The Physician’s Role in Home Care and Hospice

By Robert J. Waters and Jackie Eder-Van Hook

With more than 75 percent of Americans living past age 65 and larger numbers of Americans coping with serious medical problems at the end of their life, the need for adequate hospice and home care has never been more evident. Of increasing importance to the effective delivery of hospice and home care is the interaction between the team members, including physician, nurses, and hospice staff as well as the patient and family members.

The physician’s role as a member of the hospice and home care team has changed. Years ago, physicians would frequently visit a patient in his or her home, especially when the patient was experiencing severe symptoms or was near the end of life. Today, however, it is rarer for a physician to visit a patient at home. Instead, hospice staff often performs day-to-day treatment functions, regularly reporting on the patients’ symptoms and medical condition to the patient’s primary physician.

With less visits by physicians, health information technology (HIT) can play a crucial role in providing better care to more patients. HIT enables physicians to monitor patients in their homes via telehealth, to maintain a patient’s medical records and test results in an accessible, exchangeable electronic format, and to prescribe medicine electronically to reduce drug interaction errors and provide medicines on a timelier basis.

While HIT is gaining converts at a progressive rate, the cost of HIT adoption has been challenging for some physician offices and home care and hospice agencies. Luckily, the health care industry, Congress, and the current Administration recognize the importance of HIT as evidenced by the more than 70 pieces of legislation referencing HIT and/or telehealth. Through grant funding in these areas, more physician practices and home health agencies are able to take advantage of HIT options. Many non-profit healthcare foundations and corporations are awarding nationwide grants to small physician practices (usually defined as those with ten or less doctors) to spur HIT adoption.

Congress and the Administration also are working to fund HIT. In a very sparse budget year, an amendment introduced by Senator John Thune (R-SD) and co-sponsored by Senators Brownback (R-KS), Burns (R-MT), Chaffee (R-RI), Comyn (R-TX), Conrad (D-ND), Crapo (R-ID), and Talent (R-MO), provided $3 million in grants for telehealth in the fiscal year (FY) 2006 Labor-Health and Human Services-Education Appropriations bill.
This legislative success was due in part to the advocacy efforts of NAHC’s affiliate, the Home Care Technology Association of America (HCTAA).

Senator Thune has also introduced S. 1733, legislation that would provide financial incentives through a Medicare demonstration project for home health agencies to use HIT. The home care and hospice communities would be well served by the passage of this legislation along with similarly favorable legislation, the Medicare Home Health Telehealth Access Act of 2005 sponsored by Congressman Jim Ramstad (R-MN) (HR 3588) and Senator Rick Santorum (R-PA) (S 2282) and the Medicare Telehealth Enhancement Act of 2005 sponsored by Congressman Kenny Hulshof (R-MO) and Senator Conrad Burns (R-MT) (S 1909). In his FY 2007 Budget presented to Congress in early February 2006, President Bush proposed a higher programmatic budget number for HRSA’s Office for the Advancement of Telehealth.

The Health Resources and Services Administration (HRSA) and the Agency for Healthcare Research and Quality (AHRQ) both award federal grants for HIT and telehealth. AHRQ awarded over $23.3 million for 16 HIT projects in 2005 – many of which were aimed at small and rural communities. In 2004, HRSA spent $13.4 million to support IT initiatives and $30 million on telehealth projects.

But technology can only take physicians and nurses so far – an electronic health record or home monitor cannot replace a physician or nurse’s expertise. In order for clinicians to properly treat home care and hospice patients, they must not only assess a patient’s medical condition, but also provide physical symptom control, diagnose and treat depression and/or anxiety, address existential distress, treat psychological stress in the patient’s family members, address family fatigue, and effectively communicate with the patient and his or her family. The beauty of remote monitoring and telehealth is that it provides clinicians – physicians and nurses alike – with the tools they need to streamline tasks that are well-suited to technological interventions, while freeing up time to allow clinicians to handle the tasks that require human interaction and intelligent, human decision-making. Just as many of us have come to embrace the use of email as time saving technology we can’t live without, the more physicians use HIT – whether through telehealth, remote patient monitoring, office automation, telephony, or point of care tools – the harder they will find it to work without it. Working together, we can create the will to make health care more streamlined. On behalf of the millions and millions of aging, disabled or chronically ill Americans, they deserve nothing less.

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