

## Home Care and Hospice Fill A Need in CEE

For patients who are undergoing stroke rehabilitation or are dying of cancer, occupying a hospital bed for long stretches of time may not be the most efficient or comfortable setting in which to receive care. To provide alternatives for such patients, two CEE hospital partners--in Hungary and Latvia--have begun providing home care and hospice services to the populations they serve, drawing on the experience of their US counterparts.

At a conference break-out session on "Options for Health Care: Home Care and Hospice," Ella Molnar, RN, director of Vac Home Care in Vac, Hungary, talked about the process of introducing home care in her hometown. Molnar left her position as chief nurse at Vac Municipal Hospital last fall to start the region's first home care agency, which now employs 13 part-time health professionals (primarily nurses) to make home visits. In November 1996, during its first month in operation, the agency fielded 64 visits; by April 1997, the number had risen to 300.

Patients who take advantage of the service, which is covered by the Hungarian National Health Insurance Fund, are young and old, and often have cardiovascular disease, are undergoing cancer treatment, or are recovering from surgery.

"The necessity of home care cannot be questioned because our population is getting older, with very bad health indicators, and there is a greater need for less expensive, more efficient care," Molnar said. "We have found it a practicable way to care for people on an individual basis."

Frances Hutchison, RN, director of Forsyth Memorial Home Care at Carolina Medicorp, Inc. in Winston-Salem, North Carolina--a partner with Vac Municipal Hospital--said the keys to a successful home care program include: hiring highly skilled staff, establishing good relationships with physicians, using the media to promote the benefits of home care, and collecting outcomes data in order to 'sell' the program.

To receive care through one of the 9,000 home health agencies in the US, she noted, patients must be home-bound, must show medical need, and must obtain a physician's order. Because over 60 percent of US home care is funded by the Medicare and Medicaid insurance programs, it is essential that home care providers lobby federal and state policymakers to support the service, as well as garner physician support. "It is important that we articulate what we can do for their patients," Hutchison said.

A different regimen of care--one for patients with terminal diagnoses--is being developed by the Riga, Latvia-St. Louis, Missouri partnership. With the help of colleagues at Barnes-Jewish Hospital in St. Louis, health care professionals at Riga's Bikur Holim Hospital have established their nation's first hospice hospital to provide pain and symptom control, physical therapy to improve daily living skills, and psychological and spiritual support to dying patients and their families.

An important goal of hospice care should be to contain the patient's pain without loss of capacity and manage the pain in context with the patient's goals for living, said Art Lucas, director of spiritual care at Barnes-Jewish Hospital.

"At any given moment, there are 20,000 Latvians living with an illness that will claim their life within six months," said Arkadijs Gandzs, MD, director of Bikur Holim. "We are able to care for them more economically than in more expensive acute care hospital beds."

Added Lucas: "Western medicine has been criticized for being more concerned with technology than with the living. The pure genius of hospice and home care is that it moves the person back to the foreground. That's where the healing belongs."