

# Home Care

We live in a high-technology world that now includes such disparate elements as automated bank tellers, new drugs, new services, devices which artificially support physiological functions of life, and large-scale efforts to explore the far reaches of our solar system. Seldom do we realize the sequences through which such technologies are developed, implemented, and used. By the same token, we seldom think of a service as a technology.

If we extend the image of developing technology to home care health services, a definite five-step sequence emerges. Home health services, as outlined by Dr. Blagg in this issue (pp. 285–290), begin with ideas and are subsequently developed on the second level by entrepreneurs (not necessarily for profit). Third, “gatekeepers” begin to question the practicality of a technology, test for safety, and perhaps look for a newer and better application. Once proof of benefit is established, various managerial evaluations must be made at the fourth level. The limitation of application and the amount of money available for the technology must be established. Finally, at a fifth level, the technology is sponsored by society, a company, a governing body, or a major official or his or her delegated authority.

One often hears about improving the quality of life and decreasing the cost of health care through the delivery of medical services in the home. As a technology, such medical services grew out of the ideas of small groups of individuals practicing medicine within specialties represented in the articles to follow. Further development necessitated ingenuity to accomplish home care in a health care system which was not designated to support such services. This resulted in

growing numbers of patients receiving medical care at home which heretofore would have been delivered in an institutional setting. These efforts resulted in large series of patients that provided data to demonstrate safety in home care delivery, improved quality of life for patient and family, and hope of rehabilitation outside an institution; hence, the third level of technological development. We are now at a point where we must deliver better health care for less money. Now the managerial functions are challenging the medical profession to define home care services, to demonstrate their benefits, and to develop mechanisms to deliver high-quality home care in an economical fashion. As a technology, home health care services are in transition between the managerial evaluation and sponsorship by society, the federal government, and private insurance carriers.

In September 1984, after 18 months of planning, a postgraduate course was presented for the purpose of bringing together a group of professionals interested only in home health care. We are pleased to present a summary of the didactic lectures. We thank our guest lecturers, our trustees, colleagues, and countless numbers of other health care professionals inside and outside the Cleveland Clinic for making home health care a future direction in medicine.

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