THINK INDIA (Quarterly Journal)

ISSN:0971-1260
Vol-22-Issue-4-October-December-2019

An Investigation On Forces Driving Towards Patient Choice In Selection Of Home Care Services

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Abstract

Patients choosing home care centre experience a substantial effect on factors impacting decisions of family members to deliver home-based reassuring health care. The numerous factors encompasses personal, cultural values, physical, medical and other forces relating to healthcare systems. These elements influence the place of patients treatment. Home Health Care remains as a stipulation of professions that medically and para medically related associated with equipments and extend their services to individuals in patients place of residence by delivering, promoting, monitoring, and reviewing their health to obtain minimised effects of disability as well as illness. Caregivers persist as the main cause of a premature or acute ending of home care. The care giving plays an influential role in stroke family caregivers' perception and adaptation to care giving. Some caregivers are chosen as decisions that are uninformed and providing me agre consideration towards their implications.

Key words: home based service, cultural values, physical , medical, treatment, patient, caregivers, residence, disability.

Introduction

Home care services incorporates all kinds of support health services that helps and enhance a person to survive and live healthily this/her home. This is also referred to as in-home care service. Usually this encompasses services that could assist someone in directing towards ageing and cannot live independently. These services can also be extended towards treatment of chronic health issues and help a patient recover from his setbacks of medical issues. The disable patients can also avail

ISSN:0971-1260
Vol-22-Issue-4-October-December-2019

home care services. The caregivers employed in home care services are usually therapists, doctors, nurses, etc on the basis of patients requirements. These are three aspects through which patients take up their decisions in selection of home care services. Those include need for a normal family life, experience from an adverse treatment and comparison with other home cares. The success level of home care services is made by Physician support, hospice enrolment, and family support along with improved accordance according to multiple studies. Patients decisions are usually influenced by so many factors. Patient thinks about the rapport developed by care givers. They also consider the discounts and benefits provided to them with respect to medical treatment. This present study incorporates various factors for finding out the most influential element for patient choice in selection of home care services. The home care services also should take care of their quality standards and accreditations along with ratings in order to increase the patient flow in their home care. They are Doctor influence, affordability, confidentiality, health care professionals, communication, family influence, benefits, severity, specialized, rapport, accreditations, personal, insurance and ratings. In this study it is found that the patients consider doctors advice and suggestions for selecting hospitals as it has obtained highest ranking in mean analysis.

Review

Avdic et al. (2019) studied the patient choice in hospitals. This is based on both subjective as well as objective aspects. The objective factors are measured at clinics which are publicly reported where as subjective factors are measured using satisfaction scores at nation wide hospitals. The standard deviation is used to conduct this study.

Baker et al. (2016) estimated the practices of physicians that tend to affect patient choices in selection of hospitals. The collected data is matched with admissions of hospitals and beneficiaries of medicare for identifying practice of physician. It is found from the study that hospital ownership also plays a significant role in physician practice.

Simoes and Fronteira (2017) advocated about implementation of freedom for patients in their choice with respect to treatments at portugal. This was a new reform there and was done in 2016. It is found that majority of patients are satisfied with this reform and also they feel a sense of empowerment and participation.

Weser et al. (2019) investigated hospital choice of consumers. This study is based on estimation of health care costs. This research also illustrates the comparison among growth of health

ISSN:0971-1260
Vol-22-Issue-4-October-December-2019

care costs associated with effectiveness in health care service provided. It is understood from this study that higher level of care is offered at shoppable conditions.

Gutacker et al. (2016) measured the quality of hospitals using readmission as well as mortality rates since they play a significant role in determining patient satisfaction. Healthier patients choose even hospitals which are located far away. The potential for decline in competition increases with respect to quality.

Dehbarez et al. (2018) demonstrated about horizontal equity that arises as a result of hospital access. This study takes consideration of educational gradient with respect to exercise of free hospital choice. This is associated with aversion techniques that are employed by hospitals of higher specialties and technologies.

Ringard et al. (2016) described about implementation of treatment reforms at Norway in 2015. This study also analyses key position of stakeholders to investigate the processes employed in policy and reform content. These kind of reforms have a different process unlike usual hospital practice focusing majority on supply side.

Sa et al. (2019) explained about policies of patient choices that directs towards increased waiting times. The penalties as a result of waiting time are much more effectual at hospitals because of its designing in form of a linear structure. Therefore, choice of patients is found to be smaller during which penalties reaches a convex phase.

Schuldt et al. (2017) illustrated about the significance of consumer information in hospitals. The patient choice encompasses the safety aspects with respect to their personal as well as medical data. This study implies that independent factors like age, gender,etc of respondents does not influence the importance of safety.

Dent and Haslam (2009) argues that both demand as well as supply plays a significant role in bridging the gap with respect to participation of patients in healthcare services. The roles of patients starts as a supplicants to a consumer and end with an active participant. Therefore, patient choice is employed with full satisfaction.

Patient Choice in Home Health Care Selection

The foremost destination for this study is to evaluate and identify the factors influencing patients choice in selection of home health care services. This is done by employing a questionnaire including factors influencing patient choice. Data was collected from 115 respondents. The

ISSN:0971-1260
Vol-22-Issue-4-October-December-2019

respondents belongs to patients of different home care services. The descriptive statistics for demography of patients such as gender, age, qualification and income are displayed in table 1.

Table 1: Descriptive Statistics for Patients Demographic Profile

Gender	Frequency	%	Age in yrs	Frequency	%	Qualification	Frequency	%	Income per annum	Frequency	%
Male	61	53	< 25	45	39.1	UG	38	33	<1	29	7.8
Female	54	47	25-35	48	41.2	PG	57	49.6	1-5	71	61.7
Total	**115**	**100**	>35	22	19.7	Others	20	17.4	>5	15	30.5
			Total	**115**	**100**	**Total**	**115**	**100**	**Total**	**115**	**100**

It is inferred from tabulated descriptive statistics that the respondents are majorly male (53%) belonging to age group between 25 to 35 years of age (41.2%) and are postgraduates (49.6%) earning an income of about 1 to 5 lakhs per annum (61.7%). Table 2 delivers details about mean analysis for finding major factors affecting patients decision making in selection of home care centres. This is done using five point likert scale.

Table 2: Mean Analysis for Factors affecting Patients Decision Making

S.No	Factors determining patient choosing home care services	Mean	Rank
1	Severity of disease is a deciding factor (severity)	4.28	8
2	I choose home care service which can be reimbursed through insurance (insurance)	4.06	13
3	I emphasize on specialised care relating to my disease(specialised)	4.27	9
4	I depend on reviews and ratings of public(ratings)	3.95	14
5	My affordability for health service determine choosing of home care services (affordability)	4.43	2

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6	Proper communication from the healthcare organisationplays a vital role (communication)	4.36	5
7	The healthcare professional involved in providing health service also have a dominating role(healthcare professional)	4.37	4
8	Post rapport established with the patient is also considered (rapport)	4.26	10
9	The benefits and discounts provided(benefits)	4.32	7
10	Family members, relatives and acquaintances influence(Family influence)	4.33	6
11	Personal factors(Personal)	4.10	12
12	Quality standards and accreditations(accreditations)	4.22	11
13	The doctor who is treating me will influence(doctor)	4.53	1
14	Confidentiality of my information(Confidentiality)	4.42	3

This analysis displays the mean values for 14 variables. It is evident from mean analysis table that the Doctor influence variable possess highest mean value followed by other variables such as affordability, confidentiality, health care professionals, communication, family influence, benefits, severity, specialised, rapport, accreditations, personal, insurance and ratings. Therefore, it is clear that patient consider doctors advice and suggestions for selecting hospitals. Table 3 provides information about the factors influencing patient choice in selection of home care centres through factor analysis.

Table 3: Factor analysis - KMO &Barlett

Measure of Sampling Adequacy (KMO)	0.865
Chi Square (Approx)	561.213
Significance	0.000

ISSN:0971-1260
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Rotated Sums of Squared Loadings	**Total**	**Cumulative Variance**
	2.922	20.871
	2.590	39.368
	2.447	56.844

The display of data sufficiency is provided by table 3 and it illustrates that collected data is sufficient for proceeding with factor analysis. The rotated sums of squared loadings explains the reduction of 15 variables into 3 components and all together they explain 56 % of variance.

Table 4: Variable Reduction

S.No	**Causes**	**Component**			**Component Name**
		1	**2**	**3**	
1	Personal Factors	0.731	-	-	Service Delivery
2	Severity	0.649	-	-	
3	Doctor Influence	0.619	-	-	
4	Specialised	0.574	-	-	
5	Affordability	0.573	-	-	
6	Family influence	O.539	-	-	
7	Ratings	-	0.741	-	Influence factor
8	Accreditations	-	0.734	-	
9	Confidentiality	-	0.707	-	
10	Benefits	-	0.513	-	

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11	Communication	-	-	0.741	Costs & Benefits
12	Healthcare professional	-	-	0.725	
13	Insurance	-	-	0.619	
14	Rapport	-	-	0.543	

It is observed from the table 4 that the variables are categorised into three components and they are named as Service Delivery, Influence factor and Cost & Safety. The Service delivery components comprises of Severity, Specialised, Communication, Health care Professional, Rapport and Benefits. The Influence factor component comprises of Rating, Family Influence, Personal factor and Doctor Influence. The Cost and Safety component comprises of Affordability, Insurance, Accreditation and Confidentiality. Analysis of variance is displayed in Table 5. This exhibits the difference of opinion among respondents with respect to their demographic profile.

Table 5: Demographic Profile Vs Influencing Factors

S. No.	Demographic Profile Vs Influencing Factors	F	Sig.
1	Age Vs Service Delivery	0.058	0.944
2	Age Vs Influence factor	0.388	0.679
3	Age Vs Cost & Safety	0.515	0.699
4	Qualification Vs Service Delivery	1.190	0.308
5	Qualification Vs Influence factor	0.555	0.576
6	Qualification Vs Cost & Safety	0.594	0.554
7	Income Vs Service Delivery	2.896	0.069
8	Income Vs Influence factor	0.815	0.445
9	Income Vs Cost & Safety	1.995	0.141

It is interpreted from table 5 that the significance level is greater than 0.05 with respect to age , qualification, income versus service delivery, influence factor and costs & safety. Therefore, there is no difference of opinion with respect to different ages, qualification and income.

Conclusion

ISSN:0971-1260
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According to a survey it is found that home care services is going to rule the world in future by providing extraordinary health services at everyones home. Therefore, there is no requirement for the attendants to sit near patients and wait for a longer time. The recovery speed also will be unbelievably faster as the treatment process takes place in an environment which is comfortable to Patients. They would never feel a sense that they are patients. The Medicare program commenced in 2009 came up with a concept called triple aim which emphasised mainly three aspects. The enhancement of populace health, improvising patient experience in health care and diminishing the cost for health services according to per capita income earned by populace. The only challenge is recruitment and retention of caregivers in home health care services. The attrition rate tends to be immensely high. This should be averted by home care companies to survive in the market and have an excellent customer base. To conclude, there is an emerging requirement for all heavily populated countries to come up with good home care services to meet the needs of increasing population growth.

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