

Geriatric Home-Based Medical Care

Principles and Practice

Jennifer L. Hayashi
Bruce Leff *Editors*

Linda DeCherrie
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Editors

Jennifer L. Hayashi
Division of Geriatric Medicine and
Gerontology
Johns Hopkins Bayview Medical Center
Baltimore, MD, USA

Bruce Leff
Division of Geriatric Medicine and
Gerontology
Johns Hopkins Bayview Medical Center
Baltimore, MD, USA

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Foreword

This is a timely and valuable book as home-based medical care or “house call medicine” is making an important and vital resurgence in American Medicine. While always a valuable and noble part of medical practice, house calls diminished dramatically over the last 50–60 years as medical specialization and sub-specialization came to dominate American health care. This specialty domination came also with increasing technical capabilities in diagnosis and treatment, predominantly available in hospitals, enabling these institutions to dominate health care in power, financing, and medical education.

Wide-ranging change in America’s health care delivery system is emerging now, motivated by high health care costs and increasing concerns about patient safety and satisfaction often concerning hospital care. Because of these concerns, there is resurgence in home-based medicine among many venues. Academic medical centers, health care systems, community hospitals, health insurance companies, and community-based care delivery programs are now trying to expand or initiate programs in house calls.

Six generic trends are fueling the increasing interest in home-based medical care.

1. **Changes in Patient Population:** The population of seniors, especially those over 80 years of age, has increased greatly the number of individuals who are home-bound with chronic disease and associated disability. Also now many younger individuals with chronic disease and disability are living in the community. The care of such individuals is very difficult and greatly burdensome for them without their being able to receive high-quality and comprehensive primary care in the home. Without high-quality home-based primary care programs such patients may require more frequent hospitalizations, visits to an emergency room, and institutionalization.
2. **Health Care Delivery Innovation:** Health care leaders recognize the value home-based medical care as a way to prevent recurrent hospitalizations and allow safe, early discharge of patients from hospitals and even, for selected patients, a substitute for admission to an acute care facility. These forms of hospital-linked home-based medical care have proven to be high-quality, cost-effective health care with high patient satisfaction. Even long-term care placement may be delayed or avoided with organized home-based medicine. Programs play important roles in improving care quality, patient satisfaction, and overall cost in the

management of many chronic illnesses such as heart failure, chronic pulmonary disease, and others that have been typically associated with frequent hospitalizations.

3. **Ideal Care for Patients:** Home visits are greatly appreciated by patients and their families. It is an altruistic pattern of care delivery and deeply rewarding for the health professional. House calls are invariably memorable and allow a clinician to know quickly a patient much more fully than possible when seen in the office or hospital. Such in-depth knowledge of a patient typically leads the health care provider to more thoughtful clinical judgments in advising ill patients and their caregivers. Visiting a patient at home builds a level of trust between patient, family, and health professional that is vital in providing the highest quality of care.
4. **Team Care in Medicine:** Medicine is increasingly team and multi-professionally based. Home-based medicine in recent decades has served as an exemplary model of such care. It is an ideal arena to develop and nurture effective team care and to teach trainees about the importance of and strategies for excellent interdisciplinary care. Team care is complex and requires the effective and efficient partnership of a variety of professionals. High-quality team care requires training and retraining. It demands skills not typically taught in depth in schools. Communications among professionals on a team must be punctual, focused, collaborative, respectful, pithy, wise, nurturing, patient-focused, and efficient. Team care when delivered well is superior to care provided by an individual. The patient benefits from the input of a variety of different professionals and the professionals benefit by sharing advice and insights from others.
5. **Value in Medical Education:** Home-based medical care in many training programs has become an important and valuable component of the education of students and postgraduate trainees. House calls require a clinician to hone his or her clinical skills in history taking and physical examination. The typical easy and immediate access to diagnostic testing in clinics, emergency rooms, or hospitals is not readily available in the patient's home and the clinician must think carefully and thoughtfully before ordering a test or procedure. This process requires that the clinician have a sensitive conversation with a patient before initiating a request for testing or treatment. Such communications are vital to high-quality care delivered in any venue but so often lost or not emphasized in hospital or clinic training venues. Being a guest as a clinician in a patient's home is a privilege that is at once informative, insightful, and humbling. All of these qualities are characteristic of clinical excellence. Scholars describing medical education in the United States over the last five or so decades suggest that we have lost the public trust by not always keeping the needs of our patients in focus. In any venue of health care delivery, the patient should always be the focus of attention and in charge of their own health care. House calls provide a poignant venue for such teaching.
6. **Advances in Technology Available in the Home:** The modern house call is quite different than that provided in the last century. No longer is a house call an isolated visit by a clinician. Now it is a system of care, typically team based and increasingly technologically sophisticated. Monitoring of patients, the transmission of

data and images, and the performance of sophisticated treatments are all possible at home. Technological advances do not diminish the need for the presence in the home of fine clinicians. If anything, they increase the need.

This book is edited by lifelong champions of home-based medical care. They have selected authors who are all experts and are deeply knowledgeable about the field. Most have created innovative programs. This book is a rich resource for professionals, students, trainees, and administrators who are committed to providing high-quality care for seniors.

The reader will gain useful information about home-based medical care and knowledge of the scientific work that supports their value. For society, this portends house calls as a promising and vital component of health care delivery systems. American medicine needs to regain the trust of the public in delivering appropriate, high-quality, satisfying, and cost-effective medical care that is truly patient centered. House call medicine is a vital component in regaining this public trust.

Baltimore, MD, USA

John R. Burton, M.D.

Preface

The health care system in the United States is changing. The physician house call, once the primary mode of health care delivery, was gradually relegated over the latter half of the twentieth century to a nostalgic footnote in textbooks of the history of medicine. However, tremendous growth in the population of older adults with chronic disease and disability, coupled with advances in medical technology over the past decade, has created both a need and an opportunity for a new model: medical house calls as part of a *system* of home-based medical care.

The larger health care system has been slow to adapt to this opportunity because of the economics of medical care, misconceptions about the safety and quality of home-based medical care, and a continuing bias in favor of facility-based medical care over care provided in the community setting. Comprehensive experiential education in home-based medical care is still rare in most physician, nurse practitioner (NP), and physician assistant (PA) training programs. This book is intended for clinicians who recognize the need for specialized knowledge, skills, and attitudes in providing care in the home setting, whether they are considering making their first medical house call or are already regularly caring for patients within an established home-based medical care program.

Experts in home-based medical care from highly respected programs and institutions across the country have collaborated to create this practical reference based on decades of shared experience and solid scientific evidence. We anticipate that the evidence base will continue to grow as this system of care expands and succeeds, along with meaningful quality assessments and outcome measures. We hope that this book serves both as a useful compendium of hands-on clinical advice and as a foundation for future development of the field of home-based medical care.

Baltimore, MD, USA

Jennifer Hayashi, M.D.
Bruce Leff, M.D.

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Contributors

Sonica Bhatia Department of Geriatrics and Palliative Medicine and Department of Medicine, The Mount Sinai Hospital, New York, NY, USA

Peter A. Boling Virginia Commonwealth University, Richmond, VA, USA

John R. Burton Johns Hopkins Bayview Medical Center, Baltimore, MD, USA

Silvia Chavez The Mount Sinai Health System, New York, NY, USA

Jessica L. Colburn Division of Geriatric Medicine and Gerontology, Johns Hopkins University School of Medicine, Baltimore, MD, USA

Thomas Cornwell Home Centered Care Institute, Northwestern Medicine Hospital, Wheaton, IL, USA

Ericka L. Crouse Virginia Commonwealth University, Richmond, VA, USA

Linda DeCherrie Department of Geriatrics and Palliative Medicine, Icahn School of Medicine at Mount Sinai, New York, NY, USA

Christian Escobar Department of Medicine, The Mount Sinai Hospital, New York, NY, USA

Thomas Finucane Department of Geriatric Medicine and Gerontology, Johns Hopkins Bayview Medical Center, Baltimore, MD, USA

Peter M. Gliatto Departments of Medicine and Medical Education, Geriatrics and Palliative Medicine, Icahn School of Medicine at Mount Sinai, New York, NY, USA

Lyons T. Hardy Virginia Commonwealth University, Richmond, VA, USA

Jennifer L. Hayashi Division of Geriatric Medicine and Gerontology, Johns Hopkins University School of Medicine, Baltimore, MD, USA

Cameron R. Hernandez The Mount Sinai Health System, New York, NY, USA

Elizabeth M. Jones Visiting Doctors Program, Mount Sinai Hospital, New York, NY, USA

K. Eric De Jonge MedStar Washington Hospital Center, Washington, DC, USA
Department of Geriatrics, Medstar Washington Hospital Center, Washington, DC, USA

Helen Kao Department of Geriatrics, Internal Medicine, University of California San Francisco, San Francisco, CA, USA

Fred C. Ko Brookdale Department of Geriatrics and Palliative Medicine, Icahn School of Medicine at Mount Sinai, New York, NY, USA

M. Victoria M. Kopke The Mount Sinai Health System, New York, NY, USA

Claire K. Larson Department of Medicine, Division of Geriatrics, University of California-San Francisco, San Francisco, CA, USA

Bruce Leff Division of Geriatric Medicine, Johns Hopkins University School of Medicine, Baltimore, MD, USA

Yasmin S. Meah Medical Education, Medicine and Geriatrics and Palliative Care, Icahn School of Medicine at Mount Sinai, New York, NY, USA

Kara R. Murphy DuPage Health Coalition, Carol Stream, IL, USA

Ritesh A. Ramdhani Movement Disorders Division, Department of Neurology and Neurosurgery, Icahn School of Medicine at Mount Sinai, New York, NY, USA

Jonathan A. Ripp Departments of Medicine, Geriatrics and Palliative Medicine, and Medical Education, Mount Sinai Hospital, New York, NY, USA

Christine Ritchie Division of Geriatrics, Department of Medicine, University of California San Francisco, San Francisco, CA, USA

David Skovran Department of Medicine, Icahn School of Medicine at Mount Sinai, New York, NY, USA

Theresa A. Soriano Department of Geriatrics and Palliative Medicine, Icahn School of Medicine at Mount Sinai, New York, NY, USA

George A. Taler MedStar Washington Hospital Center, Washington, DC, USA
Department of Geriatrics, Medstar Washington Hospital Center, Washington, DC, USA

Martha L. Twaddle Palliative Medicine, Northwestern University Feinberg School of Medicine, Chicago, IL, USA

Ania Wajnberg Department of Medicine and Department of Geriatrics and Palliative Medicine, The Mount Sinai Hospital, New York, NY, USA

Meng Zhang Department of Medicine, Department of Geriatrics and Palliative Medicine, Icahn School of Medicine at Mount Sinai, New York, NY, USA

Jennifer L. Hayashi and Bruce Leff

Abstract

As the population ages, home-based medical care becomes increasingly important in the care of frail, functionally impaired older adults. Unfortunately, formal education in home-based medical care is limited, and misconceptions abound. This book is intended to be a practical clinical reference for health care providers who practice medicine in the home. Home-based medical care is highly relevant to the evolving health service delivery system in the USA, but terminology related to this field can be confusing. We adopt the term “home-based medical care” to emphasize the relevance of this practice model as part of the contemporary health care system.

Keywords

Home-based medical care • Medical house calls • Medical home visits • Geriatric medicine

1.1 Key Points

1. Home-based medical care is important in the care of frail, functionally impaired older adults.
2. Formal education in home-based medical care is limited, and misconceptions abound.
3. Home-based medical care is highly relevant to the evolving health service delivery system in the USA.

J.L. Hayashi, M.D. (✉) • B. Leff, M.D.

Division of Geriatric Medicine and Gerontology, Johns Hopkins University School of Medicine, 5200 Eastern Avenue- Suite 2200, Baltimore, MD 21044, USA

e-mail: jhayash1@jhmi.edu