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Home Care and the Healthcare System



1. Describe the structure of the healthcare system and describe ways it is changing

Define the following terms:

providers

people or organizations that provide health care, including doctors, nurses, clinics, and agencies.

facilities

in medicine, places where health care is delivered or administered, including hospitals, long-term care facilities, and treatment centers.

payers

people or organizations that pay for healthcare services.

1. Describe the structure of the healthcare system and describe ways it is changing

Define the following terms:

long-term care

care given in long-term care facilities for people who need 24-hour, skilled care.

skilled care

medically necessary care given by a skilled nurse or therapist.

assisted living

residences for people who do not need 24-hour skilled care but do require some help with daily care.

1. Describe the structure of the healthcare system and describe ways it is changing

Define the following terms:

adult day services

Care for people who need some assistance or supervision during certain hours, but who do not live in the facility where care is given.

acute care

24-hour skilled care given in hospitals and ambulatory surgical centers for people who require short-term, immediate care for illnesses or injuries.

subacute care

Care given in hospitals or in long-term care facilities for people who need less care than for an acute (sudden onset, short-term) illness, but more care than for a chronic (long-term) illness.

1. Describe the structure of the healthcare system and describe ways it is changing

Define the following terms:

rehabilitation

care that is given by specialists to help restore or improve function after an illness or injury.

hospice care

holistic, compassionate care given to people who have approximately six months or less to live.

managed care

a system or strategy of managing health care in a way that controls costs.

1. Describe the structure of the healthcare system and describe ways it is changing

Define the following terms:

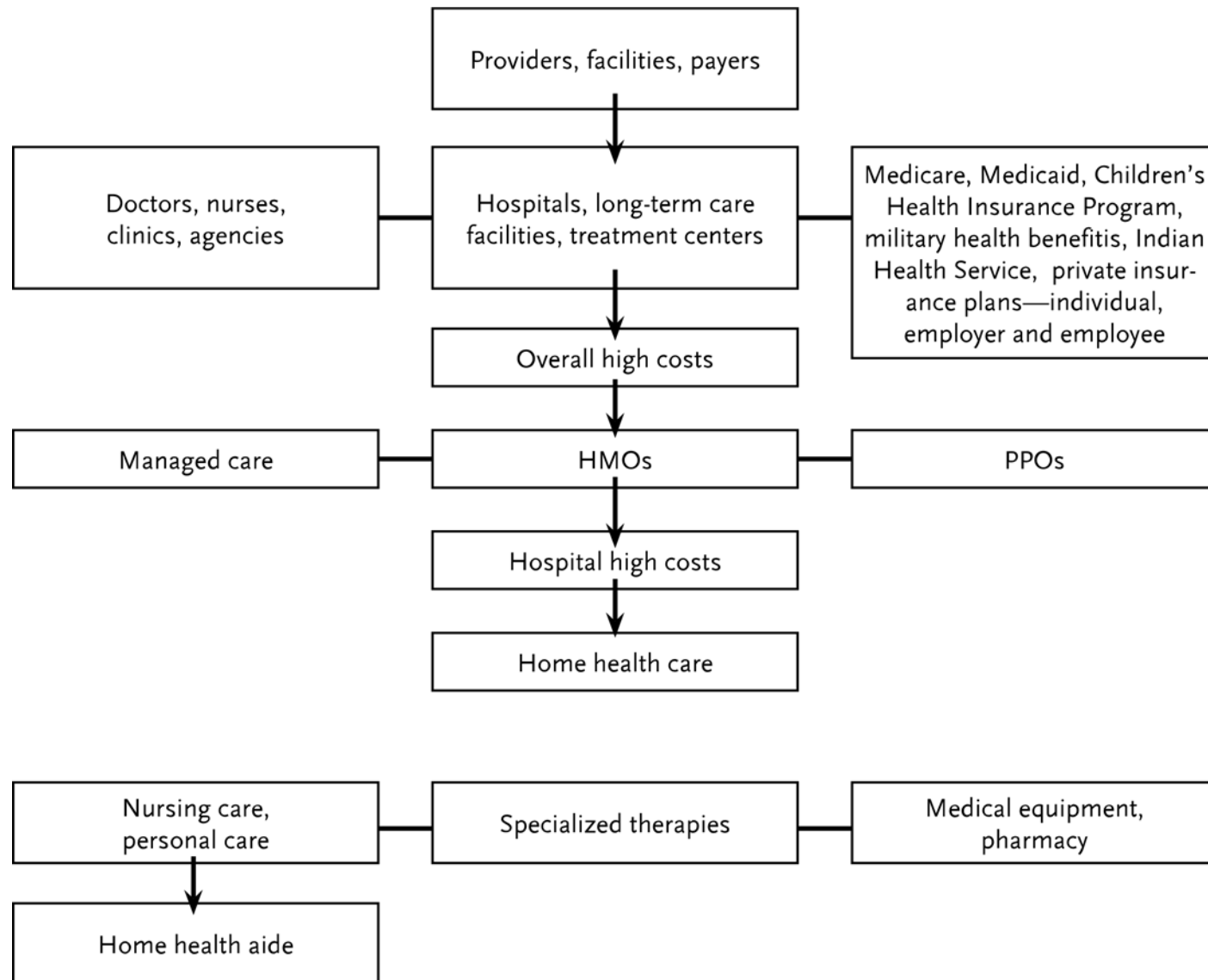
health maintenance organizations (HMOs)

a form of health insurance in which the cost of care is covered only when a person uses a particular doctor or group of doctors except in case of emergency; seeing specialists generally requires referrals from the primary doctor.

preferred provider organizations (PPOs)

a form of health insurance in which patients are encouraged to receive care from a network of approved providers, but can see other providers at an additional cost; patients can usually choose their providers, including specialists, without being referred by another doctor.

Key Material 1-1: Traditional Healthcare System



1. Describe the structure of the healthcare system and describe ways it is changing

Major changes in our healthcare system include the following:

- Patient Protection and Affordable Care Act or Affordable Care Act signed into law in 2010, with goals of increasing the quality of health insurance, expanding insurance coverage (both public and private), and reducing healthcare costs
- New technologies and medications, and better ways of caring for people help people live longer
- New discoveries and expensive equipment contribute to rising costs of healthcare
- Cost control is a consideration, as is coordination of care

1. Describe the structure of the healthcare system and describe ways it is changing

Critical Thinking: Conversation Starter

Review the orange box on pages 1–2 describing healthcare settings.

Which of these settings is most appealing?

What are some of the challenges associated with each one?

What are some of the benefits?

2. Explain Medicare and Medicaid, and list when Medicare recipients may receive home care

Define the following terms:

Medicare

a federal health insurance program for people who are 65 or older, are disabled, or are ill and cannot work.

Medicaid

a medical assistance program for people with low incomes, as well as for people with disabilities.

2. Explain Medicare and Medicaid, and list when Medicare recipients may receive home care

HHAs should know these facts about Medicare:

- For individuals who are 65 years or older or anyone who has permanent kidney failure and/or certain disabilities
- Currently covers nearly 60 million people

2. Explain Medicare and Medicaid, and list when Medicare recipients may receive home care

There are four parts of Medicare coverage:

- Part A helps pay for care in a hospital or skilled nursing facility or for care from a home health agency or hospice.
- Part B helps pay for doctor services and other medical services and equipment.
- Part C allows private health insurance companies to provide Medicare benefits.
- Part D helps pay for medications prescribed for treatment.

2. Explain Medicare and Medicaid, and list when Medicare recipients may receive home care

HHAs should know these facts about Medicaid:

- A medical assistance program for people who have a low income or a disability
- People qualify for coverage based on income and special circumstances

2. Explain Medicare and Medicaid, and list when Medicare recipients may receive home care

The following is true of home health care coverage under Medicare:

- Covers intermittent, not continuous, care
- Agency must be certified by Medicare
- Recipients must be homebound (unable to leave the home) and under a doctor's care

3. Explain the purpose of and need for home health care

Home health care exists for these purposes:

- Hospitals discharge earlier, and patients still need care.
- Patients need short-term care, which is less expensive in the home.

3. Explain the purpose of and need for home health care

Define the following term:

person-centered care

type of care that emphasizes the individuality of the person who needs care and recognizes and develops the person's capabilities.

3. Explain the purpose of and need for home health care

The need and demand for home health care services is increasing for reasons such as these:

- Family members may live in distant areas.
- Older persons prefer care at home.
- Longer lives increase chronic illnesses and need for care.
- People who are ill or disabled are more comfortable at home.

3. Explain the purpose of and need for home health care

Think about this question:

If you needed additional care and had a choice, would you prefer to receive care by living in a long-term care facility or would you choose to live in your own home?

4. List key events in the history of home care services

Key events in the history of home care services include the following:

- 1959: National conference on homemaker services
- 1965: Medicare created

4. List key events in the history of home care services

Define the following terms:

diagnosis-related groups (DRGs)

a system of billing Medicare or Medicaid (and other insurers) for medical and hospital services by classifying various diagnoses.

diagnoses

physicians' determinations of an illness.

4. List key events in the history of home care services

Diagnosis-related groups (DRGs) assign a flat fee for each diagnosis:

- A hospital loses money if a person's stay is longer than what is allotted in the DRG. A hospital makes money if a person's treatment is completed more quickly than is specified in the DRG
- This can lead to earlier hospital discharges
- Increased need for home care

4. List key events in the history of home care services

The Affordable Care Act actively encourages home care because

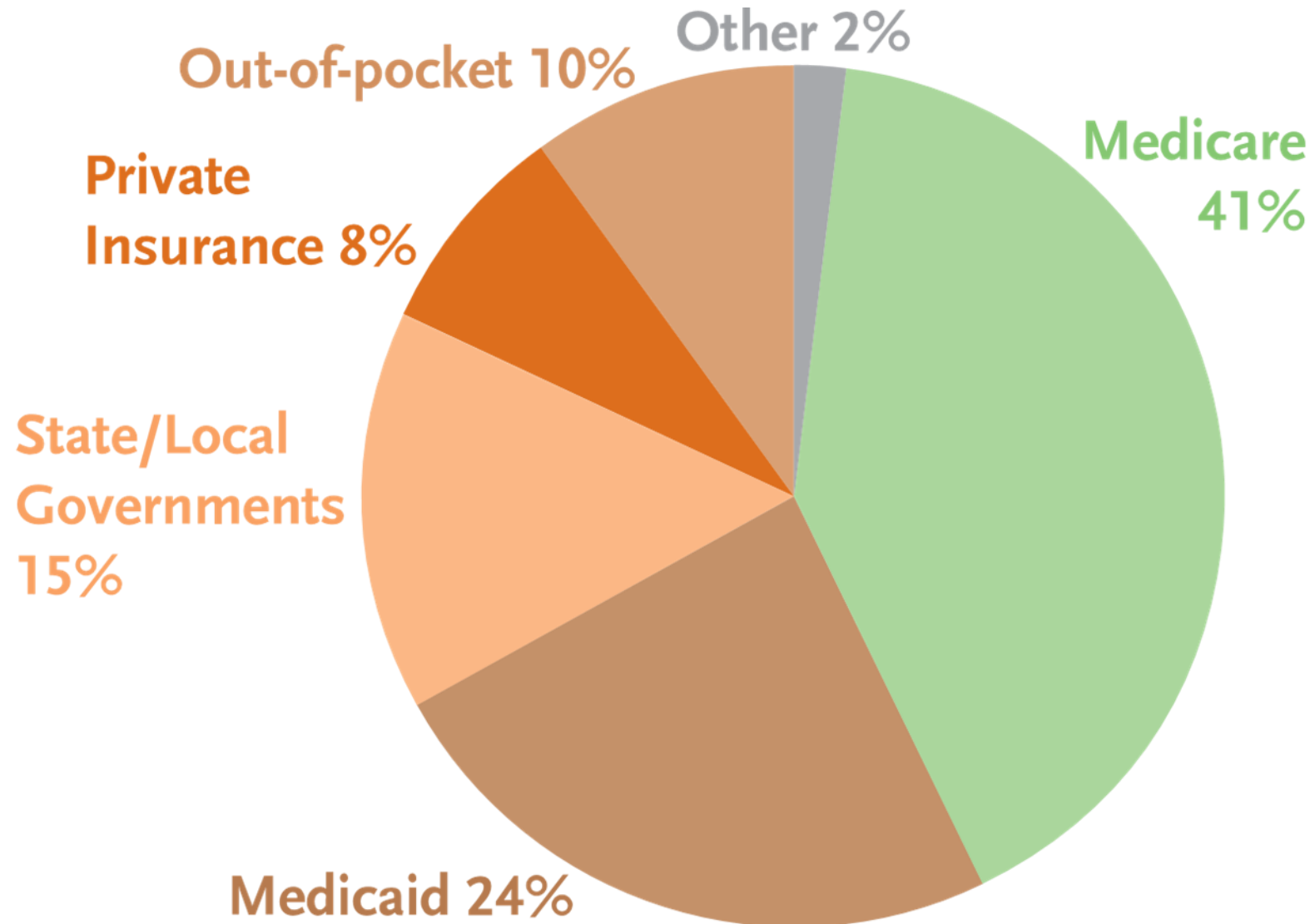
- Home care is an effective and cost-efficient way to promote health
- Effective home care can prevent frequent hospital admissions

4. List key events in the history of home care services

It is important to understand the training requirements for HHAs:

- At least 75 hours of initial training
- At least 12 hours of in-service training annually
- Certified nursing assistants (CNAs) may work as HHAs after receiving training and taking an evaluation.

Key Material 1-2: Who Pays?



5. Identify the basic methods of payment for home health services

Remember:

Medicare is a major influence as a payer for home health services, accounting for 41% of all home care provided.

5. Identify the basic methods of payment for home health services

Think about this question:

In what ways might the payment of fixed amounts for all clients be good news and bad news for home care agencies?

6. Describe a typical home health agency

Define the following term:

home health agencies

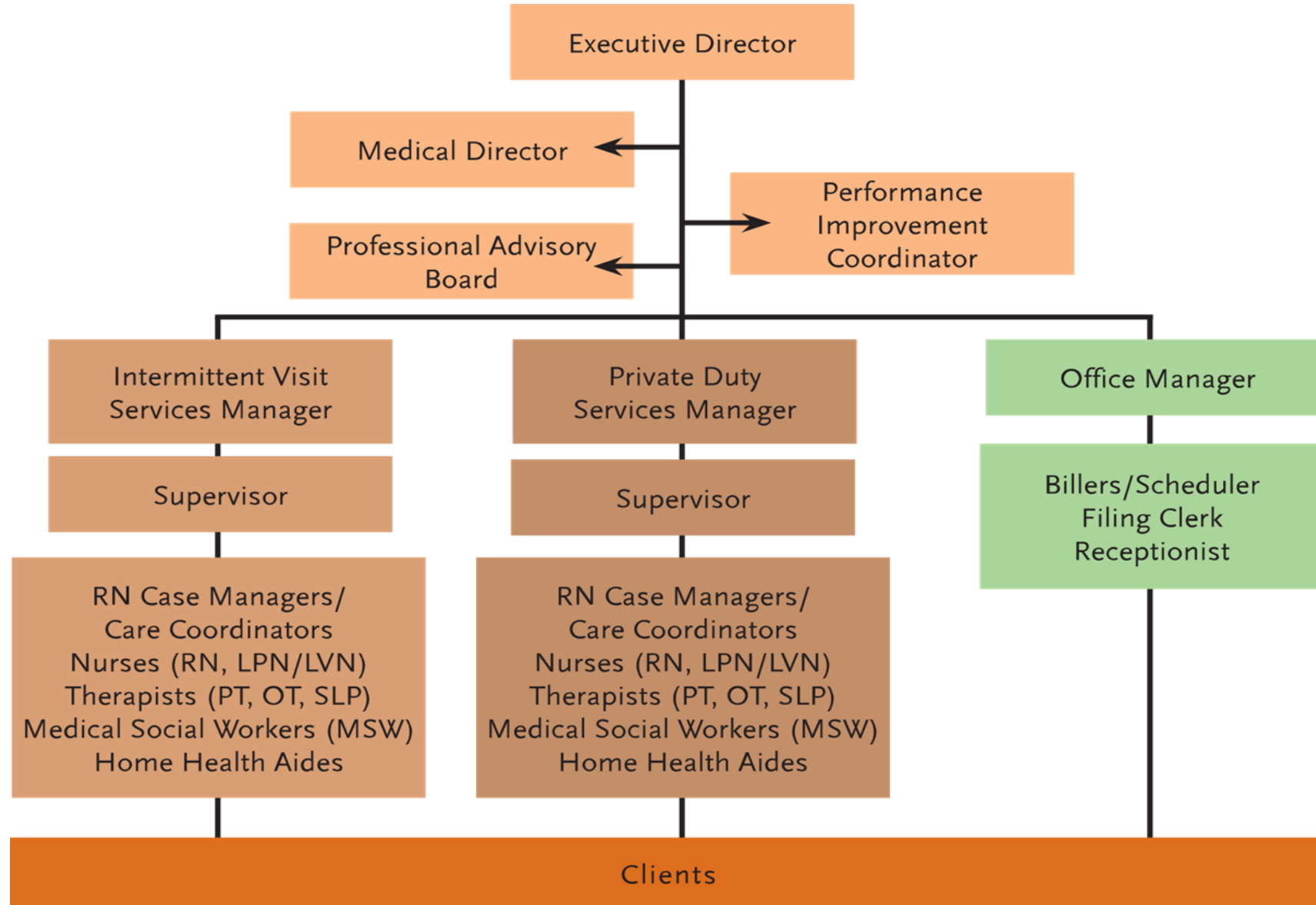
businesses that provide health care and personal services in the home.

6. Describe a typical home health agency

Clients who need home care may be referred to a home health agency by

- Physicians
- Hospitals
- Social services
- Departments of public health
- Family members

Key Material 1-3: Home Health Agency Organization Chart



7. Explain how working for a home health agency is different from working in other types of facilities

Remember:

Working in someone's home differs from working as a nursing assistant or nurse's aide in many ways. It is very important to respect the client's home, routines, and ways of doing things. You are a guest in the client's home.

7. Explain how working for a home health agency is different from working in other types of facilities

HHAs should understand how these aspects of working in someone's home are different from working in other areas:

- Housekeeping
- Family contact
- Independence
- Communication
- Transportation

7. Explain how working for a home health agency is different from working in other types of facilities

Aspects of working in someone's home that are different from working in other areas (cont'd):

- Safety
- Flexibility
- Working environment
- Client's home
- Client's comfort

