Home Health Care Revisited: Challenges for the Future

Home health care is a rapidly growing and diversified industry. At the 1988 annual conference of the National Association of Home Care, however, the most frequent comment heard by American Occupational Therapy Association (AOTA) representatives was that occupational therapy is the most underutilized service in home health care. The primary reasons given for the underutilization of occupational therapy were (a) fears about Medicare denials, (b) a lack of understanding about the role of occupational therapy in home health care, and (c) a shortage of occupational therapy practitioners to fill available positions.

In this paper, we will (a) examine demographic trends, federal and state legislation, and existing and proposed reimbursement systems; (b) present AOTA's role in establishing guidelines and standards both inside and outside the profession; and (c) discuss the specialty practice of occupational therapy in home health care.

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Historical Perspective
Initially, the home was the site of most health care. Since the early 1920s, occupational therapy has been providing home health services through visiting nurse associations, public health agencies, and community- and hospital-based home care agencies (Punwar, 1988). After World War I, acute-care treatment of persons with short-term diseases and disabilities began to shift from the home to the hospital, due in part to new surgical techniques, more complicated and improved antiseptic procedures, and advanced medical technology (Ginzberg, Balinsky, & Ostrow, 1984).

Medicare and Medicaid were established in 1965 as fee-for-service programs. These reimbursement programs encouraged the expansion of hospital acute-care services, but little consideration was given to cost. While hospitals were expanding, the elderly population in the United States was increasing. Today, there are 26.5 million persons over the age of 65 years, and by 2020, this population will outnumber teenagers by 2 to 1 (Hasselkus & Kierat, 1989). Elderly persons tend to enter the acute-care hospital system with multiple chronic conditions. 86% of all elderly persons suffer from one or more chronic conditions of varying degrees of severity, and 56% of those over 75 years of age are limited in activities of daily living due to chronic conditions (Brody & Rough, 1986).

The combination of fee-for-service reimbursement systems and an older, chronically ill patient population requiring multiple interventions has led to rapid increases in health care costs. In an attempt to control these hospital costs, the federal government enacted the Prospective Payment System for Medicare patients in...
Growth of Home Health Care Services

The trend toward shorter hospital stays has pushed home care practice into the public arena. The home care industry experienced a 100% growth rate from 1975 to 1984 (AOTA, 1989). Although the number of Medicare-certified agencies has increased overall from 4,584 in 1984 to 5,676 in January 1989, there has been a slight decline from a high of 5,887 agencies in 1987 (AOTA, 1989). This leveling effect is most likely due to (a) increasing numbers of hospital-based home care agencies, joint ventures, and consolidations; (b) some agencies not seeking Medicare certification; and (c) the inability of smaller community-based agencies to survive in a highly competitive marketplace. According to the Health Care and Financing Administration (U.S. Congress, 1988), home health Medicare benefits alone now total approximately $2.5 billion and are projected to increase to $3.7 billion by 1993; the average charge per visit is expected to increase from $63 to $82 over the same period.

According to AOTA’s 1986 Member Data Survey (AOTA, 1986b), the number of occupational therapists who named home health care as their primary employment setting increased from 0.9% in 1982 to 4.6% in 1986. The data for certified occupational therapy assistants in home care showed a somewhat slower growth rate, from 0.2% to 1.2% during the same period. In 1986, 59.5% of the home care agencies had occupational therapy services (AOTA, 1989). Of all the occupational therapists who responded, 87.8% were involved in direct service, 5.2% in administration, and 3.8% in supervision. The primary health problem of the patients seen was cerebrovascular accident (80.7%). The 1986 Member Data Survey represented only those therapists who considered home health care to be their primary area of practice. It did not consider therapists who rotated through hospital-based home care agencies or who contracted for services as a secondary area of practice.

Reimbursement

Parts A and B of Medicare will pay for home health care that is considered medically necessary. Specifically, occupational therapy services are covered once the patient qualifies for home health services on the basis of an initial need for skilled nursing, physical therapy, or speech-language pathology services. Occupational therapy services may then be extended solely on the basis of a continuing need for the services. In addition, the recent extension of full Medicare Part B coverage to occupational therapy services through the Omnibus Budget Reconciliation Act of 1986 (Public Law 99-509) allows home agencies (as well as other certified providers) to provide occupational therapy services to patients in their homes. In other words, the patient is no longer required to be homebound to be eligible for occupational therapy services.

The Legislative and Political Affairs Division of AOTA has targeted home health reimbursement for occupational therapy as a priority during this 101st session of the U.S. Congress. The main issue is the inclusion of occupational therapists as the fourth primary providers of skilled home health care services along with speech–language pathologists, physical therapists, and nurses. Practitioners have estimated that when occupational therapists become primary providers, the therapists’ home care caseloads will increase by 37% (AOTA, 1986a).

Increased coverage for occupational therapy services has not ensured reimbursement. Denials for services are real and frequent in all segments of the health care industry. Occupational therapy practitioners must be aware of the various reimbursement systems and work with intermediaries to resolve any denials for occupational therapy services. Anderson (1988) recommends that occupational therapists be encouraged to use the Medicare appeals process when problems cannot be resolved and a denial seems inappropriate.

Recognition by federal and state funding agencies represents positive steps for the practice of occupational therapy. However, as noted earlier, fewer home health care agencies are seeking Medicare certification. As a profession, we must monitor funding trends and continue to seek reimbursement from sources that include health maintenance organizations, private insurance companies, and industry.

AOTA Efforts

On a national level, the AOTA has responded to home care industry demands in several ways. In 1978, the Representative Assembly approved Standards of Practice for Occupational Therapy Services in A Home Health Program (AOTA, 1986c). In November 1984, a special issue of the American Journal of Occupational Therapy (Steinhauer, 1984a) was devoted to home health care. In that issue, Steinhauer (1984b) identified a need for professional guidelines for occupational therapy in home health care.

In 1985, the AOTA Commission on Practice identified home health care as a growing practice area and a target for increased occupational therapy activity. A task force was formed, and Guidelines for Occupational Therapy Services in Home Health (AOTA, 1987a) was made available in 1987. The guidelines address issues specific to home health care regarding referral, documentation, reimbursement, employment, and contracting, in addition to providing numerous resources. In 1988, the Joint Commission for Accreditation of Healthcare Organizations responded to the industry’s needs for standards by developing Home Care Standards for Accreditation, which provides a voluntary accreditation process. AOTA
was represented on the joint commission's Professional Technical Advisory Committee. Previously, AOTA contributed to the development of the standards and their accompanying guidelines as a member of the joint commission's Home Care Task Force.

Current Roles and Opportunities for Occupational Therapists

Occupational therapy's emphasis on adaptation, individualization of environments to promote optimal functioning, and life satisfaction makes the home a natural setting for treatment. In the home, work simplification and energy conservation become practical realities, and practitioners have a unique opportunity to understand the importance of activities of daily living from the patient's and caregivers' perspectives. The challenge of working in an environment that may be constrained by architectural barriers, ineffective equipment, a lack of support systems, and a lack of the financial resources necessary for independence demands experienced therapists who are innovative, adaptable, flexible, and creative.

Without the supportive environment of the hospital or clinic, the home care practitioner must be able to work independently, be motivated to communicate with team members, and be able to organize schedules and the timely completion of documentation. Home care caseloads may include children with traumatic brain injury, quadriplegic patients who are ventilator-dependent, and stroke patients with multiple secondary diagnoses. Continuing education, therefore, is essential for home care practitioners to stay informed about various problems faced as well as the increasingly advanced levels of care that the home health care patient requires.

Additional direct service opportunities in home care exist in personal care and support services, with durable medical equipment companies, in hospice care, in pediatric care, and in case management.

Personal care and support services may be one of the fastest growing and highest volume segments of the home health care industry. Increasing amounts of private and Medicaid dollars are being diverted from institutions to alternative care programs that allow persons to remain at home with support services. In many states, these services are administered through Area Agencies on Aging. The Area Agencies may contract with occupational therapists to assess a person's ability to be cared for at home and to seek their recommendations for support services.

The earlier discharge of patients with acute care needs has led to the steady growth of home care durable medical equipment companies. These companies provide equipment that promotes functional independence, prevents disability, and promotes home safety. They hire skilled professionals, including occupational therapists, to assess a patient's need for functional equipment and to instruct the patient and caregiver in its installation and use.

Some home health care agencies provide hospice services, and occupational therapists are often members of the hospice team. As such, occupational therapy practitioners acknowledge individual patients’ rights to autonomy, self-respect, and independence as they work to adapt self-care and leisure tasks to meet the patients’ and caregivers’ needs. Occupational therapists working in this area have access to the Guidelines for Occupational Therapy Services in Hospice (AOTA, 1987b).

Pediatrics is another area of home care that is developing in response to the increasing numbers of children who are released from neonatal intensive care units. Occupational therapy practitioners must gain an understanding of the services and reimbursement systems that are developing to meet the needs of families who are willing to care for their technology-dependent and seriously disabled children at home (AOTA, 1985).

Case management is another area of home health practice that represents opportunities for occupational therapy personnel. Traditionally, case managers have managed the resources associated with the care of persons with long-term disabilities resulting from catastrophic injuries. Within the home care industry, private case management companies are beginning to assist employers and employees in the selection of affordable and quality home health services. Case managers assess the needs of the patient and caregiver, assist them in obtaining needed services, and help them negotiate for reimbursement with third-party payers. Proposed long-term-care legislation and the Catastrophic Health Care Bill have provisions for alternative care programs that include personal care, support services, and case management.

Recommendations

Health care trends, demographics, proposed legislation, expanding reimbursement systems, and patients' preferences for autonomy and control all point to the continued growth and expansion of home health care services. To meet the challenge of home care expansion, the profession must provide qualified occupational therapy practitioners. The following points are also important:

- The specialty area of home health care should be integrated into the mainstream of occupational therapy education. Students need opportunities to observe skilled therapists in the home setting at both the preclinical and fieldwork levels. The Bay Valley Home Health Level II fieldwork experience is one example of such a setting (Burdick & Fox, 1986), but similar settings are few and need to be developed.

- As health care costs continue to rise, the profession needs to demonstrate the efficacy and cost-effectiveness of its services. Both routine outcome studies and research are needed to monitor and evaluate procedures and technologies as well as to weigh patient benefits against service costs. Occupational therapists need to establish and implement such methods on an ongoing basis before management and evaluation systems are imposed from the outside.
• Occupational therapy practitioners should submit manuscripts and case reports to peer review journals and publications to further expand the database for occupational therapy in home health care.
• Because service provision in an institutional setting differs greatly from that in a home health care setting, occupational therapy practitioners new to the home care field need continuing education opportunities as well as guidance from more experienced practitioners.

Summary
Home health care is a consumer-driven industry that will continue to grow in response to the patients' needs and the availability of payment sources that support their care. This is an opportune time for occupational therapy personnel to enter the home health care industry because of the many direct care, leadership, and administrative positions that are available. If individual practitioners wait too long to respond to the current personnel shortage in home health care, other professions will respond by developing and expanding their scope of practice to meet industry needs.

Perhaps 2 years hence, when AOTA returns to the National Association of Home Care conference, more occupational therapists will be practicing in home care or will be in leadership positions in home health care agencies throughout the country. Then, the most frequent comment to be heard may be, "Occupational therapy is the key service in our home care agency."

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References


