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The Future of Home Healthcare

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The Future of Home Healthcare

Several environmental factors have impacted the future of home healthcare. Most homes are not designed to support therapeutic needs, thus affecting the future needs of home-based care (Sanford, 2010). The factors range from the physical, social, and community environment. The physical environment affecting the future healthcare of homes depends on the types of homes. For instance, a single-family house, townhouse, an apartment, and mobile homes. Issuing effective care to patients will depend on layout, which depends on accessibility in and out of the houses by the caregivers. Also, the ease of communication between patients and the caregivers in home layouts will be affected by the internet access and the adequacy of other utilities.

The social environment depends on the immediate family who is involved in the patients' care and wellbeing. They may include; the immediate family, extended, friends, colleagues, the available associations who closely monitor the quality of care given to patients. Lastly, the health policy environment entails the health policy factors that enhance quality and affordable healthcare services in homes. For instance, the affordable care act, social service policies, Medical insurance company policies, and Medicare and Medicaid policies (Sanford, 2010). However, there are financial challenges associated with Medicare and Medicaid policies that require envisioning the possible value of home-based healthcare. Given these environmental factors, the future of home-based care will be impacted.

There is an urge to implement strategies to enhance the holistic approach to patients in the healthcare system. Some of the identified strategies include; addressing regulatory constraints and addressing program integrity and fraud abuse (Landers et al., 2016). The regulatory barriers associated with providing home-based healthcare to patients could be addressed by determining

eligibility. This may include determining whether the beneficiary of a given chronic illness using the hierarchical condition categories scores relates to Medicare advantage. The stakeholders could select costs for bundled payment or the selective waiver of the home-based healthcare services as the best means to access home health care services.

Addressing program integrity, fraud and abuse are essential, thus should be conducted while the patients continue to access services. This includes actions taken by the agencies to eliminate fraud and abuse in home-based healthcare. Preventing fraud involves the efforts made around timely licensure and accreditation, transparency, and auditing activities. Hence, bad actors that may be present in-home healthcare services may be eliminated. Besides, the measurements taken by these agencies will not necessarily prevent patients from accessing quality services. The health policy environment entails the health policy factors that enhance quality and affordable healthcare services in homes (Landers et al., 2016). For instance, the affordable care act, social service policies, Medical insurance company policies, and Medicare and Medicaid policies. However, there are financial challenges associated with Medicare and Medicaid policies that require envisioning the possible value of home-based healthcare. Therefore, the strategies are crucial in providing a holistic approach to patients.

The two challenges include; lack of consensus while modifying the home health benefit and single insufficient models essential in managing patients. Lack of agreement was when the responsible stakeholders failed to revise the Medicare home health benefit for the patients (Landers et al., 2016). Also, the responsible stakeholders could not identify appropriate models for managing post-acute patients, high-risk patients, or patients with chronic conditions. Therefore, the inefficiency of these modes interfered with the coordination between the reimbursed and non-reimbursed services.

References

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