Home health care refers to the delivery of health care services in the home setting. This includes physician services, nursing services as well as physical therapy and other forms of medical treatment. The benefits of providing medical care at home are many and include:

- Convenience to the patient and family
- Reduced risk of iatrogenic infections
- Reduction in cost of care
- Increase in hospital bed availability

Advances in medical technology have led to an increase in life expectancy and the aging of the population. With this demographic transition comes a rise in the prevalence of chronic diseases and an associated increase in the cost of healthcare. Transitioning some of the medical care that was traditionally provided in the hospital to the home setting has been suggested as one way to reduce the burden of hospitalizations incidents, less outpatient visits, and less nursing home admissions, patients and their caregivers expressed greater satisfaction with their care than those in the control group.

Many disabilities and illnesses can be managed in the home setting. Advanced evidence-based nursing guidelines have been developed for that purpose and these have been applied successfully with positive outcomes. As the benefits of home health care became more evident, national health plans and health insurance companies have begun to integrate home health services into their packages as a means to cut costs and to improve quality of care.

In Lebanon, local physicians and midwives have provided home based medical services to patients in their community for many years. Non-governmental and faith-based organizations have also served as providers of home health services in their communities although it does not appear that these services are planned or delivered in a structured or organized fashion. Private home health agencies did not appear in the Lebanese market until the late 1990’s and their services were initially restricted to the Greater Beirut area. In recent years, there has been a significant increase in the number of home health care agencies. A web-based search for home health agencies in November of 2012 yielded a total of 16 agencies in Lebanon. Follow up telephone calls confirmed that there are 12 private home care companies actively providing nursing care and physical therapy in addition to a variety of other services such as medical transportation, medical equipment rental, and babysitting services. Few of these companies provide services outside of Greater Beirut.

Although there is no reliable data on place of death in Lebanon, it is believed that most of the terminally ill patients in Lebanon are cared for in hospitals and ICU departments, where they are more likely to receive invasive and unnecessary procedures that are unlikely to be of benefit and may in fact harm them. Balsam-The Lebanese Center for Palliative Care is a nongovernmental organization that provides home based palliative care services to patients in the Greater Beirut area. By providing medical care at home to patients with advanced illnesses, organizations like Balsam give patients and their families the option of remaining at home and receiving the medical care that they need even in the setting of serious and advanced illness.

Home care allows patients and their families more choice. With advanced illness, the loss of control on one’s body and destiny that is associated with the disease is often a major struggle for patients. Remaining in their home, a setting that they are familiar with and in control, can improve their sense of control and therefore improve their overall wellbeing. In their home, patients remain surrounded by familiar objects and this can be extremely comforting to them. They can continue the eat the food that they are accustomed to eating prepared in the way that is familiar to them. Having the choice of what to eat and can improve oral intake in situations where anorexia is a problem.

The stress associated with leaving the hospital and going home can be high. Families may question whether they are making the right decision. In seriously ill patients, stress can be associated with the transfer itself as well as concerns about whether the home setting is adequately prepared to meet the needs of the patient. This is especially the case when a patient has been in the hospital for a prolonged period of time. In cases of advanced illness, discharge home can sometimes be viewed as an admission of defeat and acceptance of the fact that there is no more hope for cure. This can create conflict within families when some members are interested in taking the patient home and others are fighting this move for fear of not doing enough for their loved ones.

In our experience, most patients start to feel better when they return home from the hospital. There is an improvement in their mood, an increase in their appetite and an overall increase in functional status. Patients who have been bed-ridden, withdrawn and refusing to eat in the hospital can start eating and become more engaged. Patients who are terminally ill or imminently dying may have a few “good days” when they are active and engaged with their families after they return home from the hospital. This observation is supported by studies that have documented that patients usually prefer to spend their last days at home next to their families. Some patients and caregivers feel more secure in the hospital setting. The presence of nursing staff and easy access to physicians around the clock can reduce anxiety and many feel this reduces the burden on caregivers. Caregivers may believe that it is safer to keep patients in the hospital and are not aware of the increased risk of hospital-acquired infections that are associated with prolonged hospitalization.

Caregivers worry that they may not act appropriately or quickly enough in the case of an emergency and this can be a barrier to home care for many. However, when adequately supported, caregivers can usually provide their ill loved ones with the care that they need. Caregivers who are able to support their sick family members at home tend to feel empowered and proud of the fact that they are able to play a supportive role. This sense of pride remains even after the patient dies, and we believe it can help family members in their grief and make the bereavement period easier.
to cover basic medical procedures such as antibiotic administration, intravenous hydration, phlebotomy and laboratory testing at home. These are still not covered by public insurers such as the National Social Security Fund (NSSF) or the Ministry of Public Health (MOPH). As a result, the private home healthcare agencies cater primarily to people from the higher socioeconomic income brackets who can afford to pay out of pocket and are not accessible to a large proportion of the population. To insure access to these services to all without regard to their ability to pay, organizations like Balsam provide their services free of charge and must rely on private donors to cover their costs. This is a major barrier to growth and unless reimbursement schemes change, access to such services will remain limited.

Developing a mechanism to reimburse home health care in the country is the first step towards integrating this service into the health care system. Such a change could have a major impact on the health of the population and the health sector in our country. References


Home care services are an important component of the health care system and should be made available, affordable and accessible to all patients who could benefit from them regardless of their place of residence or their ability to pay. This can significantly reduce the health care bill, improve quality of care, and increase patient satisfaction. Patients and families should have the right to receive high quality affordable care in the setting of their choice. At this point in time, home based care remains fragmented and only attainable to a small proportion of the population.