

Home and Community Based Care Lunch Discussion Summary

Attendees at the symposium were asked to consider a variety of issues in Home Care. Below are the topics discussed and a summary of the responses from these interprofessional round table conversations.

1. **Current experiences: All reporting groups noted a positive experience with health care agencies; appreciated the client-centered care focus**
 - *collaboration between different health agencies – fluid*
 - *a primary care provider found staff very helpful navigating the process; worked outside the box to meet the client's needs*
 - *have found enough time to discuss end of life/living will issues*
 - *appreciated that the client's were allowed to make choices*

2. **Barriers: Barriers revolved around lack of staffing, lack of understanding of the complete process and regulatory limitations on advanced practice providers signing certain necessary orders.**
 - *resources don't match client's needs*
 - *difficulty securing home care workers and supervising their care*
 - *don't know what questions to ask (although the home care agency staff are very helpful)*
 - *NP can't order DME; time consuming to get MD to sign order*

 - *Quality outcomes data in the pediatric setting – the criteria don't fit the pediatric patient*

3. **Trends in numbers/complexity of patients: Everyone commented that both numbers and complexity of patients is increasing, even to the point to put available services/providers in jeopardy**
 - *Yes (2 agencies in one county, one stopped accepting medicare pts; gap between needs of aging home-bound patient and available providers and services*
 - *Yes – increase in referrals for home care*
 - *Yes – complexity increasing; also need for more NPs to make home visits but reimbursement is not sufficient*

4. **EMR Integration: Although all noted that an EMR was good for care, there remained many inadequacies with current systems.**
 - *good for history; bad for meds (frequently very inaccurate – items don't get deleted)*
 - *good for access to patient info; CRISP alerting re: admissions*
 - *used to practice, communicate, send orders; use laptops during home visits*
 - *private practices were not setting themselves up for electronic communication in the truest sense*

5. **Work force Issues:**
 - *the lack of support for health care providers as they enter unknown situations. The situations can be difficult and the providers frequently don't know what environment they are walking into, the safety of the situation, cleanliness, personalities, etc.*
 - *lack of nurses to meet demand*
 - *a lot of discussion about the role of a "community health worker". Talked about the actual responsibilities and licensure/regulation for these workers, how this role developed and how much of it was unregulated.*