Overview of the State of Home-Based Care and the Leadership Role of Nurses: Impact and Challenges in Health Care and Implications for Nursing Education, Research and Practice

Second International Home Care Nurses Organization Conference: Person-Centred Care in Home-Based Nursing – Service Models, Nursing Roles and Competencies
Singapore 23-26 September 2014

Carol O. Long, PhD, RN, FPCN
Contents

Learning Objectives
Current State
Integration
Innovation
Interprofessional
Inspiration
The Future
Summary
References
Overview of the State of Home-Based Care

Learning Objectives

- Provide an international context and mandates that are driving new models of home-based care
- Outline a *Vision for the Future* with education, research and practice underpinnings and overview of exemplars
- Identify ways to survive and thrive in home care
Increasing life expectancy:

- 73 for women, 68 for men; 6 years longer than 1990
- Low income countries in Asia and Africa with greatest progress
- High income countries: attacking non-communicable diseases (e.g., hypertension)
- Fewer children are dying before their fifth birthday (WHO, 2014)
Aging in the 21st Century

- The numbers:
  - 2012: 10 million
  - 2020: 1 billion
  - 2050: 2 billion

- Two people turn age 60 every second

- More than 50,000 adults over 100 in Japan (HelpAge International, 2014)
Table 1. Life expectancy at birth among men and women in 2012 in the 10 top-ranked countries

<table>
<thead>
<tr>
<th>Rank</th>
<th>Country</th>
<th>Life expectancy</th>
<th>Rank</th>
<th>Country</th>
<th>Life expectancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Iceland</td>
<td>81.2</td>
<td>1</td>
<td>Japan</td>
<td>87.0</td>
</tr>
<tr>
<td>2</td>
<td>Switzerland</td>
<td>80.7</td>
<td>2</td>
<td>Spain</td>
<td>85.1</td>
</tr>
<tr>
<td>3</td>
<td>Australia</td>
<td>80.5</td>
<td>3</td>
<td>Switzerland</td>
<td>85.1</td>
</tr>
<tr>
<td>4</td>
<td>Israel</td>
<td>80.2</td>
<td>4</td>
<td>Singapore</td>
<td>85.1</td>
</tr>
<tr>
<td>5</td>
<td>Singapore</td>
<td>80.2</td>
<td>5</td>
<td>Italy</td>
<td>85.0</td>
</tr>
<tr>
<td>6</td>
<td>New Zealand</td>
<td>80.2</td>
<td>6</td>
<td>France</td>
<td>84.9</td>
</tr>
<tr>
<td>7</td>
<td>Italy</td>
<td>80.2</td>
<td>7</td>
<td>Australia</td>
<td>84.6</td>
</tr>
<tr>
<td>8</td>
<td>Japan</td>
<td>80.0</td>
<td>8</td>
<td>Republic of Korea</td>
<td>84.6</td>
</tr>
<tr>
<td>9</td>
<td>Sweden</td>
<td>80.0</td>
<td>9</td>
<td>Luxembourg</td>
<td>84.1</td>
</tr>
<tr>
<td>10</td>
<td>Luxembourg</td>
<td>79.7</td>
<td>10</td>
<td>Portugal</td>
<td>84.0</td>
</tr>
</tbody>
</table>

Countries with a population below 250,000 are omitted due to uncertainty in life-expectancy estimates.
International Trends: Causes of Death

Figure 2. The 20 leading causes of YLL – globally, 2012

1. Ischaemic heart disease
2. Lower respiratory infections
3. Stroke
4. Preterm birth complications
5. Diarrhoeal diseases
6. HIV/AIDS
7. Birth asphyxia and birth trauma
8. Road injury
9. Chronic obstructive pulmonary disease
10. Malaria
11. Congenital anomalies
12. Neonatal sepsis and infections
13. Self-harm
14. Trachea, bronchus, lung cancers
15. Diabetes mellitus
16. Tuberculosis
17. Cirrhosis of the liver
18. Interpersonal violence
19. Meningitis
20. Protein-energy malnutrition

Proportion of total YLL (%)

WHO, 2014
Not listed as WHO leading cause of death

#6 cause of death in the US (Alzheimer’s Association, 2013)

#3 cause of death in Australia (ABS, 2013)

Not well-known in Asia (Access Economics PTY Ltd, 2006; Chan et al., 2013)

Global burden of dementia (Prince et al., 2013)

5-7% worldwide; higher in Latin America (8.5%) and lower in sub-Saharan (2-4%)

Tremendous burden: healthcare system, families and the community (ADI, 2013)

Home-based care: need for knowledge and resources
Only 1 in 10 people who need palliative care get it

20 million people need palliative care every year; 6% are children

1/3 are people with cancer; 2/3 with noncommunicable diseases, HIV and MDR-TB

3 million receiving palliative care; mostly at end of life

80% of need is low-to middle income countries

Only 20 countries have palliative care well-integrated into their healthcare system (WPCA, 2014)

At-risk population: mothers and babies

Home-based care:
- Prenatal visits and postpartum care

Country mandates have led to: safer deliveries, increased LOS, improved life expectancy for newborns (WHO, 2012)
Increasing morbidity and mortality: non-communicable diseases

Care for vulnerable populations: unborn, mothers and children, older adults

Issues affecting home care:
- Access to health care
- Quality healthcare and health disparities within and across nations
- Capacity-building: workforce and systems of care and need for community workers (Marren, n.d.; Stone et al., 2013)
- Costly care and health care reform
- Little research in home-based care
What we know:
• Value of home care
• Continuum of care
• Serve: vulnerable populations with at-risk or medical needs

What we need to know:
• Better care, better value, better cost
4 key components driving the future of home-based care:

1. Integration
2. Innovation
3. Interprofessional
4. Inspiration

PREMISE: Home-based care is morphing into new models of care! Need to thrive!
INTEGRATION
Need: Address at-risk young and fragile families – educate and monitor (e.g., nutrition, parenting, readiness to learn)

Solution: Maternal, Infant, and Early Childhood Home Visiting Program (DHHS, 2014)

Impact: 500 nurses + team executing home-based preventive care; improved outcomes in 7 domains (e.g., child health, maternal health, parenting and more) (Avellar et al., 2014)

homvee.acf.hhs.gov/
Need: 1/5 of Medicare patients readmitted to hospital within 30 days (Jencks, 2009); support safe and effective transitions to reduce fragmentation and readmission

Solution: Centers for Medicaid and Medicare (CMS) initiative: Care Transitions Program (CTP)®

Impact: Averted 5,872 readmissions; 19% reduction over 18 months http://www.noplacelikehomeaz.com/

How? transition coaches, telehealth, dismantle silos and build relationships, patient education (Romagnoli et al., 2013)
Need: Improve access and reduce costs through person-centered and consumer-directed care models

Solutions:

Program of All-Inclusive Care for the Elderly (PACE®) - US and Singapore npaonline.org

Interventions to Reduce Acute Care Transfers (INTERACT) and keep people at home (Ouslander et al., 2014) interact2.net/home_health.aspx

Home and Community Care Packages – Australia agedcareguide.com.au/

Impact:

Reduce admissions/readmissions, improve consumer choice and keep people home!
Need: holistic and home-based care nursing across settings

Solutions: education of nurses / patients

End of Life Nursing Education (ELNEC) Consortium

- Pediatric, Geriatric, Core [http://www.aacn.nche.edu/elnec](http://www.aacn.nche.edu/elnec)
- Impact: 18,300 RNs: all of USA + 79 countries; numerous home-based efforts

Chronic Disease Self-Management Program (CDSMP)

- Impact: cost savings, patient outcomes (Ory et al, 2013)
INNOVATION
Innovation Solution (1)

- Need: Infusion of evidence-based practice (EBP) in home care nursing settings
- Solutions: Use EBP protocols, clinical practice guidelines
  - Hartford Institute for Geriatric Nursing (HIGH) [www.consultgeri.org](http://www.consultgeri.org)
  - National Consensus Project for Quality Palliative Care (2013) [www.hpna.org](http://www.hpna.org)
- Numerous collaboratives
- Solution: Professional association leadership – Visiting Nurse Associations of America [http://vnaa.org/vnnaa-blueprint](http://vnaa.org/vnnaa-blueprint)
Innovation Solution (1) cont.

http://www.vnaablueprint.org/main-menu.html

With Permission, M Terry 2014
Need: Education and training of students and RNs using home care principles

Solution: Create new models of undergraduate and continuing education: competencies and simulation

Marquette University College of Nursing
http://www.marquette.edu/nursing/index.shtml

Impact:
- learn novice to complex skills, home care education of mother-baby, older adults
- 2012-2104: 970 students; 214 individual simulations with external partners
Need: Geriatric care competency of nurses working in community-based settings

Solution: Tsao Foundation: Hua Mei Training Academy Certificate in Community Gerontological Nursing: 280 hours didactic/skills

Impact: 2 cohorts - 35 RNs from community-based settings – primary care, home health, nursing home, community care, hospice and day care

Needs: specific product lines; creative strategies

Solution: *Palliative Care for Dementia* in the home

http://www.hov.org/caregiver-support-dementia

Impact estimated: reduced cost of care, keep people at home

“Mabel Sawyer gives her husband Bob eight hugs six times a day. It’s the best medicine a wife could offer – particularly to a husband with Alzheimer’s disease.”
Need: Cost-effective use of technology for patient care and efficiency

Solutions: Create innovative models for aged care

Dementia care telephonic ecosystem to support caregivers and the person with dementia at home

CareSmarts: daily text messages to patients with diabetes http://www.innovations.ahrq.gov/content.aspx?id=4174

Solutions: Point of care technologies: billing, EMR, scheduling, laboratory (Fazzi, 2014); handheld technologies for nurses
As of 9/9/2104; Agency for Healthcare Research and Quality Innovation Exchange (AHRQ)

- Home Care
  - Home care (non-health) - 17
  - Home health care - 42
  - Home Hospice care - 2
  - Patient self-management - 25

- Age - 677
- Chronic conditions….many!

http://www.innovations.ahrq.gov
INTERPROFESSIONAL
Need: efficient teams; communication

Solutions: Interprofessional team-based care through education (IOM, 2013; WHO, 2010)

Geriatric Interdisciplinary Team (GITT)
http://hartfordign.org/education/gitt/

TeamSTEPPS
http://teamstepps.ahrq.gov/

University of Louisville, Kentucky USA: Oncology Palliative Education (iCOPE) interdisciplinary case management experiences (ICME) (Head et al., 2104)
http://louisville.edu/nursing/news-archive/palliative-care-curriculum
Need: Collaborative efforts and opportunities in palliative care across disciplines and countries (Silbermann, 2014)

- 50% incidence of cancer in people < 65
- 99% untreated and painful deaths

Solutions: Middle East Cancer Consortium (MECC) - Israel, PA, Cyprus, Turkey, Egypt, Jordan

www.mecc.cancer.gov

- Partner with Oncology Nursing Society: Increase capacity-building; interprofessional care
- Emerging need for home care as preferred place of care (Silbermann et al., 2012)
INSPIRATION
Need: Leadership skills
Solutions: skill building!
- Agile decision-making
- Mentoring, coaching
- Navigating change; transformation
- Build and sustain collaborative relationships
- Project management
- Translational care; using research and evidence
- Day-to-day-management: budget

Better leaders, better agencies, lead to better outcomes for staff and patients (Parker et al., 2014)
Need: staff and management burn-out/stress or compassion fatigue

Solutions:

- Take care of staff: nurture and care for (Fox & Fox, 2014)
  - Reflective practice, self-care, mindfulness
- Adopt new communication skills:
  - Health coaching (Miller, 2014)
  - Motivational interviewing (Purath et al., 2014)
- Teach-back, medication reconciliation, timely communication support safe transitions of care (Dreyer, 2014)
Need: Moral imperative…address loss of hope, isolation, loneliness, abandonment, pain, suffering for the patients/families we serve

Solutions: Incorporate spiritual assessment and care is part of home care practice; add *humor* to the lives of others!
Many issues to tackle: access, disparities in quality care, capacity-building, reform and cost-effective care

4 vision elements in futuristic thinking and doing to thrive!
Vision of the Future…
Thank you!

Carol O. Long, PhD, RN, FPCN
Principal, Capstone Healthcare
Adjunct Faculty, Arizona State University
Phoenix, Arizona USA
E-mail: carollongphd@gmail.com
References (1)


References (2)

Geriatric Interdisciplinary Team (GITT). Retrieved from http://hartfordign.org/education/gitt/


