.5 million by 2030, the demand for quality healthcare options will only increase (Federal Interagency Forum on Aging Related Statistics, 2006). Home health care is becoming an increasingly viable and attractive option for people desiring various types of health care, particularly for senior citizens.

### **Defining home health care**

Home health care includes services that are “delivered at home to recovering, disabled, chronically or terminally ill persons in need of medical, nursing, social, or therapeutic treatment” (National Association for Home Care and Hospice, 2008a). Although home health care is primarily used in the older population, it is available for people of all ages who require preventative, acute, sub-acute, rehabilitative, and long-term care (Texas Association for Home Care, n.d.[a]). Typical users of home health care include:

- People discharged from the hospital who are not fully recovered
- People with chronic conditions, such as diabetes or stroke
- People with terminal diseases, such as cancer or AIDS

- People with limited mobility who require assistance in daily activities
- Children requiring special life-sustaining equipment, yet can thrive at home and school with nursing support
- Families/caregivers desiring respite care

(Texas Association for Home Care, n.d.[b])

Home health care services range from simple assistance in activities of daily living to in-depth medical care. Commonly provided services include:

- Rehabilitation therapies: physical, occupational, and speech-language
- Professional nursing care
- Intravenous drug therapy
- Procurement of home medical equipment
- Medical social services and counseling
- Laboratory and diagnostic services
- Help with psychosocial issues
- Homemaker and home support services
- Nutritional support therapies
- Preventative health and wellness programs

(Home Care Association of New Jersey, n.d.)

### **Users of home health care**

The National Center for Health Care Statistics (2005) listed 1,355,290 home health care patients in the United States during 2000. The National Home Care and Hospice survey (Center for Disease Control, 2004) reported that the average user of home health care required 69 days of service during that year. Additional demographic statistics from the year 2000 appear in the chart on the following page.

<b>2000 Home Health Care Patient Demographic Statistics</b>		
	% of home health care patients	Patients per 10,000 population
<b>Age</b>		
Under 65 years	29.5	16.4
65-74 years	17.3	130.2
75-84 years	31.3	347.6
85 years and over	21.9	694.1
<b>Gender</b>		
Male	35.2	35.1
Under 65 years		15.6
65-74 years		100.7
75-84 years		270.0
85 years and over		553.9
Female	64.8	61.8
Under 65 years		17.2
65-74 years		154.6
75-84 years		400.4
85 years and over		754.9
<b>Primary Medical Diagnosis</b>		
Diseases of the Circulatory system	23.6	
Diseases of musculoskeletal system	9.8	
Diabetes	7.8	
Diseases of the respiratory system	6.8	
Diseases of the nervous system	6.1	
Malignant neoplasms	4.9	
Fractures	4.1	
Decubitus ulcers	1.9	
Other	34.9	

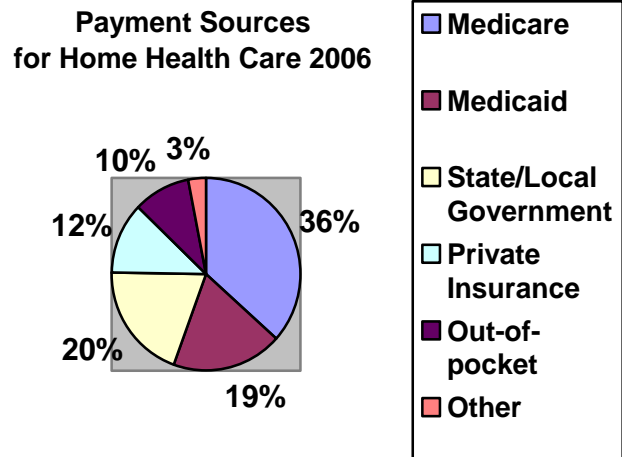
(National Center for Health Statistics, 2005)

### Paying for home health care

“The Centers for Medicare & Medicaid Services (CMS) projects that total national expenditures for health care in 2006 were \$2.1 trillion (16.0 percent of the gross domestic product) and is anticipated to increase to 19.6 percent by 2016” (National Association for Home Care and Hospice, 2007, p.2). Home health care services consisted of 3% of the total health care

expenditures described in this survey (National Association for Home Care and Hospice, 2007).

Medicare remains the most common source of payment for home health care. However, in order to receive home health care provided by Medicare, a patient must meet specific requirements. Some of those requirements include a documented need for home care by a medical professional, homebound status, and the need for part-time care, or no more than 28 hours per week (Centers for Medicare and Medicaid Services, 2004). Other frequently used payment sources for home health care include Medicaid, the Older Americans Act, Title XX Social Services Block Grants, the Veteran’s Administration, and Champus. The chart below breaks down the percentages of payment sources used to provide home health care during 2006.



(National Association for Home Care and Hospice, 2007)

### Providers of home health care

Home health care is supplied by a variety of public and private home care organizations, including home health agencies, home care aide agencies, medical equipment companies, pharmaceutical companies, and hospices. Services are provided every day of the year, 24 hours a day, based on the needs of the patient. Services may occur on a short or long term basis, again dependent on the patient’s situation (National Association for Home Care and Hospice, 2008b). Services are provided through

the assistance of licensed professional home health care providers, including:

- Physicians
- Nurses
- Physical therapists
- Speech pathologists
- Dietitians
- Home health aides and homemakers
- Companions and volunteers

(Journal of the American Medical Association, 2002)

There are various resources available that aid in procuring home health care providers in the San Antonio area. The United States Department of Health and Human Services Medicare website (2007) offers the ability to locate and compare the services and quality of care provided by Medicare-licensed home health agencies. At the current time, this website lists 67 agencies in Bandera County, 143 in Bexar County, 116 in Comal County, and 77 in Kendall County. Two non-profit agencies that also offer home health care services in the San Antonio region are Family Service Association and Sisters Care of San Antonio.

### **Future of home health care**

A progressive type of home health care is home telemonitoring, implemented by the Visiting Nurses Association of Western Pennsylvania beginning in 2002. This technology allows home health care patients to have their vital signs routinely monitored by an off-site nurse. The equipment is connected to a computer network or telephone line where a nurse checks numerous patients' vital signs from a central location. Nurses can also access information from the central location using a laptop while visiting patients in their homes. Since its inception in Pennsylvania, home telemonitoring has reduced the need for nurses' home visits and lowered emergent care visits and re-hospitalizations in their patients (Powell, n.d.).

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