



SNAPSHOT
Home Health Care in California:
An Overview

2006

Introduction

As advances in health care technology and improvements in lifestyle choices increase the lifespan and as baby boomers reach old age, there will be an increasing number of older Americans with health problems and disabilities. Most individuals with illness and disability prefer to remain at home where they can receive care and support from family members and friends.

Home health care is any kind of health care service that is provided to clients at home. Home health agencies emphasize short term post-acute rehabilitative services. Services include basic care from home health aides and skilled care from registered nurses and therapists.

This report provides an overview of home health agency utilization, quality measures, and inspection and investigation results in California from 1996 through 2004. Most notably:

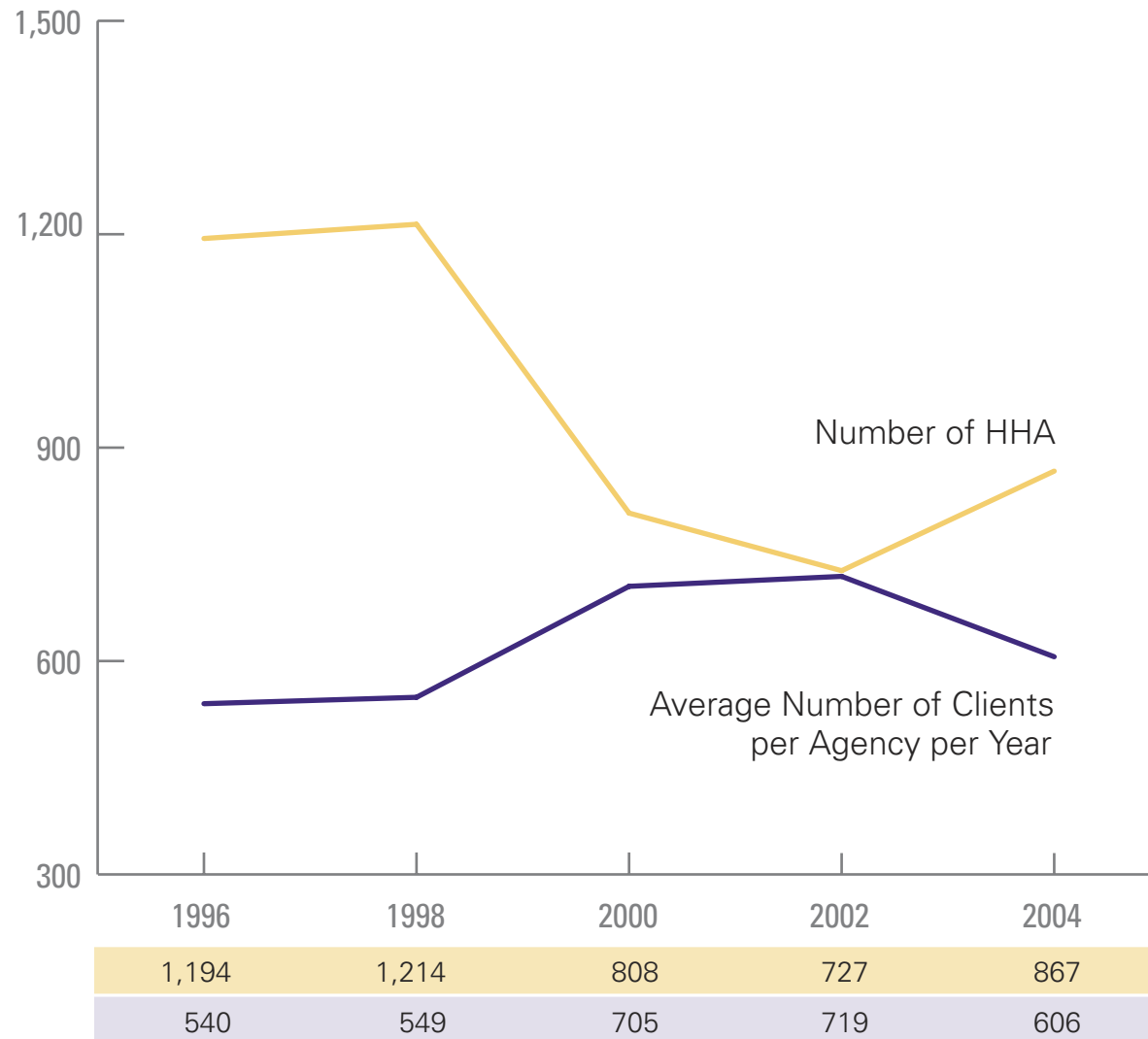
- The number of home health agencies in the state, as well as the number of individuals using home health care services, decreased from 1996 through 2004. But, the average number of clients served by each agency has increased.
- The use of home health aides declined significantly from 1996 to 2004. This could be due in part to changes in payments by third party payers and a growth in the availability of home care services that provide the same care as home health aides.
- Nursing home consumers and advocacy groups have charged the state with failing to promptly investigate complaints and analyses of home health complaints show similar results. Fewer complaints have been deemed substantiated in recent years, possibly due to a lack of adequate resources to investigate them on a timely basis.

Home Health

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Home Health Agencies vs. Clients

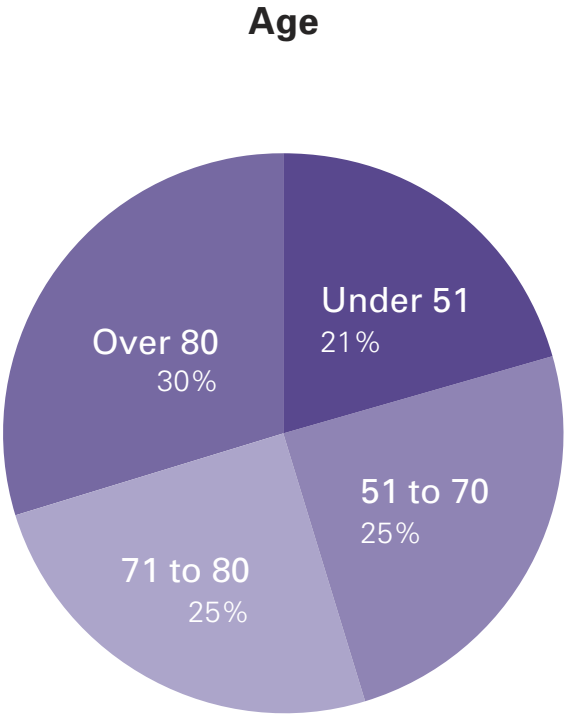
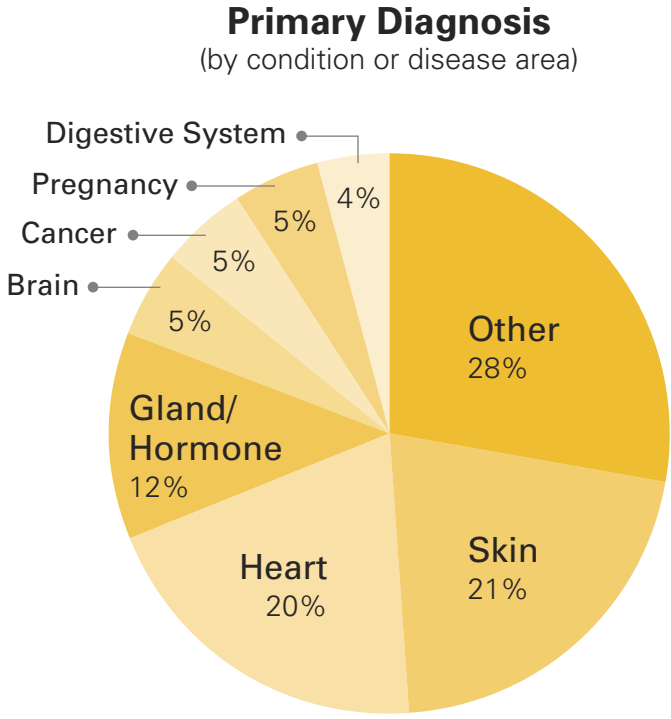


Home Health

Overall, the number of home health agencies decreased 27 percent from 1996 to 2004. The decline was due in part to stronger regulatory oversight by the federal government, starting in 1998.

Source: Janis O'Meara and Charlene Harrington, University of California, San Francisco. Calculations provided using Office of Statewide Health Planning and Development home health and hospice utilization data, 1996 through 2004.

Characteristics of Home Health Agencies



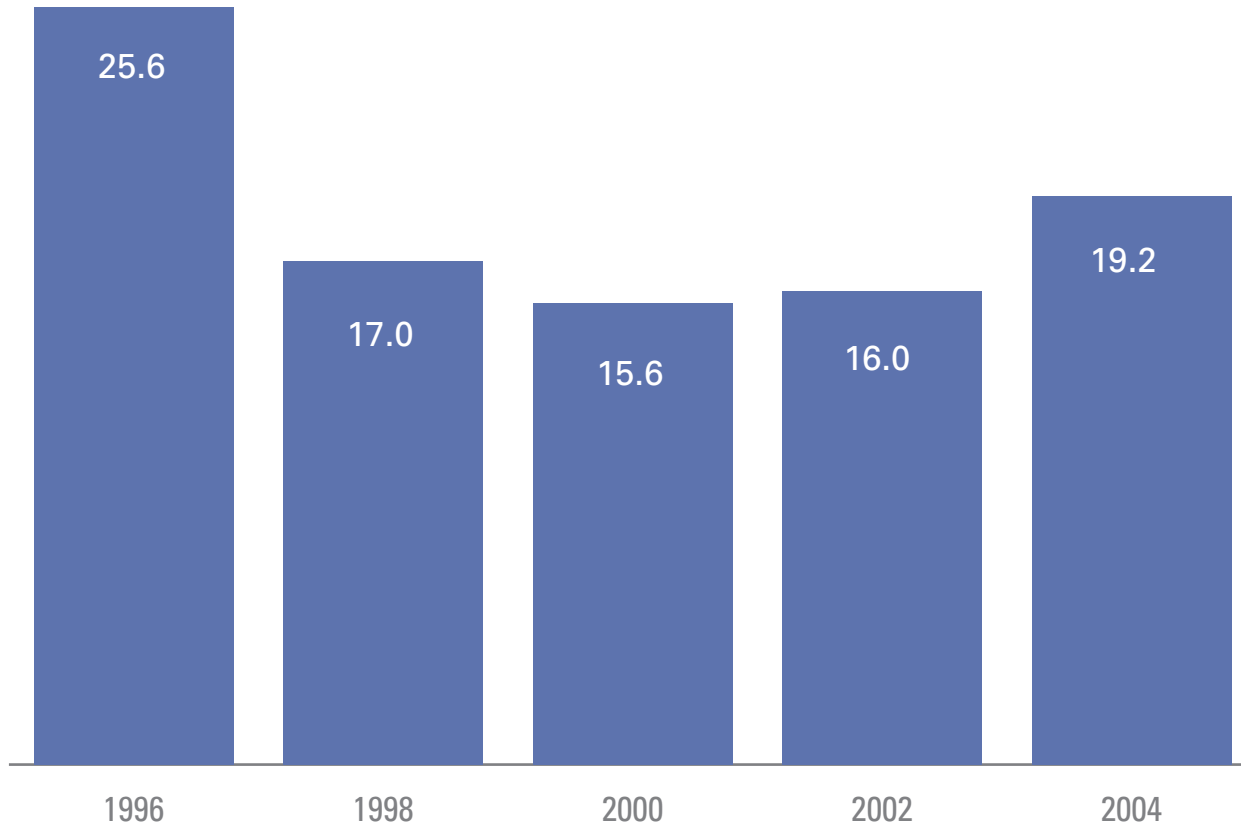
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Home health clients represent people of all ages, but the majority of people who use home health care services are over 70 years old.

People with problems of the skin or the heart make up two-fifths of all home health care clients.

Source: Janis O'Meara and Charlene Harrington, University of California, San Francisco. Calculations provided using Office of Statewide Health Planning and Development home health and hospice utilization data (2004).

Average Number of Visits per Client

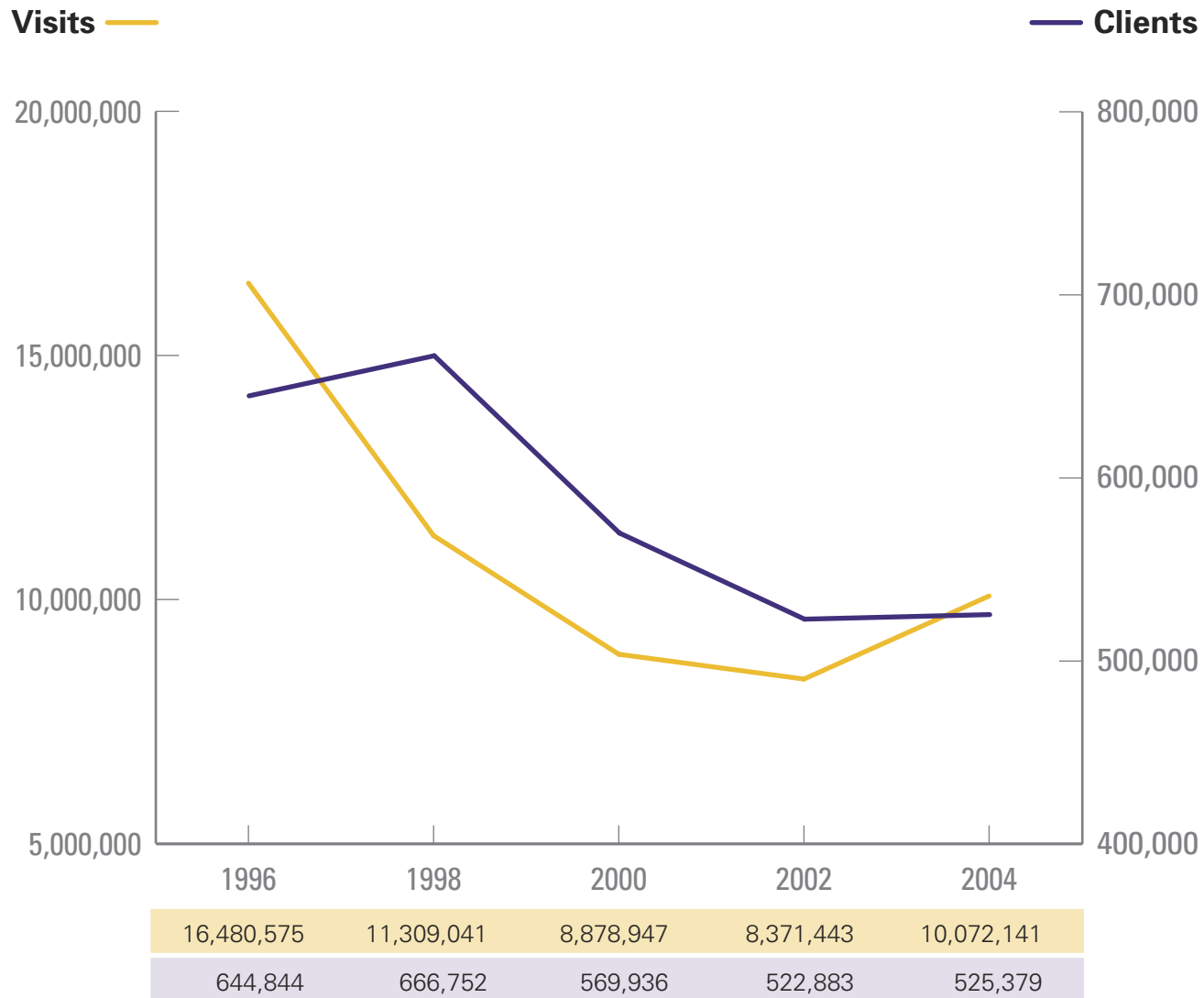


Source: Janis O'Meara and Charlene Harrington, University of California, San Francisco. Calculations provided using Office of Statewide Health Planning and Development home health and hospice utilization data.

Home Health

The average number of visits for each home health care client declined 38 percent from 1996 to 2002, then increased again slightly in 2004.

Total Number of Visits and Clients



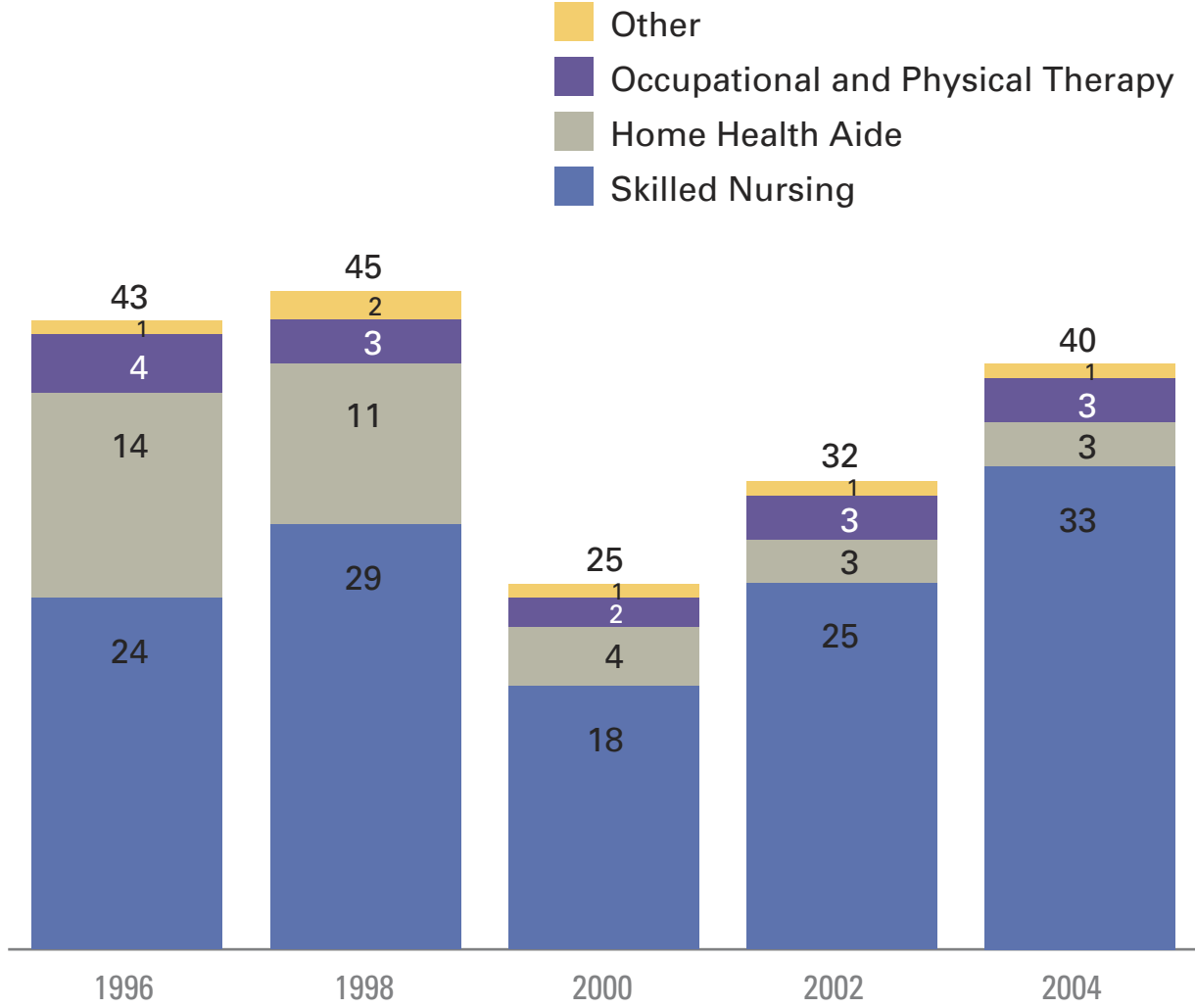
Source: Janis O'Meara and Charlene Harrington, University of California, San Francisco. Calculations provided using Office of Statewide Health Planning and Development home health and hospice utilization data.

Home Health

The number of people using home health care services declined by 19 percent from 1996 to 2004.

After a sharp decrease in total visits in 1999, the number of visits increased in 2002 and was still below the 1996 levels in 2004.

Average Number of Visits by Provider Type

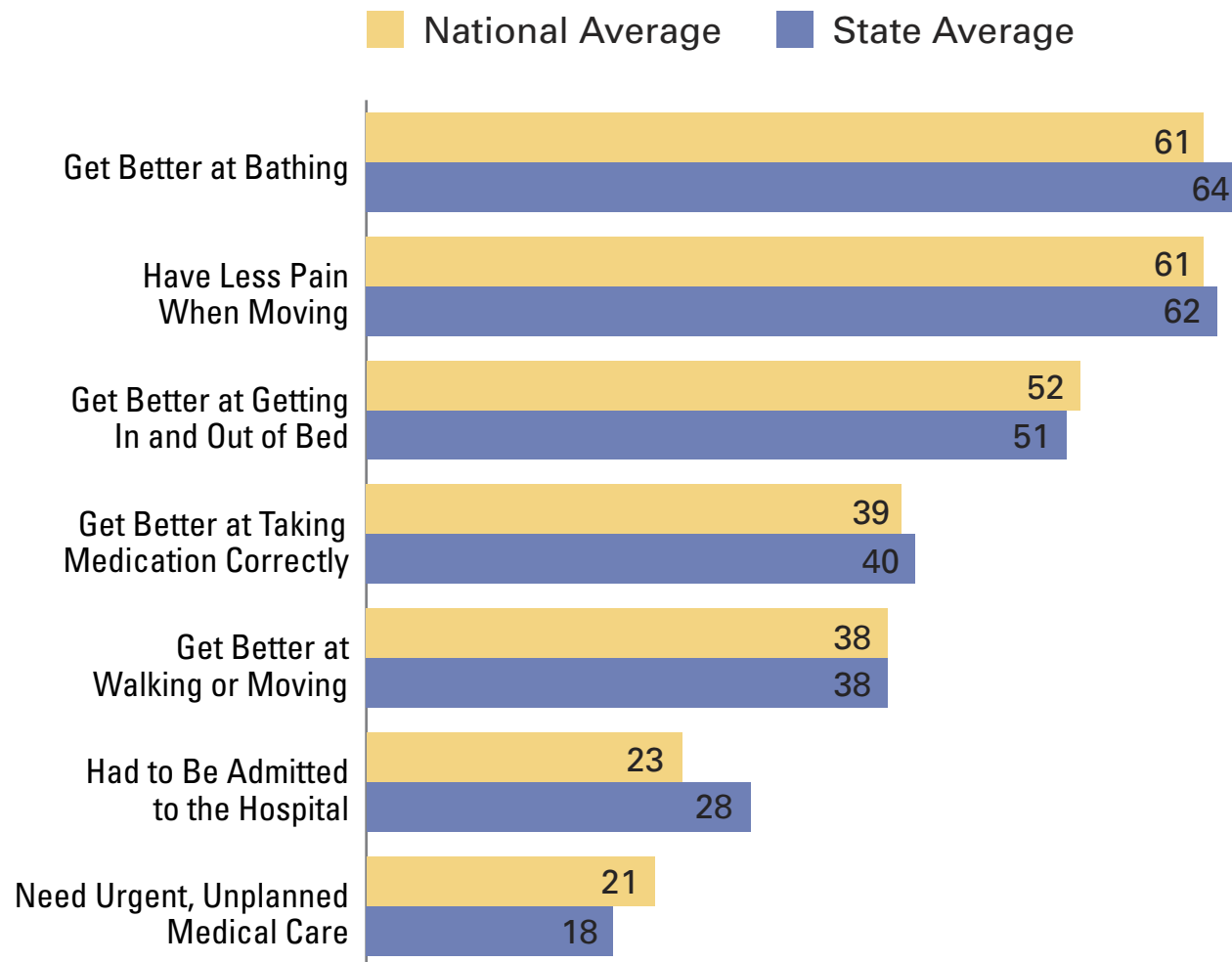


Home Health

Most home health care visits are provided by skilled nurses; the use of home health aides by home health agencies has declined significantly. From 1996 to 2004 the average number of visits provided by home health aides decreased 79 percent.

Source: Janis O'Meara and Charlene Harrington, University of California, San Francisco. Calculations provided using Office of Statewide Health Planning and Development home health and hospice utilization data.

Selected Quality Measures



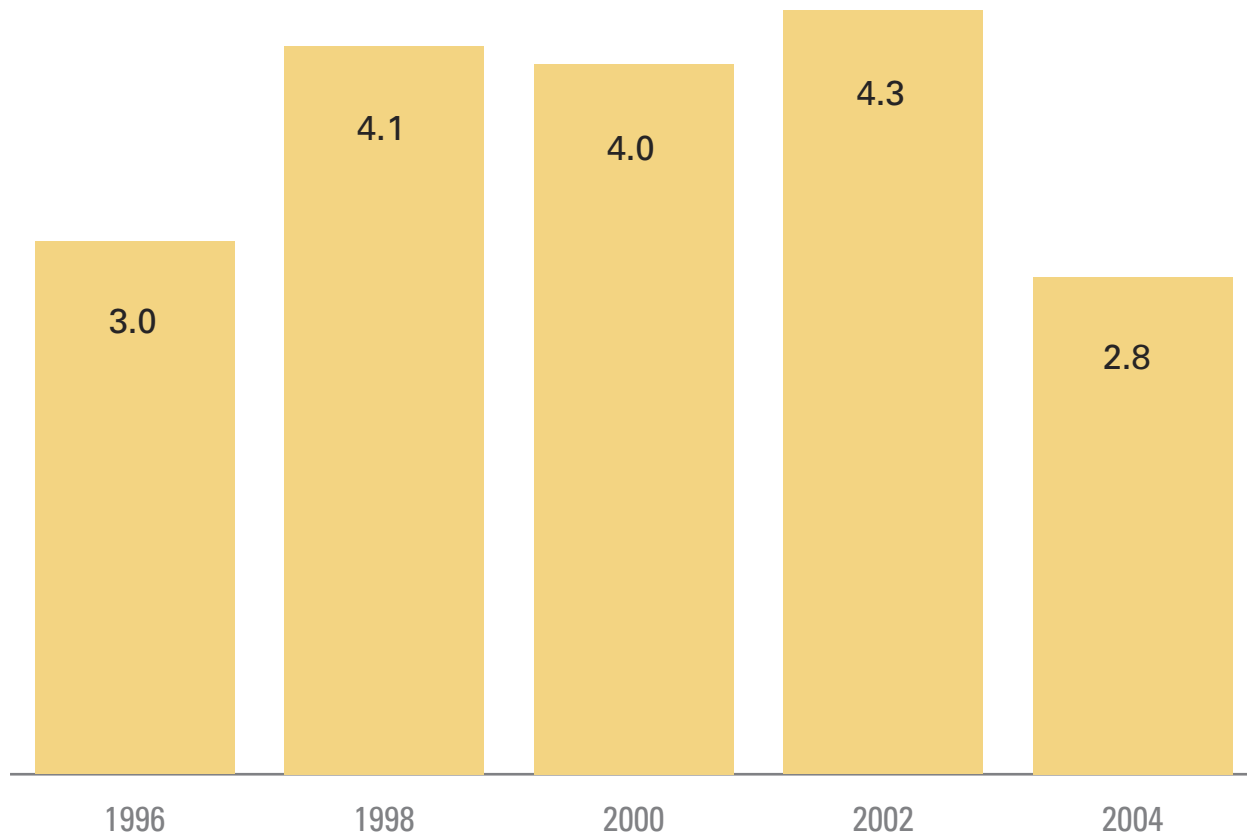
Sources: Centers for Medicare and Medicaid Services (CMS), Home Health Compare (www.medicare.gov). Accessed October 20, 2005. National Voluntary Consensus Standards for Home Health Care, National Quality Forum, Washington, DC, October 2005 (www.qualityforum.org/webHHpublic09-23-05.pdf).

Home Health

The federal government's National Quality Forum (NQF) has selected a number of standardized measures to help consumers compare the quality of home health care providers. The average performance of California home health agencies in helping clients improve their condition is similar to the average performance of all agencies nationwide. When selecting a provider it is important to look at each agency's performance compared to state and national averages.

A complete list of quality measures for home health agencies in California is available at www.calnhs.org.

Average Number of Deficiencies



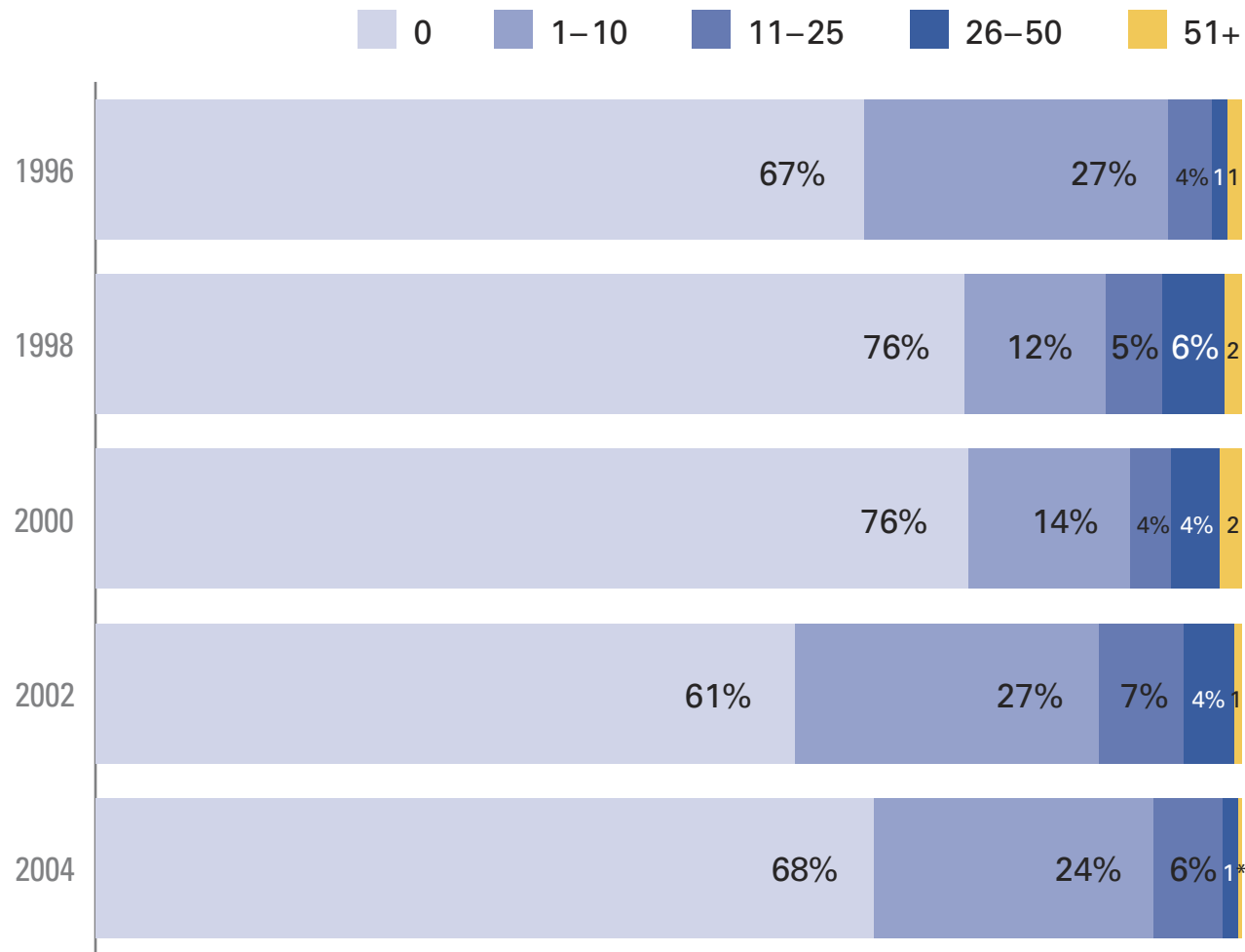
Source: Janis O'Meara and Charlene Harrington, University of California, San Francisco. Calculations provided using California Department of Health, Licensing and Certification Program, Automated Certification and Licensing Administrative Information and Management Systems (ACLAIMS) data.

Home Health

Home health agencies are required to be surveyed by the state's Licensing and Certification Program once every three years to ensure that minimum state and federal standards of care and safety are being met. Only one-fourth of agencies are surveyed each year.

The average number of federal and state deficiencies received by home health agencies declined steadily from 1998 to 2004.

Percent of Home Health Agencies by Number of Deficiencies



*Less than 1 percent.

Source: Janis O'Meara and Charlene Harrington, University of California, San Francisco. Calculations provided using California Department of Health, Licensing and Certification Program, Automated Certification and Licensing Administrative Information and Management Systems (ACLAIMS) data.

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Approximately two-thirds to three-fourths of agencies do not receive any deficiencies in any given year. Another 12 to 25 percent receive between one and ten deficiencies. There is a great disparity in the number of deficiencies received by agencies. For example, in 2004 68 percent of agencies did not receive a deficiency and 24 percent received between one and ten, but one agency received 64 deficiencies and one agency received 108.

Number of Complaints

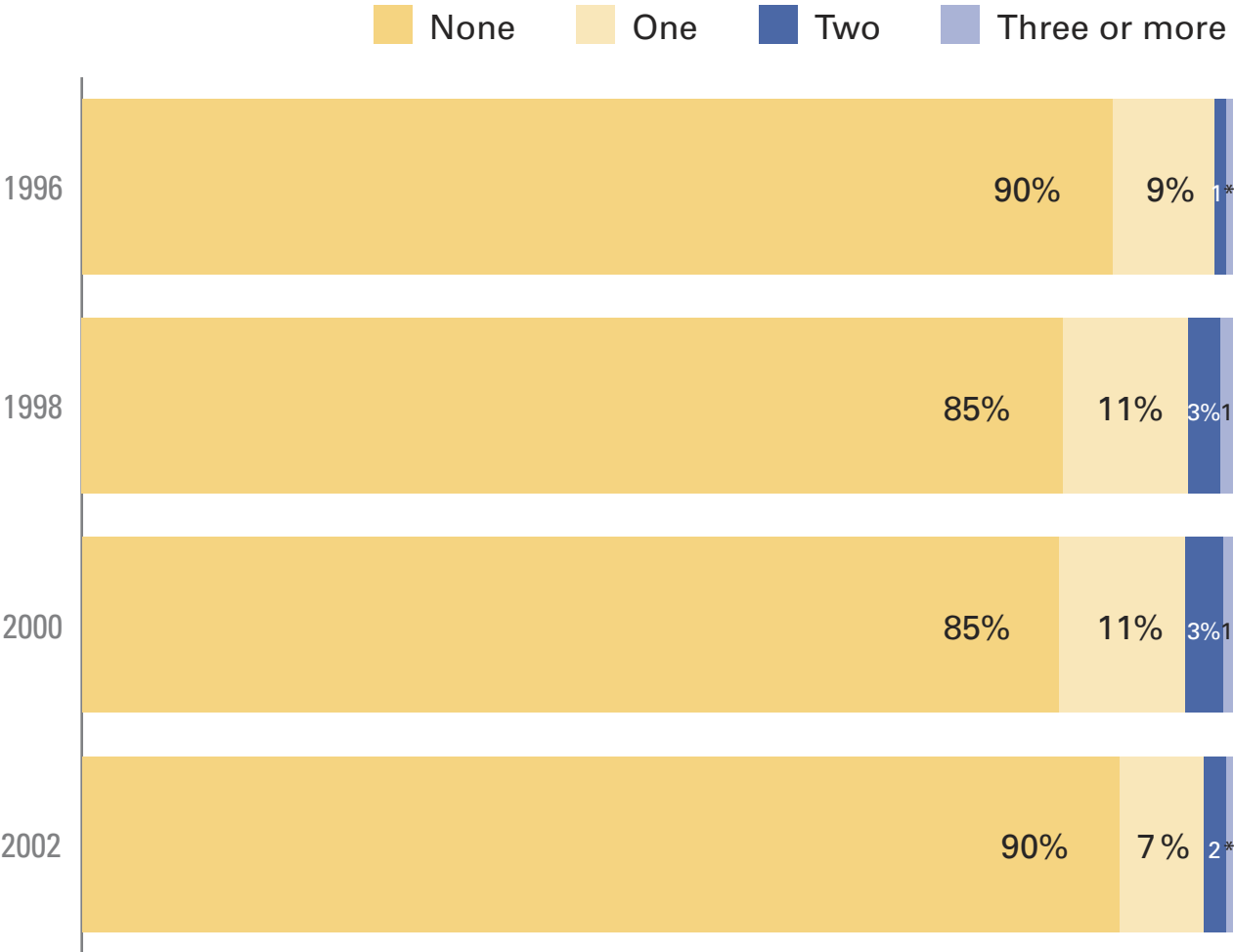


Source: Janis O'Meara and Charlene Harrington, University of California, San Francisco. Calculations provided using California Department of Health, Licensing and Certification Program, Automated Certification and Licensing Administrative Information and Management Systems (ACLAIMS) data.

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Recently, nursing home consumers and advocacy groups have charged the state with failing to promptly investigate complaints, resulting in an increase of the number of complaints found to be unsubstantiated. Analyses of home health complaints show a similar trend. The percent of substantiated complaints received by home health agencies decreased 13 percent from 1998 to 2003.

Percent of Home Health Agencies by Number of Complaints



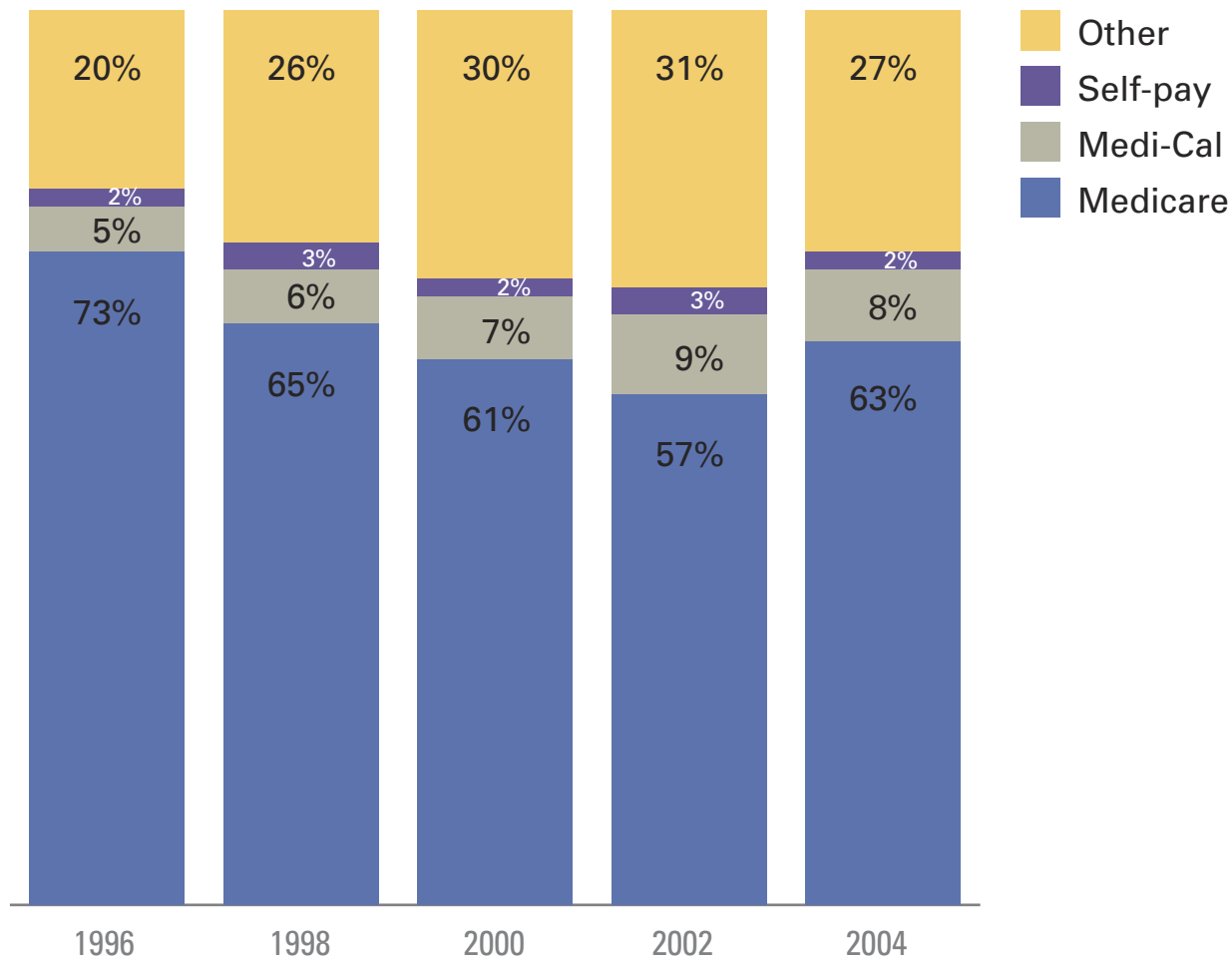
*Less than 1 percent.

Source: Janis O'Meara and Charlene Harrington, University of California, San Francisco. Calculations provided using California Department of Health, Licensing and Certification Program, Automated Certification and Licensing Administrative Information and Management Systems (ACLAIMS) data.

Home Health

The vast majority of agencies do not receive any complaints, approximately 7 to 10 percent of agencies receive one complaint, 1 to 3 percent receive two complaints, and less than one percent get 3 or more complaints.

Who Pays for Home Health Care



Home Health

Medicare pays for most home health care, although the percent of care paid for by Medicare decreased 14 percent from 1996 to 2004. At the same time, the percent of care paid for by Medi-Cal and payments from other sources made up the difference.

Source: Janis O'Meara and Charlene Harrington, University of California, San Francisco. Calculations provided using Office of Statewide Health Planning and Development home health and hospice utilization data.

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