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No to home health care for seniors

A significant number of people, especially seniors, upon leaving the hospital to go home, refuse skilled home health care services according to a recent report from Kaiser Health News. (<http://khn.org/news/some-seniors-just-want-to-be-left-alone-which-can-lead-to-problems/>). This refusal can lead to many problems for older adults, including doubling the odds of being re-admitted to the hospital within 60 to 90 days. The report looks into why seniors are so resistant to this type of assistance.

Carol Levine, director of the United Hospital Fund's Families and Healthcare Project, a sponsor of the new report, says "There are a lot of misperceptions about what home care is." The Medicare benefit for home health care is available for beneficiaries who are homebound and require intermittent skilled care from a nurse, physical or occupational therapist, or speech therapist. These services may include an aide to help with bathing 1-3 days a week for about one hour each time. Typically, the services last for 4-6 weeks post hospitalization although some persons may need this assistance longer. This is often confused with "home care," which is generally "non-medical" and includes assistance with showering, dressing, cooking, cleaning, and serving as a companion. These services are generally not covered by Medicare.

Because of this confusion, older adults may refuse home health care because it seems like an affront to their independence. It can be seen as needing a babysitter, not as a road toward independence after an illness. According to the report, characterizing the "help" in the correct manner may be key. Instead of stating that "you really need the help" if the conversation began as "we want you to help you take care of yourself" it might make all of the difference. Most older adults are concerned about maintaining their independence. Dr. Leslie Kernisan, a San Francisco geriatrician and creator of the website "Better Health While Aging," says that accepting help at home might be perceived as the first step in trying to take that independence away.

There may be more circumstances at play other than lack of sufficient information and communication. Seniors might not want strangers invading their privacy. They might feel that they are doing fine and are unrealistic of how difficult it might be to recover from a hospitalization. There might be issues with the home, such as physical self-neglect or hoarding, that the older adult might not want anyone to see. Cost might be a concern. Or if the patient's cognition is compromised, he or she might not understand his or her limitations.

The report emphasizes that clear communication, in concrete terms might be more effective. Sometimes it is helpful to have a physician directly recommend the care. If an older adult says that "I don't want assistance," try to follow up by asking "Tell me more. What are you concerned about?" A follow up with those who did agree to care is also important. Involving families might help but sometimes the patient and his family have different goals. Working with hospital staff directly can be helpful also.