Chapter 8

Efficiency of families managing home health care*

Carol E. Smith
School of Nursing, University of Kansas, G010 Taylor, 3901 Rainbow Boulevard, Kansas City, KS 66160-7503, USA

Susan V.M. Kleinbeck
University of Kansas School of Nursing, G010 Taylor, 3901 Rainbow Boulevard, Kansas City, KS 66160-7503, USA
E-mail: skleinbe@kumc.edu

Karen Fernengel
Division of Nursing, Graceland College, 221 W. Lexington Ste. 110, Independence, MO 64050-3720, USA
E-mail: karenf@graceland.edu

Linda S. Mayer
Clinical Specialist, Pulmonary Division, University of Kansas Medical Center, 4030 Sudler, 3901 Rainbow Boulevard, Kansas City, KS 66103, USA

Over the last decade, cost-containment pressures, health care reform debates, movement to case-managed health care, and reductions in health care benefits have required most families to be responsible for selecting specific health care services that keep costs to a minimum. As Eddy [17–20] discussed in a series of articles on making decisions in health care, the consensus among health care policymakers is that family values are to be respected, but application of cost benefit analyses are essential because of limited resources. Therefore, only approaches proven beneficial can be prescribed, even though a family might desire other methods. Costs and health care benefits have become critical concerns to families due to the continuing escalation of health care costs and potential bankruptcy from such costs.

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1. Background

In families managing complex technical care at home, cost minimization becomes an integral and highly-valued attribute, because even with extensive health benefits, the annual expense of treatment far exceeds families’ expendable incomes. For example, annual costs to individuals requiring complex technological care for survival range from $90,000 to $150,000 [56, 67]. In addition to the medical expenses, family home care interferes with the employment and earning power of the family member who must care for the patient. Just as competitive markets force businesses that do not pursue cost minimizations into bankruptcy, people in the United States who use all their health benefits are declared medically disabled and must apply for government assistance.

Psycho-emotional expenditures also are high in families that manage complex technical care at home. Daily psychological challenges include fear of an unexpected catastrophic event, the burden of knowing the patient is dependent solely on the caregiver, and abrupt swings in mood [56]. Caregivers have been advised by attorneys to divorce their chronically ill spouse of many years to protect property from being sold to cover medical bills [54]. However, families who efficiently manage their resources while still following their values can serve as examples for other families to learn how to maintain quality home care that also is efficient. This process is similar to benchmarking, whereby businesses or hospitals are evaluated by comparing the “benchmark” organization that has similar patient care demands (e.g., acuity), budgets, and staffing constraints but exhibits optimal outcomes [44]. Data Envelopment Analysis (DEA), an econometric procedure that facilitates benchmarking, is based on the precept there are more ways than one to combine inputs (resources) to achieve optimum outcomes [5].

1.1. Evaluating efficiency of family home care

The conceptual foundation for use of DEA with families is derived from Donabedian’s series [11–14] of writings on providing quality care. Donabedian, an expert known for evaluation of care provided to patients, argues that effectiveness, efficiency, and optimality are essential for quality care. Effectiveness is deemed to be the acceptable standard of care. Efficiency is the ability to provide the greatest services at the lowest cost. Optimality is defined as the most advantageous balancing of costs and benefits. Families managing home care must provide acceptable care (effectiveness) at the lowest cost (efficiency) that results in the most advantageous benefits according to that family’s set of values or beliefs (optimality). For this study, values are considered inherent in the choices that families make related to costs and benefits. Considering Donabedian’s concepts, a family’s values are related to both the efficiency and effectiveness of outcomes of home care.