INTRODUCTION

"As a home health care professional I was dedicated to care in the home as an alternative to institutionalization. What has been called the 'Best kept secret in health care' was no secret to me. I had spent ten years as a resource specialist at one of the best Home Health Agencies in the state of Michigan. But when the time came to make arrangements for my own father, newly diagnosed with Alzheimer's I knew he, like most Alzheimer's patients, would not qualify for home health care under the Medicare program. Dad was well in Stage II when his diagnosis was provisionally made. He was one of those rare Alzheimer's patients who was very combative. I knew he would have been unmanageable at home without a great deal of assistance. He also had no other medical problems - leaving him ineligible for home health care. The decision to institutionalize him came very hard for me as a home health professional. But it was the only option available amid resources and services that I knew were beyond his qualification, and unsuitable for his condition."

CERTIFIED HOME HEALTH CARE

Home health care is available for patients of all ages and in many different forms, but each program carries its own qualifications, limitations and payment mechanisms. Because Alzheimer's disease is primarily a chronic, progressive disease, most people suffering from Alzheimer's disease are not eligible for service under the Medicare program. For those qualifying, care may be provided under the Medicare program and other third party reimbursable insurances such as Medicaid, Blue Cross and other private insurances. Care may also be provided in the home under various aging programs or special volunteer or grant programs funded in different locations. Home care may be delivered from a private duty nursing agency for patients or their families with the ability to pay for service. Familiarity with the resource network which changes frequently as programs begin or dissolve and familiarity with the criteria for qualification for each discrete program often requires assistance of a professional.

In most cases, hospital discharge planning departments have access to information about the most common of these programs. Information may also be obtained from senior citizen information and referral departments or from the local Alzheimer's foundation.
The decision to care for the Alzheimer's patient at home requires more than family commitment. It is most helpful for the family to have access to someone with medical expertise, a realistic assessment of the care options and the professional distance to make an unbiased recommendation. The private physician may be looked to by the family in crisis when such a decision must be made. Unfortunately, a lack of knowledge of available resources often makes the physician's easiest recommendation that of a nursing home.

In the introductory case mentioned above home, health care was impossible. For others it is a far wiser solution, and with the appropriate mix of services, can be managed at home with family support for many years. Care in the home provides the familiar surroundings that provide a security to the Alzheimer's patient. Maintenance of the patient's independence and ability to care for themselves for as long as possible is critical. Also, being a part of the routine that the patient is accustomed to, and experiencing the love that only family can provide can make a difference in the life expectancy of an Alzheimer's patient. Dr. Joseph Gadbaugh, a Detroit area Geriatrician, states that in his experience Alzheimer's patients have a life expectancy of about three years in a nursing home. Alzheimer's is the most frequent reason for institutionalization according to the March 1986 publication, Coordinator. They also state that for every Alzheimer's patient in the nursing home there are three more at home. If the funding by Medicare for home health care programs expanded to include chronically ill patients, like those with Alzheimer's, many more could avoid premature institutionalization. They would live longer in the presence of those they love. Their loved ones would be able to manage the patient at home with significantly reduced stress if home care resources could be provided for them.

The physician with a better understanding of home health care can guide the family through the difficult decision of where to provide care. Under the Medicare program, a certified home health care agency may directly bill the Medicare program for services provided to patients meeting the program qualifications. In general, patients who are under the care of a physician, considered medically homebound and in need of skilled care meet program criteria for service. An occasional Alzheimer's patient, having the 'fortune' of an additional qualifying skilled diagnosis meets Medicare's regulations. One such qualifying Alzheimer's patient was Renaissance Health Care's William S., case #4329.

William was admitted to Renaissance after hospitalization for pneumonia. A Stage II Alzheimer's patient, he was fairly easy for his family to manage with assistance at home. Under the Medicare program, William qualified as homebound due to his confusion and extreme shortness of breath on ambulation. However as mentioned before, his Alzheimer's alone would not have met the skilled care provision. Because William also had a diagnosis of Pernicious Anemia requiring monthly B-12 injections, he met the qualifications. Only Alzheimer's patients who are currently under treatment in the hospital for primary diagnosis of unstable hypertension or diabetes, for stroke or hip fracture or a host of other 'skilled' diagnoses would qualify.

Qualifying patients may receive, under the physician's orders, an array of appropriate services which could include Skilled Nursing, Home Health Aide, Physical Therapist, Speech Pathologist, Occupational Therapist, Medical Social Worker, or Nutritionist. Medicare defines the program as an 'intermittent' service, so for most patients care is provided several times per week. Nurses have the opportunity to provide assessment and treatment. They also have the opportunity to teach the patient and most importantly -