A QUALITATIVE STUDY OF PROFESSIONAL ISSUES IN HOME HEALTH PHYSICAL THERAPY

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Abstract

Introduction: The home health care industry is growing and now employs nearly 7% of all physical therapists according to the American Physical Therapy Association. It is important that physical therapists new to home health care are able to access information that informs them about important issues that affect both the patient and themselves as a professional while considering employment in this field. This is two part study that implements a grounded theory method with snowball sampling initially interviewing 11 home health physical therapists. Physical therapists targeted for interview came from a range of therapy specialties and experience levels. Each interview was recorded with the consent of the interviewee, transcribed and coded using grounded theory principles. The study investigated two major research questions: What professional factors are important to the provision of physical in the home environment for therapists coming into the home health industry for the first time? What type of benefits, barriers and social issues do physical therapists face when providing home health services?

Results: Major categories identified included work environment, work characteristics, communication, patient and family, and work-life balance. Analysis of these categories suggest that factors influencing physical therapists provision of care in the home both positively and negatively most commonly include flexible scheduling, documentation, varied patient case types, accountability, the home environment, fulfillment from providing care in the home and transportation. Flexibility in scheduling and the ability to

work in a real environment where you can adjust care to the functional environment of the patient were the two most common factors identified.

Discussion: Focus groups and more descriptive interview questions should be included in future interviews to help improve the efficiency of the survey as well as to identify more unique specific factors related to the work structure, corporate culture, and other unidentified categories of factors affecting home care professionals.

Background

Home Care a Rising Need

Home Health care is a unique clinical setting for physical therapy and other health professionals. Traveling to and entering into the personal home of a patient presents some unique professional issues that physical therapists may or may not consider before entering into this profession. These issues are important to explore as not only the need for therapists grows but the need for home health providers grows as well. The US Census Bureau's National Health Interview Survey estimates that from the year 2007 to 2050 the elderly population, 65 years of age or older, will increase at a rate faster than that of the population below 65. Nearly one fifth of the population is expected to be over the age of 65 between 2030 and 2050. People over the age of 65 experience deficits in cognitive ability, physical ability, have increased risk of progressive disorders, and a higher risk of injury. This ratio of elderly to young has never been experienced in the past by the US population (US Census Bureau, 2011). Nearly 30% of adults 65 to 74 years of age have a movement-related activity limitation while that number reaches above 45% over the age of 75 (Sullivan, 2011). Meaning a person may have limitations in mobility, require assistance in activities of daily living, or are unable to live independently in the home. Comorbidity prevalence such as obesity is a large factor in these statistical findings related to movement related activity limitations. The CDC reports that nearly one third of the adult population and one fifth the adolescent population are obese, with unprecedented levels of inactivity (CDC, 2010). The US Bureau of Labor Statistics projects that by 2018 the US will need a 30 to 35% increases in

the physical therapy provider workforce. These statistics are a clear indication that the home health industry will see a larger demand for physical therapy and occupational therapy providers in the near future. This is supported by the rapid rise in the utilization of physical therapy services provided by Home Health Agencies (HHAs) over the past two decades.

The Clients of Home Health

Recipients of home health care are part of a broad and diverse population that encompasses varying cultures, levels of education, socioeconomic status, physical ability, cognitive ability, and health status. Anyone has the potential to be a recipient of home health services and the role of these services has and does change over time. A large portion of the current home health population are patients with chronic conditions such as respiratory disease, diabetes, cancer, HIV/AIDS, neuromuscular diseases, dementia or other disability-causing disorders. This is important because about 60% of the adult population has at least one chronic condition and this population makes up 75% of the national health care expenditure (NRC, 2011). A large portion of home care recipients are elderly people who need palliative or disability care. Approximately 80% of elderly people over the age of 80 receiving home health have a disability while the prevalence in people over 70 years of age ranges from 50% to 60% whom have a disability. Patients with severe disability make up over half of the elderly population presenting with general disability (NRC, 2011). Seventy-five percent of the recipients of home health therapy have balance impairment while around 25% have hearing loss or loss of feeling in their feet (NRC, 2011). Recipients between 65 and 85

years of age present primarily with arthritis and musculoskeletal limitations, followed by cardiovascular or circulatory problems, and also a large proportion present with diabetes as well (NRC, 2011). Though the home health population is very diverse it is currently predominantly orthopedic post-surgical rehab, palliative, elderly disability and hospice care oriented with some pediatric niches for those patients receiving long term care. Early intervention pediatric care is not a traditional home health setting but often is done in the home and out in the community making it another source for this investigation. The cash based home care population varies from that of normal 3rd party payers and Medicare populations and is very dynamic. Some recipients are only short term home health care recipients. The recipient's demographics will change and shift as healthcare reform continues, but what will stay the same is a focus on patient functional outcomes.

A large portion of patients with disability in home health recipient populations are those with neurological disorders. A broad and intensive review of the literature by Doig et al. (2010) found that patients with acquired brain injuries (stroke or TBI) who received home health physical therapy had either equivalent or more positive outcomes when compared to patients in clinic-based settings. One study also linked outpatient and domiciliary settings to a lower incidence in falls (Morrison et al., 2010). This investigation will identify the different variables that affect the provision of care among differing patient populations so that the investigator may understand how different patient populations affect the provision of care.

Home Health Outcomes

Research is available detailing the benefits home health settings have on patient outcomes and quality of life (Calvini et al., 2013). Improving outcomes is important to all health care settings and home health therapy has been shown to do just that for patients with diabetes (Nyugen and Dejesus, 2011). Wu et al. published a study that associated home care with increased functional outcomes in elderly patients with hip fractures, which could easily be generalized to the orthopedic populations (2013). Cardiac patients have been shown to exhibit better outcomes in the home setting versus the hospital rehabilitation setting (Calvini et al., 2013).

Improving patient functional outcomes and quality of life can only be accomplished when barriers to successful outcomes are eliminated or at least decreased. According to Dyeson the best way to eliminate barriers is to reformulate the case mixed-method of care to include social, environmental, and emotional issues so that the patient is observed globally and not just by a diagnosis (2004). A large driving force towards improving outcomes in home health care is improved continuity of care. Research shows that increased continuity of care directly improves outcomes. Continuity of care refers to the degree to which a series of discrete health care events are experienced as coherent and connected across time and setting. Increased continuity results in better communication, improved ability for provider to observe changes, fewer errors, and higher patient satisfaction scores (Russell et al., 2012). To further understand what effects patient outcomes more research is needed on the specific interventions and practices administered by home health versus that of hospital

and outpatient providers (Russell et al., 2012). Investigating the factors that affect patient outcomes from the perspective of the home health professional will be an important focus of this study, not only for specific patient populations but also global factors that affect outcomes across various patient populations.

Social workers play a key role in decreasing the fragmentation of services and care providers who constitute the home health long term care system. To achieve this, social workers attempt to increase patient access to case management for those in need of long-term care. Elderly adults, especially those with chronic conditions, who have a case manager working on linking the individual's medical services, receive a higher-quality care and show improved physical outcomes, mental status, and social functioning (Ruggiano & Edvardsson, 2013). For home health physical and occupational therapists care coordination is becoming an increasingly important skill to learn due to the complex social factors of patient care in the home environment. Patients in home health can require much more than just physical and occupational therapy interventions to live functionally. Managing finances, organizing home repairs, finding jobs, going back to school, dealing with depression and other psychological illnesses are only a few factors social workers help families and patients overcome. Physical Therapists working in home health not only have to become familiar with these factors but help manage them much like case managers do in a hospital. Every member of a patient care team serves as a care coordinator that not only provides updates to the team but also solutions to a patient's social obstacles when appropriate. Financial assistance is one of the most urgent issues for patients receiving home care services, especially those who

are not eligible for Medicaid, Medicare, or long-term care insurance (Mason & Gammonley, 2012).

Home Health Roles and Transitions

The demand for home health professionals is predicted to rise and therapists will have to become ever more knowledgeable about payer systems, reimbursement, insurance, and patient finances to help build the most efficient plan of care. There is conflicting evidence about whether home health care services are more cost effective than assisted living or skilled nursing facilities for particular diagnoses such as Parkinson's and Alzheimer's disease (O'Brien et al., 2012). Physical therapists will play an important role in deciding the most medically appropriate and financially sound environment for each patient across the spectrum of care. Therapists will need to help coordinate and manage care transitions between acute care, SNFs, ALFs, and the home. A negative care transition is often marked by medication errors, patient noncompliance, skilled nursing facility placement, increased burden on the caregiver, and increased health care costs (Fabbre et al., 2011). Physical and occupational therapists must decide if a patient's home is a safe and viable environment for long term care, looking at not only the physical environment but also the family support available while keeping in mind the patient's individual needs and wishes.

This investigation will be based on qualitative interviews and observations that will help further define and develop the care coordination roles that home health physical and 9occupational therapists need to assume in order to properly manage the

many factors affecting the patient's overall physical and social wellbeing when being treated in the home.

Nurses, occupational therapists, speech therapists, and doctors are professions also working in the home health environment alongside physical therapists. Research in all of these fields related to professional issues in home health is lacking. After an extensive search of the online databases and library resources of each profession for professional issues no articles or books were found related to the research questions proposed.

Transitioning back into the home environment from the hospital or clinic is a large change for a patient. Lee et al. (2013) states home health providers who are aware of these changes that occur and are able to identify the potential complications can improve the results of each transition taking better care of their patient. One of the most important issues in transitions of care is smoothly transitioning medication management at home from the hospital, which if not managed properly could potentially lead to rehospitalization. Parker et al. (2013) states that care coordination between family, patients, caregivers and physicians is a vital aspect in transitions from hospital to home, though few models have been developed for home health, and thus there is a need for further research in this area. Because the issue of medication management, care coordination, and transitions of care are identified in the research of other disciplines, it is important to gain physical therapy perspectives on this topic.

The Home Environment

The home environment can be the source of many factors influencing the provision of care. Some of these factors relate to the fact that physical therapists are working without assistance during home care visits. The therapist has no equipment other than what can be carried into the home, and the therapist is working in an environment very different from what is seen in a physical therapy clinic. There are physical barriers such as stairs, uneven surfaces and small bathrooms that could affect how a patient is cared for at home (Fänge & Iwarsson, 2005). The home as a clinical setting can present many different challenges to physical therapists and other home care providers in the form workplace hazards such as blood borne pathogens, unsanitary conditions, hostile pets, family or patient violence and even an increased risk of musculoskeletal disorders from lifting patients with no assistance (Bills, 2013). The home environment presents barriers and hazards, however, in many cases it provides insight into patient needs. Whomsley (2012) describes how the home environment can offer clues to issues in a person's life such as the presence of weapons or other objects that could be used as weapons that indicate the patient may perceive that they are under threat. Drug paraphernalia, varying levels of cleanliness and the presence of family or roommates can all be differing but important factors to consider when providing not only therapeutic but also socially conscious care (Whomsley, 2012). The home environment is one of the most important considerations affecting how a therapist provides care and will be a primary focus of this investigation.

This investigation collected qualitative data from physical therapists and home health administrators in order to identify what professional factors are different in the home health care industry. The interview questions focused on what makes the day to day routine of a home health therapist different from that of an inpatient or outpatient based occupation or physical therapist. It is important to understand the differences, so the therapist can have a better understanding of what they may encounter.

Purpose

The purpose of this qualitative investigation was to provide a better understanding of the professional issues faced by those providing physical therapy in home health care for the first time. This qualitative interview-based study provides future physical therapists with insight into home health care and how it is unique as a setting. The resulting analysis of information gleaned from interviews of home health therapist with various levels of experience will serve as a direct source of professional issues data pertaining home health physical therapy that will be available for students and experienced physical therapists alike. In order to achieve this purpose the following research questions were used to guide the study:

1. What professional factors are important to the provision of physical therapy in the home environment for therapists coming into the home health industry for the first time?
2. What type of Benefits, barriers, social issues, and other issues do therapists face when providing care in the home?

Methodology

This qualitative study used purposive snowball sampling combined with the grounded theory methods to examine important factors that influence the provision of physical therapy in the home. This method was applied to promote intensive inquiry, reflection and evolving analysis, specifically focused on important factors that therapists experience while practicing home health. Themes related to the benefits of home health as described by professionals, the home clinical environment, outcomes in the home versus other clinical environments, interventions in the home, and how these factors affect the implementation of patient care were also a focus of analysis. Participants were selected by purposive sampling from a broad demographic of physical therapists. Potential participants received an email, mailed a letter, or were personally provided a document outlining the research study with an informed consent agreement and the initial questionnaire. Interviews were conducted to gain themes and factors for constant comparative analysis with a focus on answering the research questions. Each interviewee will be blind to all other interview responses, to ensure an answer unique to each individual. The Interview questions are attached in Appendix A.

The following selection criterion was used to ensure the proper subjects were asked to interview, ensuring the quality of the data.

1. Participants must have a minimum of 1 year home health experience or be currently working in that field
2. Licensed currently as an OT or PT in good standing

Each interview was recorded only if needed for future coding and note taking, and only verbal with the permission and written consent of the interviewee. Detailed field notes on personal reflections were recorded by the investigator. Notes were subject to a constant comparative method to develop categories and themes within the data set. The data analysis and collection was performed concurrently to allow an ongoing and maturing analysis of the concepts and factors affecting the provision of therapy in the home. Each new concept or factor was coded by the investigator and used to develop further interview items and topics for observational focus until a conceptual saturation point is reach. Once an appropriate level of data was obtained the investigator employed selective coding to formalize relationships between categories and factors and organize the data for readers. The discussion section of this investigation will outline the limitations and demographics within the physical therapist population used for this study, as well as examine the strength and weaknesses identified during the data analysis and memo writing phase.

Results

The major concepts of work environment, work characteristics, communication, family, and work-life balance were quickly. Analyses of these concepts suggests that factors influencing the provision of care in the home by physical therapists most commonly include flexible scheduling, time consuming documentation, varied patient case types, therapist autonomy, the home environment, family dynamics.

Flexibility in scheduling and the ability to work in a real environment, where you can adjust care to the functional environment of the patient, were the two most

common factors identified as positive work characteristics in home health. Time consuming documentation, safety concerns, family dynamics, transportation access, drive distance, and lack of resources were the most common negative work characteristics. The environmental factors of home health were not a focus of this study but were found to be factors that not only act as barriers or even facilitators to patient care but that they influence the professionalism and work-life balance of physical therapists. Family was found to be a large factor in patient participation at home as well as important in regards to available resources during patient care. The experience levels of each therapist had no apparent influence on the data obtained

A majority of the participants have no specialty or certifications focusing on a population but rather became experienced with various patient populations due to the needs of the home health market. Experience beyond geriatric care and orthopedic rehab included two therapists whom had extensive hospice experience and one therapist whom specialized in early Interventions pediatrics. Participants saw a large variety of patient populations including cardiac cases, COPD, neurological, and endocrine disorders. Many had experience with orthopedics focusing on joint replacements and or trauma rehabilitation due to the lack of a proper rehabilitation hospital in the geological location of 6 of the participants. Therapists in this study practice in either Florida or Colorado. Figures 1 and 2 show a breakdown of the years in practice and years of home health experience reported by participants.

The sample population of physical therapists that participated in the study are shown in Figure 1 and display the experience in years of each physical therapist and Figure 2 their years in home health.

Figure 1. Years of Physical Therapy Experience

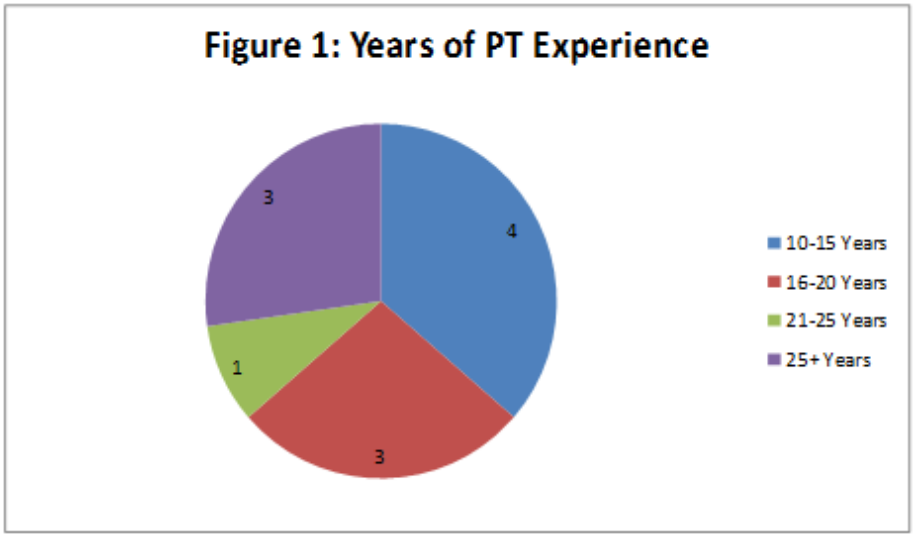
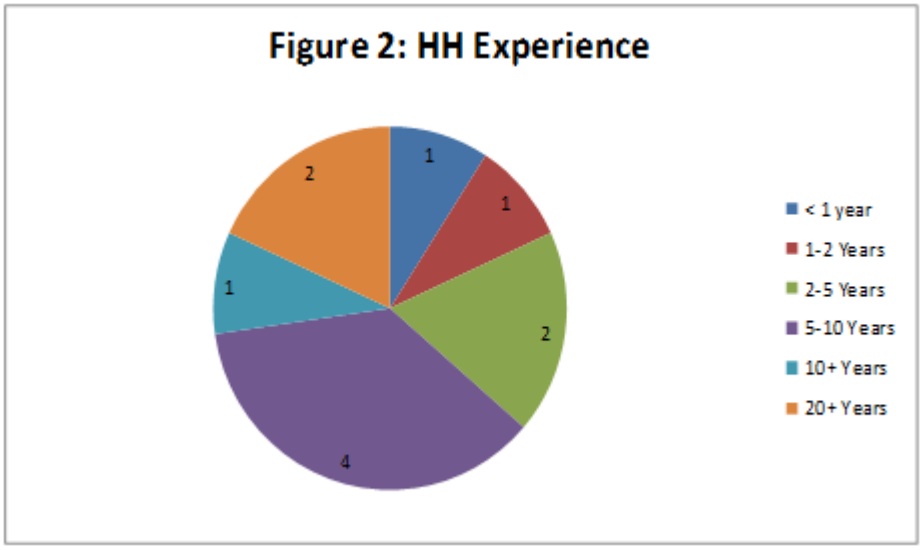


Figure 2. Home Health Experience



Flexibility in scheduling was the single most common reason for entering the home health industry as well as the reason therapists reported to have stayed in home health. Due to the relative autonomy over their daily schedule therapists were able to schedule patient's home visits around their children's recreational and school activities. This flexibility was however, not the only way in which scheduling became a large factor for therapists. Subjects also reported that trying scheduling patients could turn in to games of "phone tag" or that patients simply didn't honor the appointments made. Scheduling was not always complicated by weakness in communication but by road conditions and travel distance as well. Some patients need to be scheduled late in the evening or very earlier in the morning due to their location being geographically inconvenient. Scheduling co-treatments with coworkers was also identified as another difficult aspect of scheduling. For the professional scheduling can allow flexibility but in general require much more leg work and communication than other settings. This factor is a large aspect of the concept of work life balance as a professional issue in home health.

Another aspect of home health therapist enjoyed is the ability to work in a real environment that reflects the patient's true needs. The architecture of the home, placement of furniture, texture of the surfaces, the height of beds, space available in bathrooms, and many other things specific to the home are real and tangible, making it possible to treat a patient to overcome them more easily. In other setting these conditions must often be recreated and are not always true to the way the home is set up for the patient, it does not feel the same to the patient as well. Physical therapists

reported patients feel more comfortable with their own bathrooms, bedrooms, and environment overall. Though the home environment was reported to require therapists to work with less resources this was often successfully overcome with creativity using the home environment and what patients had available to them in the home. Physical therapists also reported that they enjoyed working in the home because they often got to learn much more about patients and their lives as well leading to job satisfaction. Many home health patients are geriatric patients who have acquired a lifetimes worth of stories and memorabilia related to world wards and other historical events, therapists report enjoying this. However, they did also report that staying on task and mitigating the distractions of patient and family story telling is important to stay efficient.

Time consuming documentation was reported as one of the most common negative professional issues of home health physical therapy. The OASIS admission from is lengthy and requires a full account of medications among many other factors, making it require an entire visit to complete in most cases. There is also a lot of documentation considerations in regards to supporting a patients homebound status, family and patient education, and constant reevaluation. Therapists reported that in some companies still transitioning into electronic medical records systems paper bubble sheets were used for the OASIS requiring extra time to fill out the documentation and then transfer it later into electronic form. Authorization for services and changes in plan of care are fought by insurances and Medicare making it imperative to have strong documentation that, even then it is often reimbursement is fought and denied and then must enter litigation for

reimbursement. Therapists reported that having a strong administrative support system to counteract these hurdles and help catch documentation weaknesses is important for success in this field.

Administrative support was identified as an important professional issue for reasons of documentation oversight, fighting for reimbursement, obtaining resources, and obtaining authorization for services. One therapist reported that the smaller home health company they were employed by often had trouble getting reimbursed to the lack of administrative staff to defend the many reimbursement rejections and delays that they must manage in a timely manner.

Safety concerns reported by physical therapists most commonly included unhygienic cluttered environments that created a barrier to patient care and potential hazards to patient and therapist safety. Hoarding was identified as one environmental and safety issue that hindered the mobility of the patient creating tripping hazards by cluttering treatment space in the home. Wheelchairs, walkers, and other AD were made difficult to use and teach in homes with hoarding present. Pests and unsanitary surfaces were reported in association with some cases and noted to sometimes accompany hoarding behaviors. Pets were a serious safety concern noted by a few multiple therapists that require special consideration. Advanced notice should be given to each patient that if pets are in the home they need to be secured no matter how harmless patients report them to be. One therapist reported being bitten and required antibiotics due to a secondary infection as a result of the bite after a seemingly friendly cat attacked them.

Family dynamics were reported to affect professionals in many ways, both positively and negatively. Though most accounts were negative or neutral regarding family members of patient's family was also identified as a factor that influenced positive motivational support and access to resources that may not be obtainable without family support. Therapists reported that often family members can be a barrier to giving efficient care due to excessive but necessary time spent educating family members about patient care, but also due to their curiosity and desire to socialize during a treatment session.

Transportation was a significant professional issue reported by therapists due to its effects on scheduling and productivity. Therapists from Colorado reported that some patients lived in regions of the mountains that can only be accessed with proper vehicles. Snow and rain made it difficult to reach patients in a timely manner or at all due to deteriorating road conditions and vehicle limitations. Four wheel drive or front wheel drive at a minimum was identified as a needed feature in mountain regions. When weather or road access was not an issue for therapists travel distance might be. Some patients were reports to live sometimes an hour from the therapist regular patient cases requiring special scheduling and time management considerations.

A lack of resources was another mistake commonly identified by this study as a barrier to patient care and professional support. Equipment is often not readily available because it is not provided by the company, not able to fit in the therapists vehicle or not practical for use in the home. There are no AlterG treadmills, parallel bars, ultrasound

machines, or treatment tables in the patient's home, making it important for home health therapists to be creative. Resources are not limited to equipment

Accountability and productivity were identified as important traits in home health therapists. Due to the nature of this setting there is very little oversight or peer support. Therapists spend many hours a day on their own in a car and in patient homes, making it very easy to report more time than is actually spent with patients or even visits that never happened. Because of the increased autonomy and lack of oversight therapists in this field reported that its very important to love what you do and have a strong sense of dedication to caring for your patients and being accountable for their care. Being productive was reported as a highly advantageous trait in home health therapists because of the many distractions in patients home that can erode the productivity of sessions. As mentioned, family are a significant barrier to productivity at times when they are not as focused on the care of the patient as the therapist, they can be chatty or have opinions about patient care that contradict the needs of the patient. A home health professional must be able to keep sessions on task and within a reasonable session time limit so that they can make each patient visit on time, while taking travel time into account. Accountability and productivity are also important due to the documentation demands in this setting, meaning a therapist must be able to efficiently finish documentation in a thorough and accurate manner while accurately documenting their own hours and travel time. This area was identified as one possible aspect of past fraud and is easily abused when therapist have autonomy in this duty with little oversight form peers or administration.

Though important in all settings cultural sensitivity is an important train in home health especially, due to the fact that you will be alone in the home with a patient and their family in this setting. Socioeconomic differences are more apparent and can be a sensitive topic for families who may perceive you as having more or even less socioeconomic security than yourself. One therapist reported that many patient may be embarrassed about the state or size of their home when you enter or even perceive that you are rich in comparison to themselves. Language barriers can become a barrier to care when you do not have a form of translation nearby such as a family member or coworker who speaks their language. Gender differences may also arise as a cultural issue due to the fact that a spouse or even the patient may not feel comfortable with a male or female therapist entering the home without a family member to chaperone. The home was reported to be each patients "castle" and the place where each patient feels comfortable expressing themselves and being in control. Entering a patient's home without the utmost respect and sensitivity for their "castle" can lead to a conflict that acts as a barrier to the patient therapist relationship. It is imperative that a a patient feel comfortable with their therapist entering their home and being indirectly exposed to their personal life and family.

Discussion

The definition of professional issues should be explored in depth and redefined to better assist future research in this area. "Professional issues" was left as a broadly defined term to illicit a variety of responses for the dataset. Leading questions were avoided to decrease investigator influence. However, during interviews the subjects

found it hard to recall multiple factors and scenarios that they have experienced once major issues had been discovered. Probing questions were later developed to give more flow to interviews but initially there was confusion about what constituted a professional issue. In future research the concepts and factors identified in this study will help define professional issues and subcategories should be explored individually to more thoroughly explore possible solutions and practices that mitigate negative professional issues.

Focus groups were determined by interviewees and analysis by the investigator to be a possible improvement to future research in this area. Major concepts of work environment, work characteristics, communication, patient and family, and work-life balance could be "brainstormed" and factors built upon or refuted in multiple professionals were gathered together in one room. The limitation to this style of study would be organizing multiple professional's schedules to meet in one room. This may be overcome by performing these focus groups in home health company staff meetings. It could be inferred that this setting may minimize certain professional issues from being spoken about, especially related to administrative shortcomings. The group setting could make data easier to obtain for the investigator and improve interviewee focus on the interview similar to the reason group exercise works.

Conclusions

Home health physical therapy issues affect the providers on a personal and professional manner differently than any other setting. There is no clear distinction between positive and negative factors affecting the home physical therapy professional

due to the complex scenarios involved in creating the context for each professional issue identified. A few factors were identified by therapists to most often positively influence the professional, such as flexibility and real world problem solving as the factors for choosing home health and facilitating patient care. Negative factors or barriers such as documentation, family dynamics, safety, and transportation were also identified. Many factors can affect patient care and the professional work environment in both a negative or positive way depending on individual professional preferences. Focus groups could aid in data saturation and improve the depth of detailed answers in future studies as well as improve efficiency if conducted during staff meetings. This study helped identify many foundational professional issues faced by physical therapists in this profession, however more in depth research is needed to examine each individual factor identified to offer physical therapists with alternatives and solutions to barriers and negative professional factors.

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Appendix A: Questionnaire

1. What type of educational background do you have in OT/PT?

2. How many years have you been an occupational or physical therapist?

3. How long have you been a home health therapist?

4. Why did you choose to be a home health therapist?

5. What specialty market of home health does your business or employer focus on? (Ex. Orthopedics, pediatrics, hospice, neurological)

6. Name as many factors as you can that affect the provision of care in the home? List each below and describe how each factor has an affect the provision of care?

7. Of these factors which one do you find to be greatest facilitator to providing care in the home, if any, and why?

8. Of these factors which one do you find the biggest barrier to providing care in the home, if any, and why?

9. What are some negatives aspects of treating patients in the home compared to other settings, if any, and why?

10. What are some benefits of treating patients in the home compared to other settings, if any, and why?