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**Regulations and Practice:
Cross-continent Comparison of
Home Health Physical Therapy Practice**

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Disclosure

- No relevant financial conflict

Course Description

- This course presents a clear description of physical therapy delivery in home health environment from an international perspective. Trends in access and regulation of home health care will be explored.

Learner Outcomes

Upon completion of this course, participants will be able to:

1. List at least two major characteristics of the health care delivery system of the United States and other countries presented.
2. Describe the cost expectations of each country's health system as related to home health care.
3. Identify at least two roles of government and private sectors in financing and delivery of health care.
4. Outline access and delivery structure of home health physical therapy services.

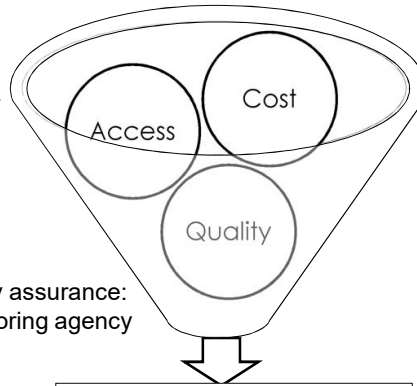
Rank	Country
1	United States of America
2	Canada
3	Argentina
4	United Kingdom
5	South Africa
6	Japan

continued™

Healthcare Focus

Access through:

- Hospitalization
- Office-based visits
- Nursing home/facility
 - Skilled
 - Unskilled
- Hospice
- Home health



Quality assurance:
-monitoring agency

Cost in terms of:

- Out-of-pocket
- Private Insurance
 - Individual
 - Employment-based
- Other private funds
 - Car insurance
 - Viatical settlement
- Government financed

Home Healthcare

Access to PT

- Indirect access
 - **Mandated by legislative policies**
 - **Referral system for reimbursement**
- Direct access
 - **Mandated by legislative policies**
 - **Restricted depending on payer**
 - **Unrestricted; full and open access**

Health Care Costs

- Modes of health care funding:
 - **Government insurance**
 - **Employment-based group insurance**
 - **Private insurance/individual**
 - **Out-of-pocket payment**

Trivia

- Do these terms mean the same?
 - **Single Payer**
 - **Universal Health care**
 - **Socialized medicine**
 - **Medicare for All**

Trivia:

These terms are not the same:

- Single Payer – system of financing whereby patient's payment and health care provided reimbursements are completely managed by the government.
- Universal Health care – every eligible citizen or individual has health insurance (public or private). There is no uninsured citizen.
- Socialized medicine – government wholly owns the health care systems and health care providers are government employees.
- Medicare for All – single payer system whereby government pays for all approved services; health care facilities are privately owned

Quality of care

In terms of:

- Quality assurance – parameters to measure extent of patient satisfaction and outcome based on established standard of care
- Quality Control – or improvement are activities undertaken to improve quality relative to accepted standard of care
- Usually determined by monitoring agency such as CMS for Medicare patients in the US based on certain metrics

United States



Case Study

John Reelman

- **with chest pains**
- **CABG**
- **Home care for two weeks**
- **Outpatient cardiac rehab**

United States of America

- **Population:** 296,483,000
- **Area:** 9,826,630km² (3,794,083miles²)
- **Language:** English, Spanish
- **Religion:** Protestant, Roman Catholic, Jewish
- **Life Expectancy:** 81years
- **GDP per Capita:** U.S. \$36,300
- **Health care Expenditure %GDP:** 16.4
- **Literacy Rate:** 97%

Access - United States of America

Private

- Private insurance
 - Employment-based insurance = 65%
- Out of pocket
- Direct Access or Referral
- Varies by state

Public

- Government
 - Special population (age: children, 65+, chronic disease, economic status).
- Referral mostly required esp. for specialized services incl. PT

Access - United States of America

Per episode care



Post-hospitalization



Home care



Outpatient

Continuous care



Ongoing



End of life

Cost - United States of America

Private:
Insurance
8.5%

- Expensive direct care costs if uninsured
- Inexpensive, discounted with insurance coverage

Public:
Govt.
7.9%

- Low cost to special populations
 - 65+years, 0-19years, etc.
- Must meet specific guidelines

Quality - United States of America

- HHA Quality of Patient Care Star Ratings
- High

http://www.asq0905.org/History/asq0905_65_years.htm

Canada



Case Study

- How will John Reelman navigate the system in Canada?

Canada

- **Population:** 32,225,000
- **Area:** 3,855,101 miles²
- **Language:** English, French
- **Religion:** Roman Catholic, Protestant
- **Life Expectancy:** 83.6 years
- **GDP per Capita:** U.S. \$29,300
- **Health care Expenditure %GDP:** 10.2
- **Literacy Rate:** 97%

Access - Canada

Private

- Private insurance
- Out of pocket -direct access
- Optional, private insurance
- Payer type determines direct/indirect access
 - Some payers requires physician referral

Public

- Government – 13 health systems (10 provinces and 3 territories)
- No federal control
- Covers all legal and permanent residents
- Referral depends on jurisdiction and payer
 - Some payers requires physician referral

Access - Canada

Homecare

- Post-hospitalization
- Homebound status
- Diagnosis
- Availability of services (rural/remote areas??)

Outpatient

- No longer homebound
- Indication for more PT

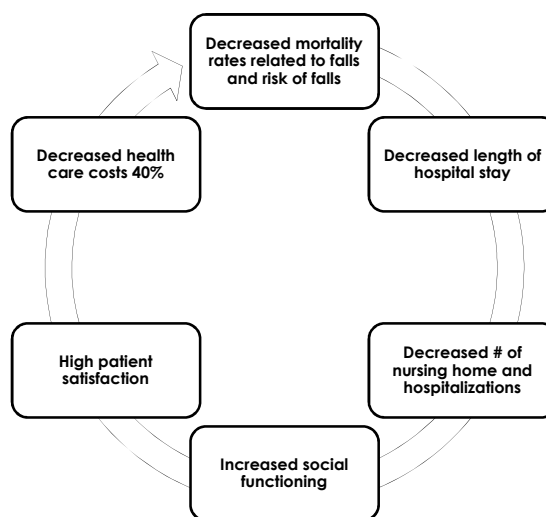
Cost - Canada

Single Payer Public Health System funded by:

- 40% household income taxes
- Varies from province to province
- Regardless of employment status
- Payroll (federal, provincial) sales, business, service
- Not employment-based
- 7.1% of GDP

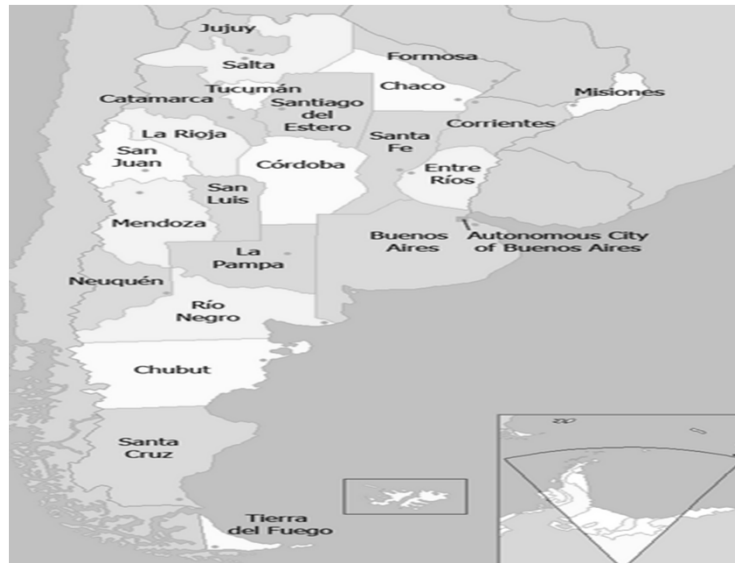
<p>No cost</p> <ul style="list-style-type: none"> - "Extra-Mural" program - Private coverage prohibited for public covered services 	<p>Monthly low co-pay for some</p> <ul style="list-style-type: none"> - Private coverage for special or non-essential services 	<p>Managed privately</p> <ul style="list-style-type: none"> • services direct pay • extended health benefits reimbursements
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Quality - Canada



http://www.asq0905.org/History/asq0905_65_years.htm

Argentina



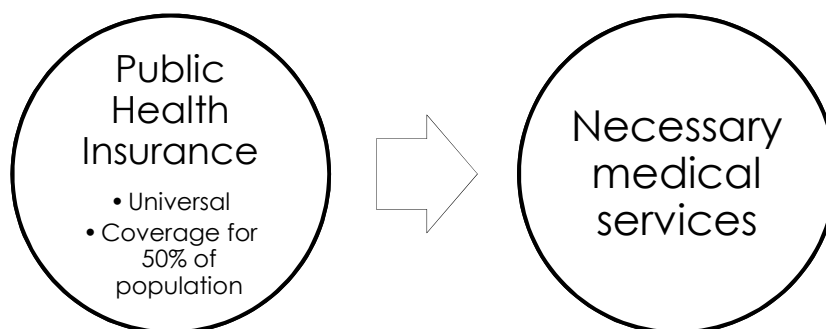
Case Study

- How will John Reelman navigate the system in Argentina?

Argentina

- **Population:** 38,592,000
- **Area:** 1,073,518miles²
- **Language:** Spanish, English, Italian, German, French
- **Religion:** Roman Catholic
- **Life Expectancy:** 80years
- **GDP per Capita:** U.S. \$10,500
- **Health care Expenditure %GDP:** 9.5
- **Literacy Rate:** 97%

Access - Argentina



Access - Argentina

Per episode care covered by public and social security sector

Private Sector

Public sector includes: public hospitals primary health centers

Public sector provides care to the poor and uninsured

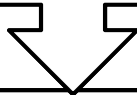
Social security sector (Obra Sociales) provides care for all workers

Care for individuals with private health insurance or cash

Care for some workers who under Obra Sociales

Cost - Argentina

Public sector care financed by taxes and social security payroll payment

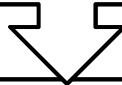


Physician Referral for

- All health systems covered necessary medical services, incl. PT
- Salary system
- Free nationwide access

Cost - Argentina

Private sector care financed by employer or individual paid premiums



Physician Referral for

- All health systems covered necessary medical services, incl. PT
- Salary system even for PT working for private hospitals with home health unit
- Free nationwide access

Quality - Argentina

- No official data on patient satisfaction rate
- PT is an ancillary of medical care

http://www.asq0905.org/History/asq0905_65_years.htm

United Kingdom of Great Britain



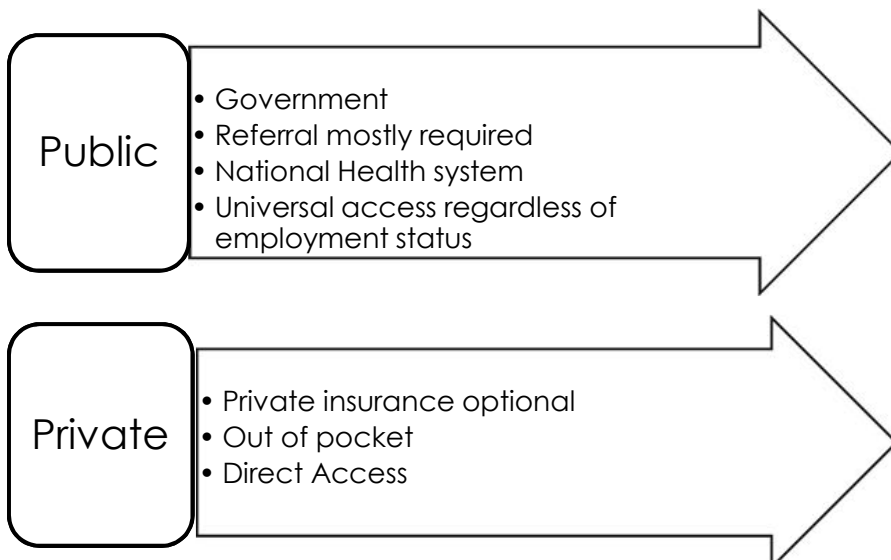
Case Study

- How will John Reelman navigate the system in the United Kingdom?

United Kingdom

- **Population:** 60,068,000
- **Area:** 93,788miles²
- **Language:** English, Welsh, Scottish Gaelic
- **Religion:** Anglican/other Protestant, Roman Catholic, Muslim
- **Life Expectancy:** 82.9years
- **GDP per Capita:** U.S. \$25,500
- **Health care Expenditure %GDP:** 8.5
- **Literacy Rate:** 99%

Access – United Kingdom



Access – United Kingdom

Public

- General Practitioner/Primary care physician gatekeeper
- Visit to specialists visits prioritized
- May be waitlisted

Private

- Specialists can have private practice outside of NHS
- Speedier service

Cost - United Kingdom

Public Health Care through National Health Services (NHS)
financed by payroll and the value added taxes (VAT)

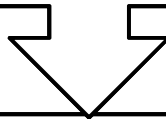
One of the lowest per capita expenditure

Primary care physician referral for

- All health systems covered necessary medical services, incl. PT
- Salary system even for PT working for private hospitals with home health unit
- Free nationwide access

Cost - United Kingdom

Private sector care financed by employer
or individual paid premiums



Physician Referral for

- necessary medical services, incl. PT
- Salary system even for PT working for private hospitals with home health unit
- Fee for service or private insurance reimbursement to private institutions

Quality - United Kingdom

**•No official data on patient
satisfaction rate**

http://www.asq0905.org/History/asq0905_65_years.htm

South Africa



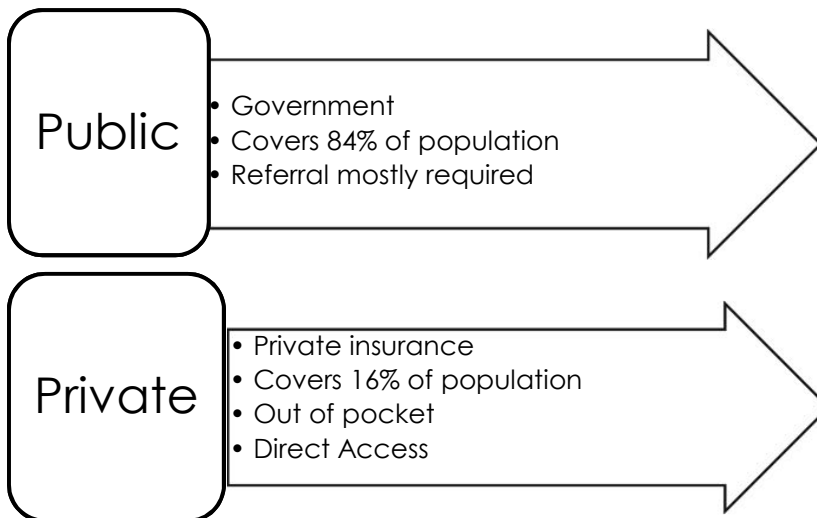
Case Study

- How will John Reelman navigate the system in South Africa?

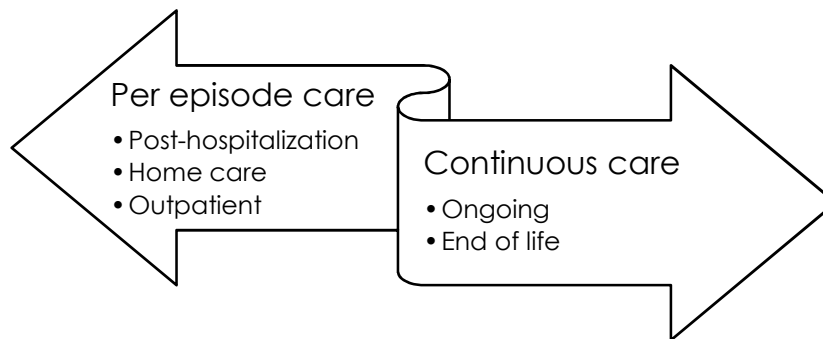
South Africa

- **Population:** 46,923,000
- **Area:** 470,693 miles²
- **Language:** Afrikaans, English, Ndebele, Pedi, Sotho, Swazi, Tsonga, Tswana, Venda, Xhosa, Zulu
- **Religion:** Christian, Indigenous beliefs, Muslim, Hindu
- **Life Expectancy:** 58.8years
- **GDP per Capita:** U.S. \$10,000
- **Health care Expenditure %GDP:** 8.7
- **Literacy Rate:** 86%

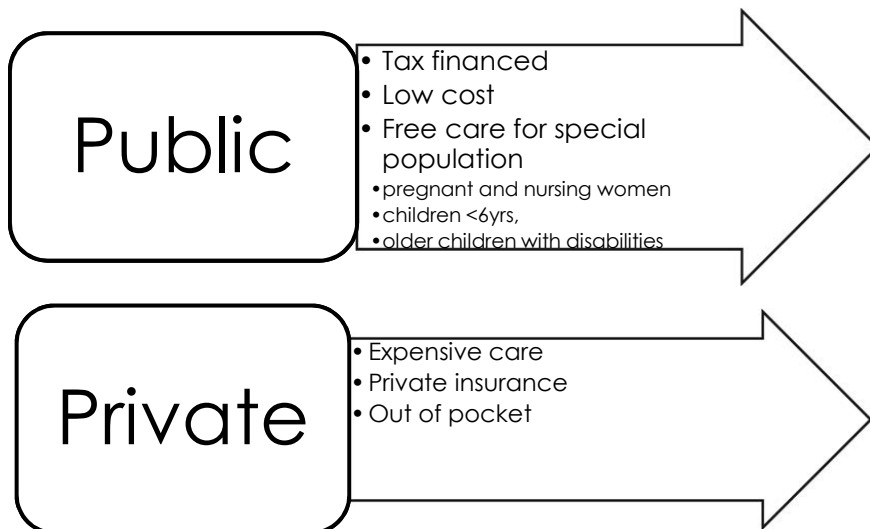
Access - South Africa



Access - South Africa



Cost - South Africa



Quality - South Africa

- No official data on patient satisfaction rate
- No official data on physical therapists job satisfaction rate

http://www.asq0905.org/History/asq0905_65_years.htm

Japan



Case Study

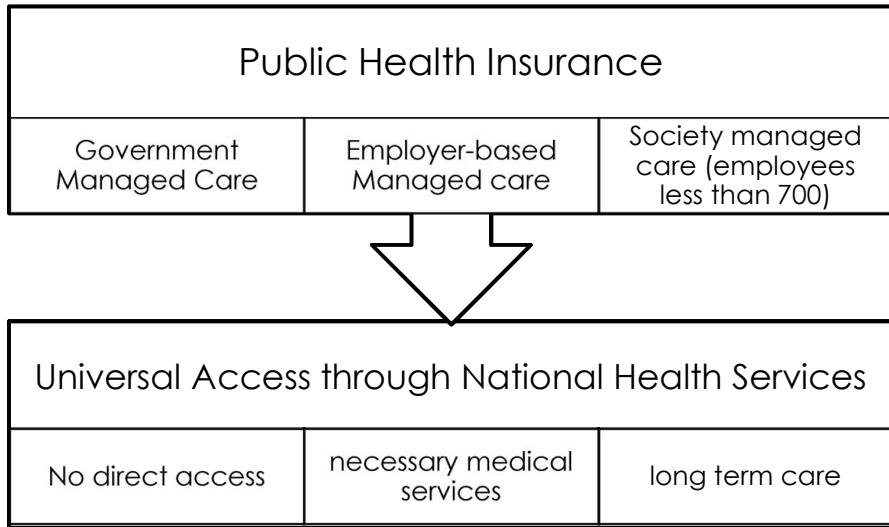
- How will John Reelman navigate the system in Japan?

Japan

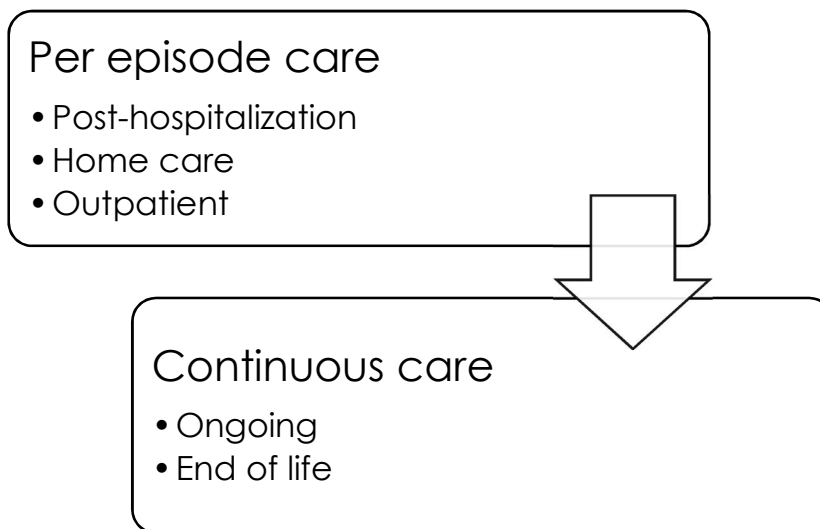
- **Population:** 127,728,000
- **Area:** 145,902 miles²
- **Language:** Japanese
- **Religion:** Shinto, Buddhist
- **Life Expectancy:** 86.6years
- **GDP per Capita:** U.S. \$28,700
- **Health care Expenditure %GDP:** 10.2
- **Literacy Rate:** 99%

<https://www.ncafp.org/2016/wp-content/uploads/2015/04/JapanCitiesMap.png>

Access - Japan

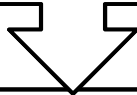


Access - Japan



Cost - Japan

Govt. plan funded by taxes, payroll surcharges, insurance premium, co-pays, or govt. subsidies



- Covers all necessary medical services
- Community-based health insurance covers retirees or small business or sole proprietor
- Long term care insurance >75+years
- Co-pay or coinsurance (10 – 30%)
- Free nationwide access

Quality - Japan

- No official data on patient satisfaction rate
- Physicians are the team healthcare team leaders
- Medical outcome is the gold standard

http://www.asq0905.org/History/asq0905_65_years.htm

Conclusion

- US healthcare system is an incremental system
 - **various elements of all the other health system**
- Tax financing is related to health care delivery cost, access and quality
- Home health is an outflow of care delivery system in many nations of the world
- Direct access to PT
 - **allows self-referral is related to health care system culture and funding models**
 - **Legislative policies and relationship with physicians**

THANK YOU FOR LISTENING!

- Questions and Answers

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