

Rural Home Health, Homecare, and Family Caregiving

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“My histories and physicals are incomplete until I have had a meal with the patient and their family in their home.” Made famous in part by Robin Williams’ semibiographical portrayal of the West Virginia physician, Dr. Patch Adams understands rural home care. I made my first home health nursing visit in 1985. There is peace in the view of the countryside, the swamps and marshes of south Louisiana, and the Cajun prairies. A trained eye also notes the unique public health issues in rural areas. Pulling into a driveway a health professional notes the socioeconomic status of the family. A knock on the door and stepping across the sacred threshold of the patient’s home offers an opportunity to evaluate the nature of the patient environment and the engagement of significant others. The home visit adds critical information to the patient assessment.

Madame Chair, Ranking Member Casey, U.S. Senate Committee Members, staff, and guests, home health, non-medical home care, and family caregiving are happening across the country as we gather here for this vital hearing. Depending on the resource one cites, as many as 45 million family caregivers assist loved ones each year. AARP reports that daily, between seven and eight million family members, provide care to a person in need. Informal, unpaid, family caregivers provide between 80% – 90% of all long-term care for the elderly and those with functional and cognitive exceptionalities. My wife and I are family caregivers of a 29-year-old daughter with Down Syndrome. My mother, my nine siblings and I provided care for my father who had dementia. Over his seven-year journey, with the help of family, hospice, and home health, Dad did not spend one night away from home.

Families like ours are supported by my colleagues, skilled home health nurses, aides, therapists, social workers, and other professionals. The non-medical homecare profession is one of the fastest growing job categories in the United States. Providing meals, personal hygiene, and custodial support, the Home Care Association of America reports these workers will account for 2.3 million jobs by 2024. Rural conditions make finding workers and family caregivers significantly more challenging.

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Across the nation, fewer rural beneficiaries receive home health, 5.5%, than those in urban counties, 8.8%. The average number of care episodes is also lower for patients in rural areas. These figures are in spite of rural communities' higher rates of chronic illness and disabilities. Home health patients are also more likely to live at or below the Federal Poverty Line than those in urban areas. Other aspects of social determinants of health also favor urban home health clients, over those who reside in rural communities.

Existing Successes and Promising Projects

Value-based care has led us away from a sick-care, acute care-centric model, to a more proactive, prevention and wellness focused approach to *health focused care*, better aligning incentives to proactive care and services at home. Innovative care at home programs may show promise when applied in rural areas.

- The Veteran's Administration's Home-Based Primary Care program's physician and nurse practitioner led, multidisciplinary teams have gone into homes for almost 20 years. The VA program's success led to the Independence at Home (IAH) Demonstration for chronically ill patients, which began in 2012 and has been extended to December 2020. The Centers for Medicare and Medicaid Services calculated the IAH model saved \$1,431 per overall Medicare beneficiary expenditures, a 4.7% savings over patients with similar care needs.
- Dr. Sarah Szanton's *Community Aging in Place- Advancing Better Care for Elders* (CAPABLE) model, involves a nurse, occupational therapist, and a home repair person/handyman, adapting home settings for seniors. Roughly \$3,000 in CAPABLE program investment results in more than \$20,000 in savings in medical costs from inpatient and outpatient services.
- Dr. Bruce Leff's initiative, the *Hospital at Home*, has resulted in fewer complications and lower costs.

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Sutter Health's Advanced Illness Management (AIM) program again included inter-professional groups of physicians, home health nurses, hospice professionals and data analysts. Patients with a 90-day engagement in Sutter's AIM program had a 59% reduction in hospitalizations, a 19% reduction in emergency room visits, and 67% fewer days in costly intensive care units.

Potential Solutions for Rural Providers

- Address homebound definition, and medical necessity criteria to expand eligibility for rural patients to receive care to observe and monitor chronic illness
- Support technology infrastructure to address connectivity and bandwidth issues, reducing the number of *dead-zones* for telehealth, telemedicine, and even just cellular coverage in rural areas
- Explore rural solutions to more burdensome face to face requirements
- Engage in solutions for both patient medical transportation problems in rural areas
- Recognize and reimburse fairly for the high cost of traveling to make home health visits, sometimes as much as two hours away from staff members' homes
- Recognize and compensate fairly to account for workforce challenges in rural areas
- Establish partnerships to address both skilled and non-medical rural workforce development
- Allow nurse practitioners and physician assistants to sign home health orders, as rural providers are often NPs and PAs, sometimes more than an hour away from a physician collaborator

(Thank you Madame Chair for your longtime commitment to this issue)

Madame Chair, Ranking Member Casey, and committee members, it is well documented that our rural communities are dying across America. Small farmers are selling to large conglomerates. The businesses once supported by farmers, and the employees of rural plants and manufacturers, are closing as our population continues to move into urban and suburban areas. Infrastructure

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issues abound, schools are closing, and the tax-base is disappearing. As rural hospitals continue to close, pharmacies, physician practices, and home health providers also close or relocate.

Head of MIT's Age Lab, Dr. Joseph Coughlin, Tweeted last year, "Independence is overrated. It is interdependence we should be seeking." I hope that this hearing is a catalyst for a more vibrant, lively conversation about *interdependence*, as we work to more effectively engage and support those that depend on home health across rural America. Thank you.