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# Homebound Older Adult, Caregiver, and Provider Perspectives on the Benefits of Home-Based Primary Care: A Narrative Review

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## Abstract

Home-based primary care (HBPC) is a clinical practice that is being increasingly utilized for the homebound older adult population. As the age demographics in the United States shift over time, these programs will need to be expanded to accommodate the growing aging population. This narrative review aims to compile studies on the benefits of HBPC from the perspective of homebound older adult patients, caregivers, and the health care providers who practice HBPC. Studies were identified through PubMed, Web of Science, and Google Scholar, and a total of 10 papers were included in this review. Identified benefits of HBPC for homebound older adult patients included improved relationships, peace of mind, goal attainment, improved access to care, and avoidance of hospitalization. Benefits for caregivers included providing emotional support, informational support, and easing logistical challenges. Benefits for providers included improved patient care by addressing social determinants of health, improved rapport with patients, and improved provider wellness and attitude. The main limitation of this review is the lack of adequate research on this topic, specifically from the perspective of providers other than resident physicians and nurse practitioners such as nurses and community health workers. As the U.S. population of older adults continues to grow over the coming decades, the need for more home-based medicine should not be seen as a burden but rather as an opportunity to transform and humanize the way medicine is practiced. (*J Patient Cent Res Rev.* 2023;10:239-246.)

## Keywords

primary care; older adults; geriatrics; home-based care; house visits; hospitalization

## A Brief History of Physicians in the Home

Home-based care has been utilized by physicians and healers throughout human history. Before the expansive increases in medical technology, it was much more convenient for physicians, who more likely had access to transportation, to treat patients at their homes. For most of the 20th century, house visits were a primary mode of medical care in the United States.<sup>1</sup> Between 1930 and 1950, the percentage of physician encounters that were house visits dropped from 40% to 10%, and by 1980, the percentage was less than 1%.<sup>2</sup> By the 2000s, house visits were rare, with less than 18% of U.S. physicians having ever made a house call.<sup>1</sup> The slow switch to medical center-based care was a result of several factors, one of the most significant being an increasing pressure for productivity and efficiency in primary care practice.<sup>1</sup>

As medical care became more technology-based, house visits were seen as old-fashioned, and patients began to see use of high technology as a symbol of “good medicine.”<sup>3</sup> Over the past 20 years, however, this trend has started to reverse.

House visits have made a slight resurgence since the start of the 21st century, with 478,088 house visits being made to Medicare beneficiaries in 2000 doubling to 995,294 house calls in 2006<sup>4</sup> and swelling to nearly 2.6 million in 2015.<sup>5</sup> This increase has been attributed to the use of home visits for the older adult population.<sup>6</sup>

## The Need for Home-Based Primary Care

Home-based primary care (HBPC) is one of the most common types of medicine practiced within the realm of house visits.<sup>7</sup> In HBPC, providers travel to their patients’ homes to provide primary care that can include health promotion, disease prevention, health maintenance, patient education, the diagnosis and treatment of acute and chronic diseases, and goal-of-care discussions.<sup>8</sup> The implementation method of HBPC programs and the services they provide varies from program to program; however, they all share a common goal of providing a

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comprehensive and multidisciplinary approach to primary care.<sup>9</sup> HBPC has become an increasingly interprofessional modality of health care and is carried out by a variety of professionals. The main workforce of HBPC involves physicians, nurses, nurse practitioners (NPs), physical and occupational therapists, and social workers, in addition to other professionals as well.<sup>10</sup> One group of professionals that have recently become an integral part of many HBPC programs is community health workers (CHW). CHWs are frontline health workers that have limited to no formal medical education but provide patient-facing support and services in primary care in the home.<sup>11</sup>

HBPC is typically utilized for patients who are homebound or those who have mobility constraints such as the frail older adult population.<sup>12</sup> These programs have been increasing in recent years because of shifting age demographics within the United States. The most rapidly growing age group is ≥85-year-olds, and this group is projected to quadruple from 2000 to 2050.<sup>13</sup> As the proportion of older adults in the United States grows and people live longer lives, a larger proportion of the population will become homebound and need home-based care. Currently, there are 2 to 4 million Americans who could benefit from HBPC, but only 12% of that population are receiving home-based care.<sup>7,14</sup> Multiple papers have found that a major benefit of home-based medical care is the ability to carry out hot-spotting and cold-spotting, the identification of high and low utilizers of medical services, respectively.<sup>15,16</sup>

This review seeks to compile and summarize studies on the benefits of HBPC from the perspective of homebound older adult patients, caregivers, and the providers who practice HBPC.

### Search Parameters and Inclusion Criteria

This review was conducted based on the best-practice recommendations for narrative reviews.<sup>17</sup> The online academic databases used for this narrative review — PubMed, Web of Science, and Google Scholar — were searched in January 2023. The following initial search terms were used: “home-based primary care,” “older adult,” “home visits,” “house visits,” “community health worker,” “house calls,” “home care,” “homebound,” “primary care,” “nurse,” “nurse practitioner,” “geriatrics,” “United States,” “physician,” “benefits,” “advantages,” “value,” and “outcomes.” Studies were limited to those written in the English language.

The studies included in this review mention the advantages, benefits, and value of HBPC based on interviews or surveys involving older adult patients, caregivers, and health care providers who practice HBPC. The studies

included involved analyses of older adult homebound patient, caregiver, and provider perspectives on HBPC. While qualitative studies were prioritized, studies that quantified or summarized survey responses were included as well due to the lack of studies involving the provider perspective. Also due to the paucity of studies, inclusion criteria were eventually expanded to include studies that involved home-based palliative care and HBPC programs set in Canada. Papers involving home-based medical care outside of primary and palliative care were excluded.

### Search Results

A total of 10 articles were selected for in-depth review of findings. The summary of these papers can be seen in Table 1, and a summary of the benefits for patients, caregivers, and providers can be found in Table 2.

### Benefits of HBPC for Patients

**Improved Relationship With Provider.** Two studies showed that the use of HBPC resulted in an improved relationship between the patient and the health care provider. In a 2021 report by LaFave et al, a qualitative study was conducted on the Johns Hopkins Home-based Medicine Program (JHOME) in which older patients and their caregivers were interviewed.<sup>12</sup> A similar study was conducted in 2017 by Smith-Carrier et al in which patients in 7 different HBPC practices within Ontario, Canada, were interviewed on their experiences.<sup>18</sup> In both studies, patients expressed that being involved in the program helped them build rapport with their doctor due to the intimate setting of care within their own homes, and participants expressed how consistently seeing their provider on a regular basis helped build this relationship.<sup>12,18</sup> LaFave et al indicated that that relationship was improved in HBPC due to the physician being familiar to the patients, remembering details about their lives, and making nonmedical conversation during the visit.<sup>12</sup> A participant quoted by Smith-Carrier et al expressed:

*“Well, it’s more personal isn’t it? They come to the house, have a coffee or tea or some fruit or something.”<sup>18</sup>*

Patients seemed to value that home-based program more compared to a brief office visit, as having the physician as a guest in their home made the experience more personal and fostered a relational aspect of care.<sup>18</sup>

**Peace of Mind for Patients.** Another common finding within the literature on the benefits of HBPC was providing peace of mind for homebound older adult patients. LaFave et al found that patients reported the HBPC program provided relief within their daily lives due to not having to deal with the challenges of accessing primary care services at a medical center or office.<sup>12</sup> In Shafir et

**Table 1.** Summary of Studies Included in the Literature Review

Author(s)	Study population (size)	Study design	Major findings
LaFave et al, 2021 <sup>12</sup>	Older adult patients (n=11) and caregivers (n=9) enrolled in Johns Hopkins Home-based Medicine (JHOME) program	Qualitative study, semi-structured interviews in person or by telephone with patients, caregivers	<ul style="list-style-type: none"> <li>–Program offered peace of mind to get access to care</li> <li>–Supported aging in place</li> <li>–Helped build rapport with patients</li> <li>–Connected patients to significant nonmedical needs</li> </ul>
Smith-Carrier et al, 2017 <sup>18</sup>	Patients (n=26) enrolled in 7 HBPC programs in Ontario, Canada	Qualitative study, inductive content analysis of patient interviews	<ul style="list-style-type: none"> <li>–HBPC preferred over standard office-based care</li> <li>–HBPC promoted better patient care</li> <li>–Improved satisfaction and perceptions of better quality of life among HBPC patients</li> </ul>
Shafir et al, 2016 <sup>19</sup>	Homebound older adult patients (n=13) and caregivers (n=10) enrolled in University of California, San Francisco's HBPC practice	Cross-sectional qualitative study, semi-structured interviews with patients	<ul style="list-style-type: none"> <li>–Program provided better access to care</li> <li>–Provided peace of mind for patients</li> <li>–Improved care coordination</li> <li>–Supported goal attainment and aging in place</li> </ul>
Holley et al, 2009 <sup>21</sup>	Caregivers (n=22) of older adult patients (>65 years) with "limited life expectancy" enrolled in Palliative Access Through Care at Home (PATCH) program at University of Chicago	Mixed-methods study, chart reviews, telephone interviews with caregivers (n=22) and face-to-face semi-structured interviews with caregivers (n=13)	<ul style="list-style-type: none"> <li>–Program provided ease of access to a practitioner with expertise in geriatrics, symptom management, and end-of-life care</li> <li>–Caregivers had trouble with multiple transitions of care, in and out of the hospital and rehabilitation centers (accessibility)</li> </ul>
Wool et al, 2019 <sup>22</sup>	Family caregivers of frail, older adult homebound patients (n=19) enrolled in House Calls, an HBPC program in Queens, Nassau, and Suffolk counties in New York	Qualitative study, semi-structured interviews with caregivers	<ul style="list-style-type: none"> <li>–Program provided emotional support for caregivers</li> <li>–Helped alleviate some of the burden involved in caring for homebound patients</li> </ul>
Nguyen et al, 2022 <sup>23</sup>	People living with dementia (n=287) enrolled in HBPC at KPSC's Panorama City Medical Center and their family caregivers (n=16); patients were strata-matched with a non-HBPC comparison group	Mixed-methods study, cohort study, semi-structured phone interviews with family caregivers	<ul style="list-style-type: none"> <li>–Program provided caregiver emotional support</li> <li>–Program provided instructional and educational support for caregivers</li> </ul>
Goroncy et al, 2020 <sup>27</sup>	Resident physicians (n=43) in an HBPC practice at Christ Hospital/ University of Cincinnati's family medicine residency program	Mixed-methods study, qualitative analysis of written reflections from resident physicians after home visits	<ul style="list-style-type: none"> <li>–Home visits allowed physicians to address social determinants of health</li> <li>–Established deeper relationship with patients</li> <li>–Protected patient autonomy and independence</li> <li>–Helped physicians acknowledge their biases</li> </ul>
St. Clair et al, 2019 <sup>28</sup>	Resident physicians (n=11) and patients (n=11) involved in an HBPC program in Milwaukee, Wisconsin	Pilot quality improvement study, surveys on HBPC experience	<ul style="list-style-type: none"> <li>–HBPC allowed resident physicians to assess patient environment</li> <li>–Strengthened relationship with patient</li> <li>–Increased job satisfaction</li> </ul>
Dick & Frazier, 2006 <sup>29</sup>	NPs (n=36) from several clinical agencies that use NPs to provide home visits to elders in metropolitan Boston	Qualitative study, focus groups with NP participants	<ul style="list-style-type: none"> <li>–Home visits allowed for better comprehensiveness and ability to assess the whole person</li> <li>–Helped build and maintain a supportive and caring attitude toward patients</li> </ul>
Kellogg & Brickner, 2000 <sup>30</sup>	Resident physicians (n=55) who graduated from the adult primary care internal medicine residency program at Saint Vincent's Hospital in New York City and were involved in Chelsea-Village Program (CVP)	Case report of CVP, overview of responses from a mailed questionnaire to graduates of the program	<ul style="list-style-type: none"> <li>–Experiences in the home resulted in a greater understanding of the impact of psychological, social, cultural, economic, and environmental factors on health and function</li> <li>–Physicians appreciated the value of the team approach to long-term care</li> <li>–Physicians learned effective strategies to maintain patient safety in the home</li> </ul>

HBPC, home-based primary care; KPSC, Kaiser Permanente Southern California; NP, nurse practitioner.

**Table 2.** Summary of the Benefits of Home-Based Primary Care

<b>Benefits for Patients</b> Improved relationship with provider <sup>12,18</sup> Peace of mind <sup>12,18,19</sup> Goal attainment <sup>12,18,19,21</sup> Improved access to care and nonmedical resources <sup>12,19,21</sup> Avoiding hospitalization and emergency department visits <sup>18,19</sup>
<b>Benefits for Caregivers</b> Emotional support <sup>22,23</sup> Informational support and education <sup>12,22,23</sup> Easing challenges associated with caregiving <sup>12,21,22</sup>
<b>Benefits for Health Care Providers</b> Improved patient care by addressing social determinants of health <sup>27-30</sup> Improved rapport with patients <sup>27-29</sup> Improved provider wellness and attitude <sup>27,28</sup>

al, a 2016 qualitative study on patients in University of California, San Francisco's HBPC practice, the same "peace of mind" terminology was used by patients in the interviews, as they described how the program keeps them content knowing that they have someone to always reach out to.<sup>19</sup> This also was found in Smith-Carrier et al's study in which one patient stated:

*"Well, knowing that somebody cares, knowing that there is a doctor, that there are services that I can access ... makes me feel comfortable."*<sup>18</sup>

A common finding among these studies was that having the knowledge that a doctor is always close at hand can provide a feeling of being safe and cared for.<sup>12,18,19</sup>

**Goal Attainment.** Primary care addresses many aspects of health, and one part of this type of medicine involves supporting patients in carrying out their goals.<sup>8</sup> Goal attainment in primary care for older adults often involves "aging in place," which refers to allowing patients to age at home.<sup>20</sup> Many of the studies found patients value HBPC because it allows them to age in place as opposed to moving to a nursing home.<sup>12,18,19,21</sup> In Holley et al, a 2009 mixed-methods study on the Palliative Access Through Care at Home (PATCH) program, it was found that most participants were greatly attached to their homes, many of which they had lived in for decades.<sup>16</sup> Participants in several studies indicated that they had negative experiences with skilled nursing facilities and greatly valued HBPC as a way for them to continue living independently.<sup>12,21</sup>

**Improved Access to Care and Nonmedical Resources.** HBPC allows for medical care to come to the patient, easing many of the challenges homebound older adult patients face in getting access to care. Both Shafir et al

and Holley et al found that being enrolled in an HBPC program allowed patients to contact their physicians more efficiently.<sup>19,21</sup> According to Shafir et al, study participants described how providers were easy to contact via phone and email, and if they needed to schedule an in-person visit, they were able to do so in a timely manner as compared to traditional office visits.<sup>19</sup> One participant commented the following about their HBPC physician:

*"Oh, she's so responsive. I could e-mail, text ... call. ... I've always been able to reach someone who's on call, or the nurse practitioner fills in sometimes."*<sup>19</sup>

In addition to improving direct access to physicians, being enrolled in an HBPC program allowed patients to avoid transportation to a medical center.<sup>12,19</sup> This can be a difficult and dangerous feat for homebound older adult patients. By having the physician come to them, patients and caregivers can avoid the stress of navigating stairs, elevators, getting in and out of vehicles, and obstacles within medical centers.<sup>12</sup> One participant in Shafir et al's study stated:

*"I live upstairs in a Victorian with many, many staircases. It takes two ambulances to cope with it, because of the staircase ... it's a tremendous expense that is not covered by my insurance."*<sup>19</sup>

Cost of transportation can be exacerbated for wheelchair-dependent patients who must call accessible vehicles or ambulances to be transported to medical centers.<sup>19</sup>

In many cases, HBPC programs can provide other types of care outside of medicine such as access to social workers, cleaning services, and personal care. Participants in LaFave et al's study described their appreciation for the nonmedical services that their HBPC program connected them to, such as helping them identify useful community

resources.<sup>12</sup> HBPC programs are often multidisciplinary, and while not all programs provide nonmedical resources, patients greatly benefit from these resources when they do.

***Avoiding Hospitalization and Emergency Department Visits.*** Another common benefit found in the literature on HBPC was the ability to avoid hospitalization and emergency department visits through being enrolled in a HBPC program. In Shafir et al, many participants described how they were able to avoid hospitalization by contacting their HBPC provider and triaging problems on the phone.<sup>19</sup> Similarly, participants in Smith-Carrier et al described how, before enrollment in HBPC, they often had to resort to going to the emergency department rather than having to deal with the challenges of scheduling and attending office appointments with their primary care physician.<sup>18</sup> One participant explained:

*“Before I used to go to emergency, now I would call (the team) because I know that they might send somebody and check first.”<sup>18</sup>*

Participants also valued not having to experience the long wait times in doctors’ offices and being able to avoid exposure to contagious illnesses contracted through office-based settings.<sup>18</sup>

### **Benefits of HBPC for Caregivers**

***Emotional Support for Caregivers.*** Three studies on the values of HBPC from the perspective of caregivers indicated that having their family members enrolled in an HBPC program provided much needed emotional support.<sup>12,22,23</sup> In Wool et al, a 2019 qualitative study on family caregivers of frail older adult patients enrolled in HBPC programs in New York, caregivers reported increased confidence, ability to manage stress, and decreased anxiety.<sup>22</sup> One caregiver stated:

*“It’s comforting to the caregiver because sometimes, of course, I don’t know what’s going on ... and they can talk me down off that shelf in seconds.”<sup>22</sup>*

A similar 2022 qualitative study by Nguyen et al that interviewed patients and their caregivers enrolled in the HBPC program at Kaiser Permanente’s Panorama City Medical Center resulted in similar findings, with caregivers reporting that the HBPC team addressed their emotional needs and helped them cope with the competing demands required to provide care to homebound family members.<sup>23</sup>

***Informational and Educational Support for Caregivers.*** Three studies reviewed had findings indicating HBPC enrollment provided caregivers with informational support and education about their family members’ condition.<sup>12,21,23</sup> Participants in LaFave et al described their experience before having the family member enrolled in

HBPC versus afterward. The caregivers explained how, before enrollment, they had trouble reaching providers and often had to go to a provider office or the emergency department to address an issue, but after enrollment, these issues were resolved.<sup>12</sup> Wool et al and Nguyen et al both found that enrollment in HBPC helped caregivers have a better understanding of their family members’ conditions.<sup>22,23</sup> As one interviewed caregiver from Nguyen et al’s study stated:

*“There are times that I feel, like, frustrated that sometimes I don’t know how to do with her ... by talking to them [HBPC team] I know they will help me. I am good, I feel informed, very well.”<sup>23</sup>*

### ***Easing Challenges Associated With Caregiving.***

Caregivers in three studies shared that having their family members enrolled in an HBPC program alleviated some of the challenges associated with caregiving.<sup>12,21,22</sup> One of the most prominent challenges discussed in these studies was transportation. Caregivers valued being able to avoid moving their older adult family members, as this was often a difficult and stressful ordeal.<sup>12,21,22</sup> In Wool et al, it was noted that transportation to the doctor’s office often caused deterioration of the patient.<sup>22</sup> Holley et al found that many older adult patients had psychological difficulties, on top of physical limitations, when it comes to transportation to outpatient appointments.<sup>21</sup> One caregiver stated:

*“It was so difficult just to get my mom, who was very afraid, to get her into the car. ... We were going there and it was an hour drive on streets where there was a lot of traffic, and people having their radios loud, and that would totally make her [anxious] ... it wasn’t a nice drive or a pleasant drive, it was a noisy, bumpy drive.”<sup>21</sup>*

### **Benefits of HBPC for Health Care Providers**

HBPC is carried out by a variety of health care professionals, with the most common being nurses, NPs, physicians, and physical or occupational therapists.<sup>10</sup> Physicians are the leaders of the HBPC team and are often primary care physicians (including family and internal medicine) or geriatricians. For HBPC programs in university settings, medical students and physicians enrolled in residency training programs are involved in HBPC as well. Nurses and NPs are core members of HBPC and often have extensive clinical experience or are certified geriatric NPs.<sup>10</sup> From 2013 to 2016, the number of NP home visits nearly doubled (from 1.1 million to more than 2 million).<sup>24,25</sup> While there is a wide array of providers involved in this practice, the current research on the perspectives of providers involved in HBPC is mainly limited to nurses, NPs, and resident physicians.

**Improved Patient Care by Addressing Social Determinants of Health.** Social determinants of health are the factors apart from medical care that are influenced by social policies and shape health in powerful ways.<sup>26</sup> Some examples of these determinants include quality of housing, quality of neighborhood, access to healthy food, and education. Four studies found that HBPC programs gave providers a unique opportunity to address social determinants of health within the home and the surrounding neighborhood. In Goroncy et al's study on resident physicians enrolled in an HBPC program, the physicians reported that being able to see the social determinants of health in person within the home and neighborhood of their patients allowed them to rethink care plans.<sup>27</sup> One stated:

*"The setting of her home was the first thing I noticed — the apartment was small, the floors were dirty, dishes and files were on a box set up as a table, and bed bugs were hopping from the couch to the patient."*<sup>27</sup>

Physicians reported collaborating more with the patients and caregivers to create care plans that were achievable and realistic for their patients' living situations. A valuable finding from Goroncy et al was that resident physicians reported that being involved in an HBPC program allowed them to acknowledge biases they carried into their patient visits.<sup>27</sup> Similar findings had been previously highlighted in 2019 by St. Clair et al, who conducted another study involving perspectives from resident physicians involved in HBPC, from which residents reported having a better understanding of the social and environmental context of patient care.<sup>28</sup>

In Dick and Frazier's 2006 study of NPs involved in HBPC programs in Boston, Massachusetts, the NPs explained how HBPC allowed for a deeper assessment of the whole person. NPs talked about looking in cabinets and checking food labels in their patients' homes, along with being able to assess home safety, finances, and functional issues on top of conducting the physical examination.<sup>29</sup> Similar findings were reported by Kellogg and Brickner in a case study of an HBPC practice involving a survey sent to resident physicians who graduated from the program.<sup>30</sup> Responses to the survey indicated that through the home visits, physicians showed a greater understanding of the impact of psychological, social, cultural, economic, and environmental factors on their patients' health and ability to function. Additionally, participating physicians reported that one of the most important lessons from the program was learning effective strategies to maintain patient safety at home.<sup>30</sup>

**Improved Rapport With Patients.** Three studies found HBPC helps providers build rapport and strengthen the

relationship with their patient. In Dick and Frazier, NPs reported HBPC allowed them to build and maintain a supportive and caring attitude toward their patients.<sup>28</sup> One NP stated:

*"And then you go in and sit on the edge of their bed and you hold their hand or you make them comfy in their recliner, who wouldn't feel cared for in that?"*<sup>29</sup>

Goroncy et al found that resident physicians also were able to build better rapport with their patients. Several participants commented on the "flipped power dynamic" of the HBPC structure by entering their patients' home as a guest. Physicians reported that entering patients' homes allowed them to have a deeper relationship with their patients; for example, seeing family photos on the wall allowed for more meaningful conversations and better understanding of the patient.<sup>27</sup> Similarly, resident physicians participating in St. Clair et al's study reported HBPC helped build patient rapport and strengthen their relationships.<sup>28</sup>

**Improved Provider Wellness and Attitude.** Goroncy et al indicated that HBPC programs can improve physician wellness and attitude toward their work. One resident physician expressed:

*"In all actuality, much of my anticipation was rooted in enjoying the softer skills of medicine. Spending time with a patient in the comfort of their familiar home with their favorite people and guided by their agenda actually felt relieving compared to the busy hustle of the clinic."*<sup>27</sup>

Many resident physicians reported appreciating the change of pace that the HBPC program provided, including relieving the pressure of a full clinic schedule. Finally, many residents stated that doing house visits reaffirmed their decision to become a physician.<sup>27,28</sup> In St. Clair et al, residents found that being involved in HBPC increased job satisfaction.<sup>28</sup>

### **Further Discussion and Review Limitations**

With the resurgence of home visits in medicine, there has been much research on the efficiency, affordability, and feasibility of HBPC within the current health care landscape. While this research is necessary, reviews that highlight the numerous benefits of this practice from the perspectives of the stakeholders involved are essential as well.

One strength of this review is the inclusion of multiple perspectives on the benefits of HBPC. By including studies that involve the patient, caregiver, and provider perspectives, this review presents how HBPC can benefit a variety of stakeholders involved in primary care. One

important perspective that this review highlighted was caregivers of older adults. According to the American Association of Retired Persons (AARP), in 2020, 41.8 million Americans provided unpaid care to an adult over the age of 50, and most of these individuals were family members.<sup>31</sup> There has been a recent push for research on how providing care for homebound older adult family members can impact caregivers, and an emerging issue has been how to promote these individuals' physical and emotional health.<sup>31</sup> As shown in this review, HBPC provides many benefits for caregivers and should be expanded to support this growing group of informal but incredibly necessary providers of care.

Another strength of this review is the prioritization of qualitative research on the topic of HBPC. Much of the research on this topic prioritizes quantitative analyses of the outcomes and efficiency of this practice. Qualitative research is considered by many as the most humanistic and patient-centered method of uncovering the thoughts and actions of humans.<sup>32</sup> As HBPC is framed as a patient-centered practice, one that is more “humanistic” than traditional primary care in a medical center, it is only right to center patient, caregiver, and provider narratives when determining if this practice has a place within the U.S. health care system.

HBPC has only recently made a resurgence within health care, therefore, the paucity of studies that explore perspectives and narratives surrounding this practice is a limitation of this review. In addition, the studies included were published within a time span of 2000 to 2022. During this period there have been changes to the health care systems in the United States and Canada, therefore the results from earlier studies on HBPC perspectives might not translate to the perspectives of stakeholders currently involved in the practice. However, the results from studies in the early 2000s versus more recent publications were consistent. The inclusion of studies focusing on HBPC in the United States and Canada could be a limitation as well, as the programs within these two health care systems differ. That said, results were, again, fairly consistent across these contexts.

Another major limitation to note was the inclusion of only resident physician and NP perspectives for the provider perspective; when in actual clinical practice, HBPC is often conducted by nurses, CHWs, therapists, and other health care professionals. This review has shown that there is a definite need for research that highlights the narratives of the professionals who are often working the most directly with patients in HBPC, specifically nurses and CHWs. An exploration into nurse and CHW narratives would be intriguing to determine if these

professionals acknowledge the same benefits of HBPC, such as enhanced rapport, improved attitudes toward their work, and the integration of social determinants of health into patient care plans. As HBPC programs expand and require a larger workforce, exploring the viewpoints of these professionals will become increasingly vital.

## Summary

The objective of this review was to provide an overview and compilation of the benefits of HBPC for different individuals involved within the primary care of homebound older adult patients. The results from the 10 studies included in the review highlighted the many benefits of HBPC, including goal attainment for older adults, improved access to care and resources, educational and emotional support for caregivers, and improved patient-provider relationships. While further quantitative and qualitative research is essential to better understand the benefits of HBPC, it is crucial to emphasize the need for additional qualitative studies examining the perspectives of various members of interprofessional HBPC teams, specifically nurses and community health workers. As the population of older adults continues to grow over the coming decades, we should not see the need for more home-based medicine as a burden but rather as an opportunity to transform and humanize the way medicine is practiced.

### Patient-Friendly Recap

- In home-based primary care (HBPC), providers travel to patients' homes to deliver disease prevention, diagnosis, treatment, and other care. As the number of older adults (≥85 years) in the U.S. has grown, the practice of making these “house visits” — typically for those who are homebound or have mobility constraints — has increased.
- The author reviewed the literature for studies reporting advantages or benefits of HBPC based on interviews or surveys involving patients, family caregivers, or HBPC practitioners.
- According to the 10 articles reviewed, HBPC benefits include improved access to care and resources, educational and emotional support for caregivers, and improved patient-provider relationships. Evidence of better goals-of care attainment in older adults supports HBPC as a particularly patient-centered care practice.
- Qualitative studies examining the perspectives of providers other than nurse practitioners and resident physicians (specifically, nurses and community health workers) are warranted.



## Conflicts of Interest

None.

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