

Developing HOME-HEALTH CARE MODEL in The Long-Term Care Setting for Indonesia

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Abstrak

Along with the worldwide demographic change in the increased number of population aged over 65, Indonesia was no exception. Consequences of the prolonged life expectancy and changes in disease pattern, the care recipients suffering from the chronic diseases have increased. However, the sufficient health care system in the long-term care settings, the home-health care in particular, was not yet established in Indonesia. The first objective of this research was to observe the current home-based care services in Indonesia, and then determine quality of services, care recipients satisfaction, care recipients' preference. The main objective was to develop a home-health care model with the concept of Coordination Unit. The study design was the qualitative research with the mix-method approach consisting of interviews. More specifically, the mixture of the exploratory research approach and applied policy research approach was used with the exploratory approach were applied. The purposive sampling technic was applied, and data are collected through interviews, and analyzed by the framework and thematic analysis. The result of the research was that no sufficient home-health care services were observed and some of care services were not accordance with the laws and regulations concerning "health care" that might lead to some in miss-treatment. Furthermore, no integrative network was found within the current home-health care. The most importantly, the care recipients' satisfaction levels were not considered as high, due to the quality of care and care providers. The result of care recipients' experiences, preferences and satisfaction levels as well as expatriates indicated the necessity of establishment of the care coordination units that possibly increase efficiency, sufficiency in the home-health care, and also improve the care recipients' satisfaction level as the coordination units undergo to function as a bridge among care recipients, healthcare sectors and non-healthcare sectors. Furthermore, the coordination units establish cooperation and partnerships with appropriate health professionals and healthcare facilities to get the community integrated home-health care, and functions as the center of healthcare information and data of care recipients. Despite of some difficulties such as the health human resources and the competency level of care providers, the community health centers (Puskesmas) have great potentials to play roles as the coordination unit with a new position of "Care Manager." This study concluded that the home-health care model developed in this study that was the community-integrated care system with the coordination unit was applicable with high potential. Especially, the home-health care model working together with the Indonesian Health asset such as "Puskesmas," and or "programs of public health efforts in non-communicable diseases" seems the most practical for Indonesia. Key Words: Care-Recipients-Satisfaction, Home-Health-Care, Care-Coordination-Unit