Non-Hospital Care Providers

The need for skilled nursing centers, assisted living centers, personal care homes, and home care services has created a large group of providers of these services. In the SWPA sector there are 63 state licensed home health care agencies that cover the seven county region. These agencies care for many types of patients, and offer various health care services strictly in the home. Each agency employs various levels of employees, ranging from registered nurses to certified nurse aides to homemakers. Each agency chooses the level of advanced care that they will offer in the home. As managed care has decreased the average length of stay in the hospital, home care needs have increased. This trend is expected to continue. Finding qualified nursing staff should not present a difficulty, since downsizing of the hospital nursing staffs has created a pool of highly specialized, available nurses.

Another area of increasing activity is in the area of physical rehabilitation. In the SWPA region there are six inpatient facilities with a total of 494 beds. They provide outpatient services in addition to their inpatient services. The medical conditions they deal with are stroke, brain injury, spinal cord injury, neurological and musculoskeletal disorders, amputations and fractures. There are six outpatient services groups which are staffed and usually owned by physical therapists. In addition to the above medical conditions, all twelve groups offer work hardening, return to work, or industrial medicine. These programs will speed the recovery of a person and allow them to return to work sooner. The goal is to educate them on proper work technique and prevention of further injury. Payment for these services may come from the private insurance industry or the state worker's compensation fund. This fund assists workers injured on the job.

The region is served by eleven hospices. A hospice is the concept of providing care to terminally ill patients. This is essentially comfort care and the alleviation of pain. There is only one inpatient hospice serving the area. The others manage the patient in the home. Hospice care is paid for in various ways. A family may elect to pay these expenses out of pocket. The patient may have a hospice benefit as part of their health insurance (such as Medicare). If hospice coverage is not specified, it may be reimbursed as home care.

Looser forms of mininged care organizations (MCO) also exist. One of these is a point of service (POS) plan. A PCC combines traditional fee for service and HMO qualities. An entoties chooses a provider who may or may not be in the network. If the provider is not a network member, the annolice must gay higher out of pocket costs. POS plans employ a ormary care physician (PCP), also known as a "gatekeeper," for referrul to specialist care. These plans are the fact of the provider is an environment of the physician (PCP), also known as a "gatekeeper," for referrul to specialist care. These plans are the factest growing in the consultate region.

A third form of MCO is the preferred provider organization (PPO) A PPO is sumilar to a POS in that enrollees pay low of rates for care delivered by a preferred provider network memory. The difference with the PPO is the enrollees may see a specialist without a PCP referrance or the provider network or target.