



Editorial

Home Health Care: The Necessity in the Health Policy of Iran

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Home health care is a wide range of health care services that can be given in your home for an illness or injury (1). During last decade, home health care is taken into consideration seriously. The concept of home health care began in the 1850's when traveling health care professionals provided in-home visits to patients in need of health care and unable to seek such care on their own (2). Now, these cares are used primarily to provide long-term care (3). In the inadequate access to these services in the home, the care of seriously and chronically ill elderly and terminal patients is frequently relegated to hospital and long-term care facilities, or to traditional home nursing services supplemented by episodic emergency room visits and crisis hospitalizations (4). This can be costly for governments, insurance companies and families as well as elder people prefer take care at home.

Elderly health in Iran is of newly established issues (5, 6). Elder people have several needs such as insurance, psycho-social support, and health services which means that home health care services are an inevitable necessity. For example about wound care for pressure sores or a surgical wound, patient and caregiver education, intravenous or nutrition therapy, injections, and monitoring serious illness and unstable health status (1).

Iranian health system should have attention to home health care services model that could reduce health costs (5). For this purpose, health policy can develop this model by below proposed approaches:

- Policy priority: Prioritizing the home health care services model in policies is the first necessity. The elderly and home health care need to become the priority of legislative and executive affairs in the country. This requires attention to home-based services in policies. Providing its financing and modeling of its mechanisms is one of the necessities.
- Using the integrated tariff: home health care model needs to define the integrated tariff system. Roles and duties of health care providers in this model and proper tariffs should be defined.

- Health insurance coverage: health insurances awarded to hospitals and office-based services generally. While, if health insurance shifts to health care home services, this model will be capable and this leads to reducing hospital costs indirectly. Health insurance for this model is a long-term investment which can reduce health costs in the future. At present, there is no specific protocol for insurance coverage of health care home services or it is so limited.

- Being a holistic approach: Home health care services are a team work process. Although nursing home care is established now, however designing of holistic model with team work functions is needed. Home health care services are a multidimensional issue. Therefore, in this holistic model paying attention to the presence of other specialties such as physician, pharmaceutical services, psychology, nutritionist, social worker, social welfare and eldercare specialist is inevitable. When we say about home health care services it does not mean that hospital should diminished form this mode. Hospital is an integrated part of this model too.

- Developing academic discourse: Educational and research activities develop on the subject of aging. These activities should be done based on interdisciplinary approach. Establishing interdisciplinary courses is necessity.

Policy priority, using the integrated tariff, health insurance coverage, holistic approach, developing academic discourse about this model is needed. Theoretical debates and field study about the subject in Iran are suggested.

Conflict of interest

Not declared.

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