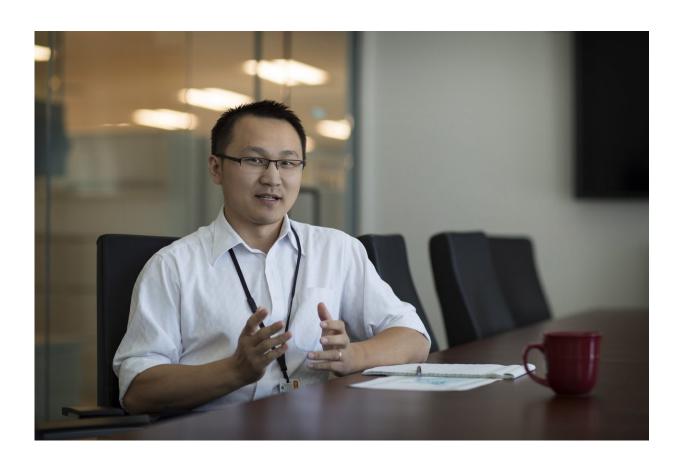


Frail seniors going without desperately needed in-home healthcare, study finds

November 12 2018



Nengliang "Aaron" Yao of the University of Virginia School of Medicine has identified an alarming disparity between the need for home-based medical care and the number of frail seniors actually receiving it. Credit: Dan Addison | University of Virginia Communications

There is a tremendous disparity between the need for home-based



medical care and the number of frail seniors actually receiving it, a new study finds. In many rural areas, the problem is so great that the researchers label it "remarkable."

"Most homebound seniors have not received medical care at home," said Nengliang "Aaron" Yao, Ph.D., of the University of Virginia School of Medicine. "More medical house call programs are needed."

Suffering Seniors

To determine the use of home-based medical care, the researchers looked at Medicare claims from 2011 to 2014. About 7 percent of Medicare patients are frail. Among these older, <u>frail patients</u>, only about 9 percent received medical care at home in 2011. Although there was a small increase in the use of home-based medical between 2011 and 2014, the majority of eligible, home-limited patients did not receive medical care at home.

Some of the study's findings:

- Only 2 percent to 4 percent of rural Medicare recipients received home-based medical care. Rural residents were 78 percent less likely to receive home-based care than people in the largest metropolitan county.
- Men were 24 percent less likely to receive home-based care than women.
- Asians were 31 percent less likely to receive home-based care than whites, while African-Americans were 21 percent more likely to receive it than whites.
- Michigan, Florida and Arizona had the highest percentages of Medicare beneficiaries who received home-based medical care.
 All had rates higher than 20 percent.
- Vermont, Idaho, Wyoming, Iowa, Louisiana, Arkansas, South



Dakota, Mississippi and North Dakota had the lowest percentages, less than 5 percent.

Overall, the researchers noted, the number of medical home visits increased approximately 17.5 percent between 2011 and 2014. The relative use increase was 29 percent for Hispanics, 18 percent for Asians, 16 percent for whites and 5 percent for African-Americans.

However, those increases were vastly outstripped by the need for such care, a need that, in many cases, went unmet.

Fixing the Problem

The researchers propose several suggestions to address the troubling disparities. For example, telemedicine, such as offered across Virginia by the UVA Health System, can help increase rural residents' access to doctors by connecting them electronically. "Effective use of technology," the researchers note, "has the potential to reduce the frequency of home visits and make [in-home care] more available in rural communities."

They also note that the U.S. healthcare system desperately needs more inhome care providers. Improved payments for such services would help, they say.

In addition, targeted interventions are needed to address specific obstacles, such as language barriers and longstanding social stigma about men seeking help.

"Most of us agree that the bedrock of clinical care is human connection," said Yao, of UVA's Department of Public Health Sciences. "Visiting the sick at home re-humanizes care for frail patients."



More information: Nengliang Aaron Yao et al, Use of Home-Based Medical Care and Disparities, *Journal of the American Geriatrics Society* (2018). DOI: 10.1111/jgs.15444

Provided by University of Virginia

Citation: Frail seniors going without desperately needed in-home healthcare, study finds (2018, November 12) retrieved 26 April 2024 from https://medicalxpress.com/news/2018-11-frail-seniors-desperately-in-home-healthcare.html

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