



▲ *A home care worker helps an elderly man out of his wheelchair so he can use his walker.*

History of home care

Nurses have been visiting sick Americans in their homes for more than a century. At the end of the 19th century most nurses worked in the home. Their duties were mainly to help new mothers and to treat people with infectious diseases. The demand for these visiting nurses grew steadily, and charitable organizations began to sponsor them: by 1909 1,413 nurses were working on behalf of 566 associations. Around this time the insurance broker Metropolitan Life decided to offer visiting nurse services to its policyholders, and soon afterward the American Red Cross established a visiting nurse program to help people in rural areas. After World War I, the Red Cross persuaded most of its local chapters to operate visiting nurse schemes, and these spread rapidly throughout the United States.

By 1930, however, infectious diseases were being replaced by chronic degenerative diseases as the leading cause of death, and hospital care was being sought by people of all economic groups. In the mid-20th century home care became marginal as fewer patients wanted to be treated at home. Then, in the late 1950s, rising hospital costs and campaigning by nurses' organizations brought home care back to the forefront. In 1965 Medicare legislation was enacted to provide benefits to home care patients; it was followed by Medicaid, the state medical assistance program for the poor,

which included provisions for home care. In 1982 the National Home Care Association was founded to provide high-quality care to hospice and home patients, and to act as the industry's voice. About 80 percent of medical schools now offer training in home care.

Who receives home care?

Home care may be provided to anyone with a terminal illness who wishes to die at home, to disabled or chronically sick adults or infants, to children whose parents want to keep them in a secure home environment, and to adults who need assistance because they are disabled or recuperating from a hospital stay. Home care may involve administering medicine, managing pain, assisting with everyday tasks, or providing companionship or therapeutic treatment. Home care providers aim to enable the patient to live as self-sufficiently as possible in a secure home environment, and home care may be given in all situations where appropriate patient care is not provided easily or solely by family and relatives.

Who provides home care?

Home care is usually provided by home care organizations, which include home health agencies, hospices, homemaker and home care aide agencies (HCA), and companies that specialize in medical equipment and supplies, including drug infusion therapy and pharmaceuticals (see Intravenous Infusion). Home care services are available around the clock and may involve a rotating team of

specialists such as medical social workers, occupational or speech therapists, companions, housekeepers, doctors, and nurses.

Home care providers: Health agencies are usually Medicare-certified, meaning that they have met federal standards for patient care. Depending on the patient's needs, these agencies provide nurses, doctors, therapists, homemakers and HCAs, social workers, and volunteers. Whereas other agencies might provide just nurses or other specialists, health agencies can call on a large team of health workers who are coordinated depending on the needs of the patient. The agency assumes responsibility for the patient care provided.

Hospices: Terminally sick patients and their families are cared for in hospices. The hospice may employ an interdisciplinary team to provide medical and emotional support to the patient and his or her relatives. Hospice workers might also focus on managing the patient's pain and keeping the patient as comfortable and pain-free as possible while helping to prepare him or her for eventual death. The care of terminally ill patients is often referred to as palliative care. Hospice care is often provided at home, where patients can remain with their loved ones and where they have a greater degree of privacy and independence so that they can end their lives in dignity. This service also includes the provision of medicine and equipment. Most hospices are Medicare-certified and licensed according to state requirements (see Hospice Care).

Homemaker and home care aide agencies: These agencies are concerned mainly with assisting clients with tasks such as bathing, dressing, and housekeeping. The regulation of these agencies varies from state to state. Such tasks are also carried out by personnel of staffing and private-duty agencies. Individual providers are hired by the patient on a private basis and are paid accordingly. The client must ensure that therapists and health professionals have adequate training, but the agencies are not themselves required to meet federal standards unless they are receiving state funding.

Home care equipment: Drugs, equipment, and professional services for patients receiving intravenous therapy are provided by pharmaceutical and infusion therapy companies. Such companies employ pharmacists to prepare solutions and arrange their delivery. Nurses show patients how to self-administer the drugs. Regulations governing these companies varies from state to state. Some are Medicare-certified health agencies.

Dealers in durable medical equipment and supplies provide products such as respirators, wheelchairs, catheters, and items used in caring for wounds. They also provide staff members to instruct patients on how to use the equipment, but do not usually provide a medical staff. Some dealers offer pharmacy and infusion services, in which a nurse administers medication and nutritional formulas to patients. Companies that bill the Medicare program are required to meet federal minimum standards, and some states require these organizations to be licensed.

Home care for those in assisted living programs

About 800,000 elderly Americans currently live in housing known as "assisted living" (AL). These elderly people receive some level of nursing on-site, housekeeping services, and possibly meals. Many people believe that home care services are never required by those

living in AL programs because of the services they already receive, but organizations representing the elderly point out that AL arrangements are not a substitute for home care services that are reimbursed by Medicare. AL programs support many long-term chronically ill elderly patients, but the staffing patterns and organization of their programs do not suit acutely ill patients. Home care programs in AL housing are almost never Medicare-certified; thus the patient has to pay for extra services out of his or her pocket. Only health care agencies can provide a full range of services, such as medical social work or rehabilitation therapies. To receive the Medicare home care benefit, patients must be "homebound"—but not necessarily permanently—and all AL participants are homebound when they are acutely sick. There are many situations when a patient in AL needs skilled home care, including after a fall or loss of mobility that requires rehabilitation therapy (see Rehabilitation). Many who advocate the rights of the elderly claim home care helps keep AL patients out of nursing homes.

Ethics of home care

Special ethical or legal issues may arise owing to the unique circumstances of home care. For example, home care physicians do not have the support of an entire medical team in making decisions. The American Medical Association specifies that all physicians are expected to follow a code of ethics, principles, or standards of conduct in dealing with patients. Physicians working in home care are encouraged to follow special provisions relating to the dignity and privacy of the patient's home, and the physical and emotional boundaries of the relationship between the doctor and the patient. Physicians are entitled to refuse to treat a patient in his or her own home if they think that the home is not the most appropriate setting for the patient's care, and they are also entitled to decline to visit a home or particular neighborhood if they have concerns for their own or others' safety.

Future of home care

Experts say that home care will expand further in the years to come. Because of medical advances, surgery that used to involve a two-week stay in the hospital now requires a much shorter stay, and home care may be the most appropriate way to follow this up.

Americans are better educated about their health in the 21st century, and are living longer. It is estimated that by 2030 20 percent of Americans will be over 65. This older population has the potential to place a great strain on the health and social security system. As the ratio of people paying taxes to those receiving benefits shrinks, home care is emerging as a cost-effective alternative to hospital care.

At the moment, home care Medicare benefits are limited to people who are "homebound," but in the future those benefits may also include helping all people in the community to live with maximum independence and self-sufficiency. The variety of services offered by home care providers is also expected to expand, and new projects are now under way that will improve home care services. For example, a telemonitoring device that can be used by qualified health professionals to transmit a patient's vital signs over the telephone is now being developed.

See also: Health care system; Medical information highway; Occupational therapy; Pain management; Respirators; Speech therapy