Introduction

As our population ages and the number of older adults living in the community increases, changes in traditional models of care is essential to increase access to care. Older adults living in the community offer a unique opportunity to Advance Practice Nurses (APN). Many patients have chosen to remain in their home environment for personal or financial reasons. The social determinants of health along with their frailty and functional impairment can be a deterrent to obtaining appropriate medical care.

Research by Smith, Ornstein, Soriano et al (2006) demonstrated patients with dementia, urinary incontinence, falls, diabetes mellitus, depression, stroke, coronary artery disease, cancer, and congestive heart failure carry a high disease burden. They will need close follow up to ensure improved quality of life and outcomes. Beck, Arizmendi, Purnell, Fultz, and Callahan (2009) compare home bound patients to nursing home patients as needing 9-12 visits per year. By 2020, it is estimated there will be 2 million older adults who are chronically homebound (Boling, 1998). APNs will play an essential role in providing increased access to care.

Program History

House calls at Jefferson Health New Jersey was initiated in September of 2016 with a sole APN provider and shared support staff with the primary care team. As the program developed and volume increased quickly, it was apparent dedicated support staff was necessary to maintain efficient and quality patient care. Various models of care were evaluated, and it was determined the APN-health coach model would be best for the population they served. Homebound patients have various social, physical and mental health needs. The APN provides advanced nursing care and the health coach promotes further education to the patients. The health coach is a certified health education specialist.

Health Education Specialist’s Seven Areas of Responsibility:

Area I: Assess Needs, Resources and Capacity for Health Education/Promotion
Area II: Plan Health Education/Promotion
Area III: Implement Health Education/Promotion
Area IV: Conduct Evaluation and Research Related to Health Education/Promotion
Area V: Administer and Manage Health Education/Promotion
Area VI: Serve as a Health Education/Promotion Resource Person
Area VII: Communicate, Promote, and Advocate for Health, Health Education/Promotion, and the Profession

As per Centers for Medicare and Medicaid Services (2018), the medical record must have documentation that the it is taxing for the patient and medically necessary to receive a house call visit. The patient does not have to be bed bound to qualify.