MetaStar, under its contract with the Centers for Medicare & Medicaid Services, is working to improve the care of patients who receive home health services. Our efforts are focused on decreasing avoidable acute care hospitalization, as well as improvement on the measures in CMS’s Outcome and Assessment Information Set (OASIS), particularly improvement in dyspnea.

More than a fourth of home health patients are admitted to the hospital during a single year. This percentage has risen steadily since home care agencies began collecting standardized data. There is substantial variability in the admission rate among agencies: from March 2004 to February 2005, the average risk-adjusted rate for the 25% of agencies with the lowest rates was 17.4%, in contrast with 48.8% for the 25% of agencies with the highest rates.\(^1\)

It may be concluded safely there is an opportunity to decrease rates of acute care hospitalization further for many if not most home health agencies.

The role of the ordering physician in the home care process is crucial. And in many cases, there is opportunity for improvement. Some physicians with patients who receive home health services have limited understanding of home care. Communication between physicians and home health staff often is not as effective as it could be. In particular, in the “handoff,” or transfer of a patient between one setting and another, information may be incomplete, insufficient, inaccurate, or absent. Too often, this can result in home health patients suffering avoidable and sometimes serious complications.

Things physicians can do to optimize the care of their home health patients include:

- Prior to a patient being discharged from the hospital, confer with the discharge planner, the home health nurse accepting the patient, and the hospitalist (if any), to ensure that information is complete and that all considerations are given due attention. Including caregivers in the discussion can be important, too.
- Provide prn orders for symptom management, so that agencies can respond quickly to changes in a patient’s condition. For example, a physician might order furosemide 20 mg prn for a heart failure patient with pitting edema or a weight gain of 2 pounds over the previous 2 days.
- In nonacute situations, order an urgent home health visit instead of referring the patient to the emergency department.
- Order reportable parameters for a patient’s condition, to ensure appropriate and necessary communications with the home care staff.
- Provide the agency with your preferred method of communication, e.g., telephone, e-mail, or fax.

For patients with chronic dyspnea, which is an issue for many home care patients, the literature supports a number of interventions\(^2\) (which of course are not limited to home health):

- Pulmonary rehabilitation involving exercise training.
- Multi-component breathlessness interventions (breathing retraining, relaxation techniques, coping and adaptation techniques, activity pacing, goal setting, psychological support).
- Low-level exercise.
- Attention to the correct use of inhalers.
- Minimizing the types of inhaler devices a patient uses.
- Continuous \(\text{O}_2\) therapy for patients with COPD and resting hypoxemia.
- Supplemental \(\text{O}_2\) before or after exercise.
- Wheeled walkers, particularly for the elderly and those with severe disease.
- Written detailed asthma plans, specifying how to manage exacerbations.

We believe that if physicians follow these recommendations, the care and the health of their home care patients can be optimized.

References

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