Study on the Knowledge, Perception and Attitude of Patient in India about the Adoption of Home Health Care

By

Rutvi Sharma

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2015-2017

The IIHMR University, Jaipur

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Rutvi Sharma, student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at **Portea Home Health Care Pvt Ltd** from 6th Feb, 2017 to 12th May, 2017.

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.

I wish her all success in all his future endeavors.

Dr. Ashok Kaushik
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PORTEA®
HOME MEDICAL CARE SERVICES

10th May 2017

TO WHOM IT MAY CONCERN

This is to certify that **Ms. Rutvi Sharma, USN No. – IIHMR-U/01/2015-17/339** student of MBA – Indian Institute of Health Management Research, 1, Prabhudayal Marg, Near Sanganer Airport, Jaipur, Rajasthan 302029, has undertaken a project work on **"A Study on Knowledge, Perception and Attitude of Patients in India about the Adoption of Home Health Care"** at Healthvista India Pvt Ltd from 06-02-2017 to 10th May 2017 in our Organization. And completed the same successfully.

During this tenure, she was found to be hardworking, and sincere and was sensitive to quality delivery as a professional.

Thanking you,

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THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

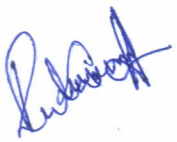
This is to certify that the dissertation titled "A study on the Knowledge, Perception and Attitude of Patient in India about the adoption of Home Health Care and submitted by **Dr Rutvi Sharma;** Enrollment No. **IIHMR-U/01/2015-17/20/339** under the supervision of **Mrs. Geetika Goswami** for award of MBA in Hospital and Health Management from the IIHMR University carried out during the period from 6th February to 6th May embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature
Rutvi Sharma

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that all ethical issues have been considered while collecting data for my dissertation titled "***A Study on the Knowledge, Perceptions and Attitude of Patients in India about the Adoption of Home Health Care***"



Signature of student

ABSTRACT

Study Background: Palliative care is an emerging field, which has the potential to positively affect the patient a lot of pain for a long time. One of the main objectives of health care is to ensure that the patient is sick, the elderly and people with disabilities have access to quality interactive, personal care and mercy. Home care is designed to meet the needs of the individual and provides the comfort of home patient. Unlike developed countries, home care systems (HHPS) a developing country like India. The advantage of the first home health care is to allow the patient to receive personal care and personal assistance at home. For aging individuals and home bound home facilitates the ability to remain functional and independent as possible, which gives a greater sense of security and dignity. Access to home care helps reduce transmittances necessary hospital, and studies have shown that patients who are recovering from illness, injury or surgery quickly and successfully recover the restored home versus clinic.

Family members often serve as the primary care of their loved ones, the sick, elderly. Home Health provides assistance needed to care for a family, allowing them to recover their lives and find a lot of quality in the home. In addition, in home care, families may not be the primary caregivers can not work, they have the advantage of knowing that their loved ones in the comfort of their career at home, personal care and kindness received. Home-based care cut rail and India is ready for a change. As part of the unorganized and fragmented organized, technology-leading level of industry and order, it quickly to the attention of business and finance and is still found in normal thinking, beliefs and attitudes of physicians and patients, especially those that are not subjected to such services, it was a great obstacle to the acceptance of the health care system at home.

MATERIAL AND METHODS:

A Descriptive Cross Sectional Study was conducted for 3 month in Key Accounts settings of Portea Home Health Care on 80 Patients who were recommended for HHC but have not opted for the same before.
The Data was collected through a Questionnaire which had Knowledge, Perception and Attitude sections comprising of Quality, Ease and Treatment Compliance, Cost, Safety and Trust

FINDINGS:

- Though the knowledge regarding HHC is fair but the same is not reflected in the way the Patients perceives HHC.

- The Perception scores gets reduced to half as compared to Knowledge
- Attitude scores do reflect the low perception scores

CONCLUSIONS: Though Knowledge towards the HHC is fair, the same is not reflected in Perception. As a result of which the Attitude towards the Adoption of Home Health Care is dismal.

The way HHC should approach the General Population has to be changed. Though the HHC concept is very much effective in many aspects over hospital care but to make the Patient understand the same is equally important if this has to succeed.

RECOMMENDATIONS:

- Be it is a gender wise analysis or Occupation the major factor where the adoption should be targeted is to bring about the change in Perception and Attitude of Patients
- Even the Knowledge is important but this knowledge delivered should be influential and data driven

To Improve Operational Metrics – Recommendation:

- Quality:

  Formulation of Standard Process

  Practice of Standard Process

  Audits
- Cost:

  Ethical Health Care Delivery Costing Model

  Behavioral & Attitudes Practice, Training and Audits to check moral Hazard
- Safety and Trust:

  Selection Process and Proper Background check

  Continuous Training OTJ

  Behavioral Training

  Awards and Appreciation& Case studies
- Promotions:

  Influencing the Perception and Attitude of Doctors

  Marketing

LIMITATIONS OF THE REPORT: The study was taken for the Hospital Patients who were recommended the HHC. Sot the study cannot be generalized as the comparative analysis between the Recommended Patients and non-recommended Patients could not be done.

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ACKNOWLEDGEMENT

An endeavor over a period can only be successful with the advice and support of well-wishers. The satiation and euphoria that accompany the successful completion of the project would be incomplete without the mention of the people who made it possible.

First of all, I express my sage sense of gratitude and indebtedness to President, Dr Vivek Bhandari I would like to take the opportunity to thank and express my deep sense of gratitude to Dean Dr Ashok Kaushik for the timely kind co-operation and providing all the required facilities for our project.

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I pay my immense gratitude to my mother Sushma Sharma and brother Siddharth Sharma for their support and love throughout my tenure as MBA aspirant. It would have not been possible without their confidence in me.

I am thankful to the Doctors & the Patients for taking part in the study and give me the concerned perspective. Last but not the least I am highly obliged to each and every one for the valuable information provided by them in their respective field.

LIST OF ABBREVIATIONS

HCC- Home Health Care

PwC- Price Water House Cooper

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INTRODUCTION

Potential drug development areas in palliative care affect many patients with positive stubborn diseases. The most important goals of health care are to ensure that ill patients, elderly and disabled, receive high quality care, personal and compassionate. Care seeks to meet these needs by offering a personalized service in the home health or at the patient's steps at the door to relax. In contrast to developed countries, systems providing home health care (HHPS) are rare in developing countries like India. The number of medical care in the home is one of the benefits that allows the privacy of patients and the rest of their own homes receive personal attention. For aging and living in the home, the home provides easy care, because of the functional and possible independence, a very high sense of security and dignity. Medical care at home helps in reducing compulsive readmissions, and studies show that patients recovering from illness, injury or surgical procedures to heal faster and successfully recover when they recover at home in the Medical Center.

Family members often work as primary caregivers for their loved ones ill or elderly. The home of health care, which allows them to come back on their life and enjoy more quality time with loved ones living at home, provides the necessary assistance for family caregivers. In addition, home care, families can not accept the primary caregivers have the benefit of knowing that their loved ones are receiving professional carers and personal care in their own homes, comfortable.

In India, medical care is ready for land and ready for revolution. Once a messy and fragmented sector quickly enters the attention of entrepreneurs and investors and becomes a well-organized industry, led by technology standards and protocols. However, it has been an important factor in the difficulty of accepting the traditional approach, beliefs and attitude patterns of doctors and patients that have not been seen in attitude patterns, especially the way these services do not come into contact with home health.

Functional Definition:

Care Home Health Home Care (also known as home care, social care or home care), supportive care is given at home. Care can be provided by providers of daily healthcare professionals who provide healthcare or professional care who can provide daily care to meet daily activities of daily living (ADLs). Medical home care refers to "home care" or formal care often and more specific. Often, home-care health care care is used to isolate it from non-medical care, custodial care or private care, and services provided by those who are not licensed to nurses, physicians or other medical people.

Literature review

Health care at home is included in many different medical services that are available to the patient at home or facility. Nursing care at home care, care, palliative care and many other people home services. These services are also managed by a variety of crops and a variety of medical professionals. Although many options may be available, but the reality is that you can obviously get all your medical needs in the comfort of your home.

Wishing the health care services growing at home

"Home" and "Care": This equation can be summarized in two words, two key components. They are important because home care has become so important in our society. These two factors determine the will and the need for services. Given the first part of a new survey by bringing the equation "home", taking home the vote, 4.533 surveyed voters 65 and older are surveyed. Survey Results The senior dropped US services have seen home health Medicare favors. In fact, 91% of Americans prefer to benefit from home health careers in Medicare, which provide care of 3.5 million Medicare beneficiaries. 87% of older Americans prefer to receive medical treatment of the footsteps in the home / door. The numbers show that more people want to receive their treatment at the comfort of your home.

The Benefits of Home Health Care Services

RAND Corp., a nonprofit research firm, had been discharged from a severe care hospital for his home for study patients, knee replacement and hip rehabilitation home health, outpatient therapy or no medical care. Studies have found that 35% of patients were likely to be disinfected at home or receiving medical care at home than other health care facilities.

Many studies have also shown an increase in mental health for people over 65 years of age living in front of a facility. A programmed treatment plan for connecticut psychiatric patients was also effective in reducing the hospital's readmissions by including health care. Patients receiving home care services significantly reduced the readmission rate of 11.8%, compared to 45.9% who received home care services at home.

And to mention the health care benefits at home can be seen access to medical staff and its treatment, the desire for medical services at home, and the benefits of family food configuration; So the second element of our equation is "care about".

A growing need for health care services at home

According to the US census, 65 years of population and 19 percent increase in 2030, the oldest age group in the United States is expected to put it in the context estimate to grow to 19 million. The need for home care services will dramatically increase. Health care agencies at home should be able to efficiently accommodate this requirement with services and staff. Home care, according to the Bureau of Labor Statistics' in the field of health, increasing use was collected in August 2013

at 30%. With the staggering increase in demand for services, home care agencies need to collect more professionals. That's why home and Portea home health care and Nightangle health care agencies go through rigorous testing and evaluate to ensure that its staff are trained and trained to provide the best care possible.

As an industry, home health care services are a very important part of our society.

The main benefits of medical care at home include:

• Providing comfort care in the patient's home

• Simple sick love for family and friends to visit

• Promotes healing and which provides greater security in a nosocomial infection

• It allows for more independence, independence and mental support

• Equally or more affordable than a large hospital care system

• Accepted each individual patient needs

• Reduce readmissions

Home care services should include:

* Monitoring and evaluation

* Throw care

* Pain management

* Education about medicine and disease

* Physical Therapy

* Speech therapy

* Occupational Therapy

* Management / Nutrition Education

* Psychological Care

* Master level social work

A recent newspaper consultant Pacific Bridge Medical notes that home markets, including home appliances, products and services, are expected to grow at a market value of approximately 215,000 million in 2013 and 2020 through annual estimates of 8% annually in comparison to Pacific Bridge Medical $ 2.3 billion Indian market for health care at home and more than 18% increase. According to Mahendran Balachandran, Venture Capital Fund is a partner at Accel Partners, who has invested in a home care company in Portea Medical, Bangalore: "In the market for home health care in India, currently estimates between two and four billion dollar dollars a year, aging population, rising chronic diseases Prevalence and superior quality are operated by the need for post-operative and primary care. "

Devi Prasad Shetty, a cardiac surgeon based in Bangalore and Narayan Health Group founder (formerly called Narayan cardiology) suggests that life has increased significantly in India, "medical home care is becoming compulsory. In such a home, heart condition, respiratory failure and Alzheimer's disease really do not need

hospitalization, but patients suffering from chronic diseases such as specialized medical care. advanced Taby Mr. devices, most hospitals with patient monitoring, which was previously not possible, you can now easily deliver at home. "

India is second in terms of aging population in the world. According to a report by the United Nations Population Fund, the number of people aged 60 or over will increase from 300 million to 100 million in 2011 by 2050; This means that there will be more than 60 years in five Indians. 60 are expected to suffer from 300 million people, 200 million of chronic diseases. Noncommunicable, including cardiovascular disease, diabetes, COPD and cancer, and about 50% of all deaths in India.

"Expected life expectancy has increased significantly in India, medical care at home is becoming compulsory." - Devi Prasad Shetty

It is estimated that the average person can get 70 percent of the healthcare needs of the home environment. This will result in better health and lower medical costs for patients.

Healthcare looks at PwC India executive director and practice leader Rana Mehta, the growth of home-based care services as part of a growing healthcare spectrum in India. Powered by government primary healthcare centers and hospital chains, ranging from private GPs, luxury services and telemedicine.

"India now has to pay a large number of people willing to pay for these services, so it adds entrepreneurs and make an appropriate offer for businesses to their investors." Bangalore Mukherjee, Indian Institute of Management, Center for Public Policy, Professor Aranaba: " As the market grows, it grows profit. Broad and long-term and capital investment Ota leads to salvation. "

Entrepreneurs on the Sleep

And Meena. Ganesh, a few of the famous businessman in India. In January 2011, they sold for $ 21. 3 million of their leading online teacher professions, Tyutaravistane, the world's largest education company Pearson UK. Then consider them to be "the next disruptive model" and opted for home care. "We can make a social impact by making use of the power of technology and the internet, where we are, we want something in scale, doing it." Ganesha marked.

In September 2013, following the acquisition of innovative New Delhi-based porna Medical, he gained $ 8 million from Accel Partners and Vencarostathi. In July, Portia Medikalae Kyuelakoma Ventures, US Tech's Strong Hand of Strategic Investment Qualcomm Inc.'s.

Jeriyakatrika care service offer from Portea, including post-operative care, palliative care, primary care and physical therapy, among others.

Earlier this year, former CEO of Fortis Health Care Research saitesesa research firm Vishal Bali, chairman of the "specialty" home care company medavela Ventures, to establish with pherajhana engineer. Medavelane is

given to both funds by some high-performing individuals. Engineer Bali and plans to invest up to $ 20 million to $ 15 million in the next three to five years and investment.

"Specialty home care will be an important part of patient-oriented care in the coming years." - Vishal Bali

In the next two years, Bali and Engineer intend to set up a network of more than 10 million households serving 10 metro groups. What's more important, he wants to expand services naitingalsani for functions like Lung diseases, cardiology, metabolic diseases, neurological health, orthopedics, jeriyatrikasa, rehabilitation and post-operative management Circle website.

Last September, the United States took a 26 percent stake in the company house Host Carrier (aiecaecasi) Baidae Chennai is located in one of the largest private healthcare institutions. That began in 2009, said the president aiecaecasina anithae. Most service providers have an annual or monthly subscription fee and a fee per interaction has a dual revenue stream.

Technology play

Unlike the developed countries, India is not covered by most health insurance and health care companies. According to PwC Mehta organized players, reliability, standards and accountability will be lacking in this area. The organized companies are also expected to bring the scale, which will result in the total cost-benefit model. Medavelani Bali and Porteana Ganesha note that technology will play an important role in their success. For home healthcare and a higher margin company to be profitable, it must be established; Strong execution capabilities are also crucial.

According to PwC Rana Mehta, players will be able to organize reliability, standards and accountability, which are lacking in this area.

Aiaiemabina Mukherjee noted that the healthcare system in India is an important but underdeveloped component. "Meaning a system of many countries, such as Sweden, plays an important role in reducing the cost of care, and the patients in the hospital system by helping dikonjinga previous vacations," Mukherjee. "An additional benefit is that chronic care is better at home management, the patient is able to get sick at an early stage and get less intensive and often get less aggressive care," says IHOK's arokasima: "Home Health In support of average length high rate of circulation of patients and hospital systems by lowering [operating from]. "

Obstacles to Overcome

In particular, the concern under cancer David Carey, professor of the University of Oxford cancer drug included: "The obvious advantage is that the service patient can be to add instead of vice versa. This is a series of Side effects of the therapeutic quality of cancer survival of the patients. " But Carey was supported by the pharmacy quality control under "Strong Management, Medical Control and Highest Quality Needed

Chemotherapy Nurse." It takes us a clear, evidence-based treatment protocols are required to cover a series of protocols provided by the team. "

Narayan's biggest problem in the housing of health services, health expansion Shetty says the lack of skilled workforce. Notes Shetty says, "is not a training program for home care in the Indian education system."

"Unless, solid home care system will be reserved until the reality paramilitary services are not for vocational training."

A. "For hospitals, single profit metric lends average operational management, which is based on the average duration of the stay patient," he says. "In general, hospitals are spending as much money per patient during the log in the first 48 hours to 72 hours. There's a high margin model. It's another business model of home care. It's a volume game." Controversial models are usually new players with Meena Ganesh saying: "Legacy and mentality, because it can never be through the players."

Mehta agreed: "The big players because they are not focused on domestic healthcare focused on the earnings model is very different. It requires another way of thinking and the model another business." Oxford Adds Carey: "We're coming to me

Shetty, however, offers a different perspective. They have well-built infrastructure for training and inspection. "

PwC Adds Mehta: "The biggest challenge for home healthcare in India is to find a business model that will work here."

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STATEMENT OF PROBLEM:

- With the growing health care burden and cost of illness do the health care stakeholders especially the consumer realize the importance in both the delivery of health care both cost effective and quality efficient service?

RESEARCH QUESTIONS:

- What is the awareness and understanding of Patient towards the Home Health Care services in India?

AIM:

- To understand the response of the Patient to the budding concept of HHC in India?

OBJECTIVES:

- To study the knowledge, attitudes and perceptions of Patients requiring Home Health Care in India about the adoption of Home Health Care Services
- To identify the barriers for the non-acceptance or beliefs about the Home Health Care Services

METHODOLOGY:

- **Study Design:**Descriptive-Cross Sectional study.

- **Setting:** Home Health Care setting- Bangalore

- **Duration of study:** 3 months

- **Sample size:** A sample of 80 Patients was taken

- **Sampling technique:** The sampling technique is Purposive sampling.

- **Sample selection:**

i. INCLUSION CRITERIA: Patients recommended Palliative and home health care
ii. EXCLUSION CRITERIA: Patient who already took home health care

- **Data collection procedure:** Self Administrative collection of primary data.

- **Data analysis procedure:** Pivot Analysis
- **Data collection instrument**: Performa wasprepared both paper form and online google forms and was allotted to the participating Patient.Apart from Knowledge, Perception and Attitude based questions, the questionnaire had sections about Personal Details, Demographic Details and whether the Patient had opt for HHC.
- **Ethical consideration:** Informed consent will be taken before starting the study; if anyone disagrees to become a part of study he/she should not be forced. Participant's confidentiality is maintained.

- **Tools & Techniques**:

Question N.O.	Variable	Attributes	Response	Scoring (Summation of responses)
1-6 (Total 6)	Knowledge	Gender Based, Occupation & Operational Metrics	YES= 1 NO= 0	High : 4-6 Low : 0-3
7-11 (Total 5)	Perception	Gender Based, Occupation & Operational Metrics	YES= 1 NO= 0	Good : 4-5 Bad : 0-3
12-16 (Total 5)	Attitude	Gender Based, Occupation & Operational Metrics	YES= 1 NO= 0	Positive: 4-5 Negative: 0-3

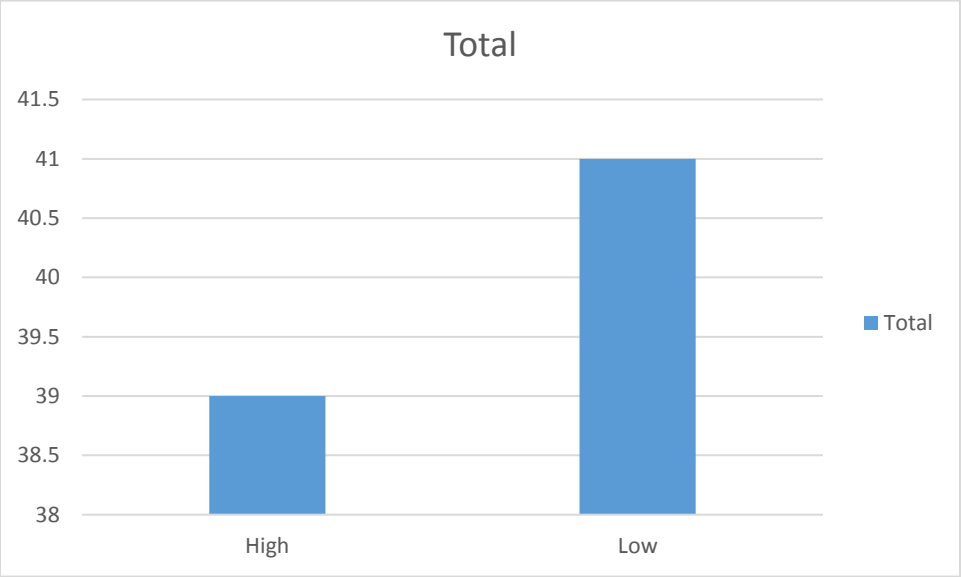
Table: 1

Results and Discussions:

❖ **The Over All Analysis of Patients:**

- As can be seen in the graph though the knowledge regarding HHC is fair but the same is not reflected in the way the Patients perceives HHC.
- The Perception scores gets reduced to half as compared to Knowledge
- Attitude scores do reflect the low perception scores
- Be it is a gender wise analysis or Occupation the major factor where the adoption should be targeted is to bring about the change in Perception and Attitude of Patients
- Even the Knowledge is important but this knowledge delivered should be influential and data driven

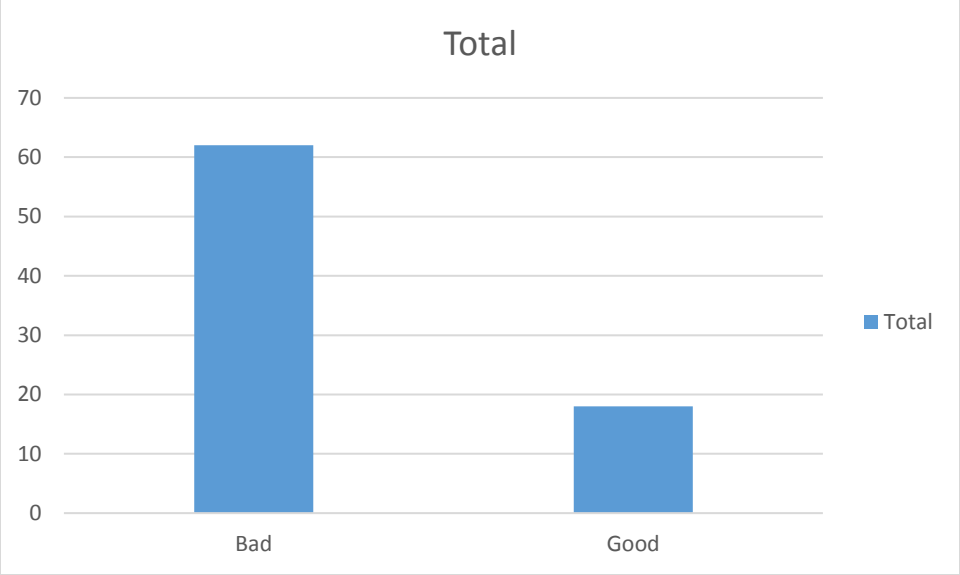
Knowledge



Over all Knowledge Score- 49%

Graph N.O.: 1

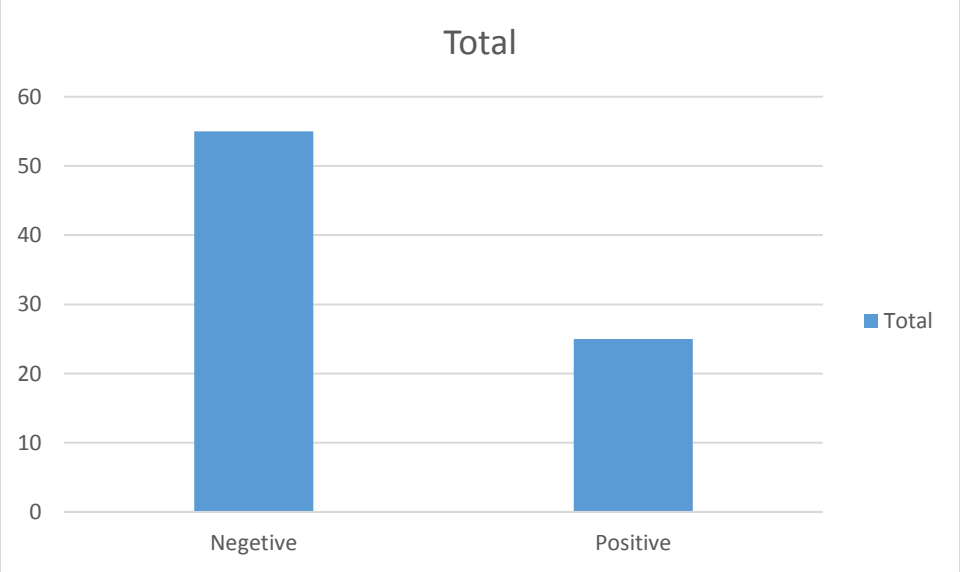
Perception



Over all Perception Score – 22.5%

Graph N.O.: 2

Attitude



Over all Attitude Score – 28.4%

Graph N.O.: 3

❖ **Gender Wise Analysis of Patients:**

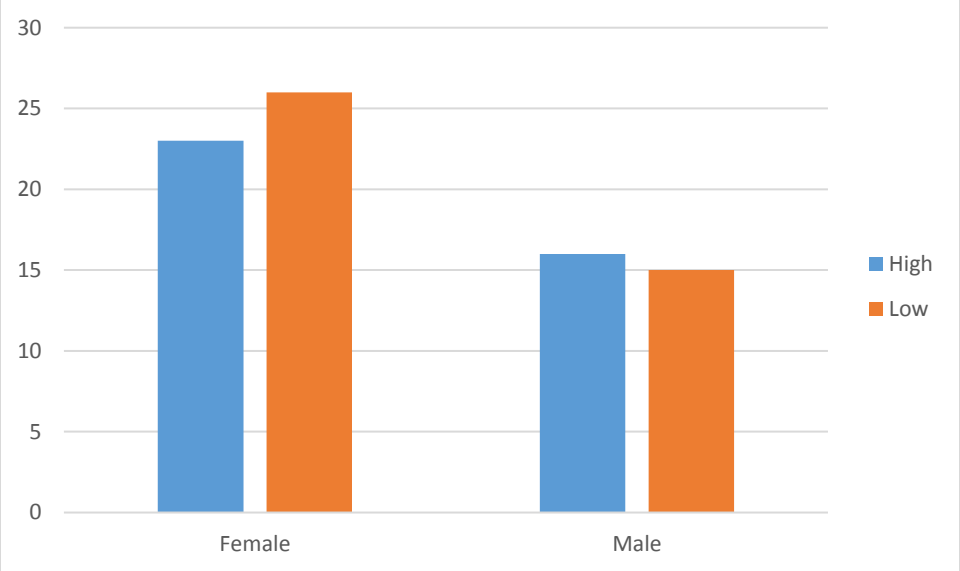
- **Females:**

- 46% of the Females had good knowledge about HHC but the same is not reflected in the way they Perceive HHC
- Even the attitude towards the adoption of HHC was negative questioning the main two factors ; Safety and Trust on health care workers
- They did not find HHC safe and Reliable in terms of quality

- **Males:**

- Compared to females, males have little higher knowledge-
- But the perception regarding the HHC in terms f Technology , Compliance and Quality reduces by 20% The similar have been reflected in their attitude for the Adoption of HHC

Knowledge



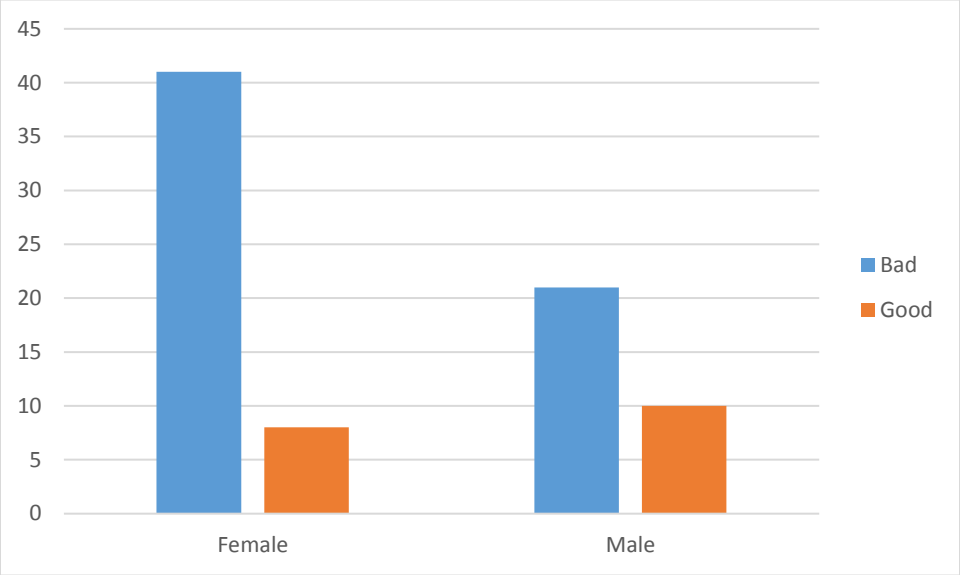
Knowledge Score –

F : 46%

M : 54%

Graph N.O.: 4

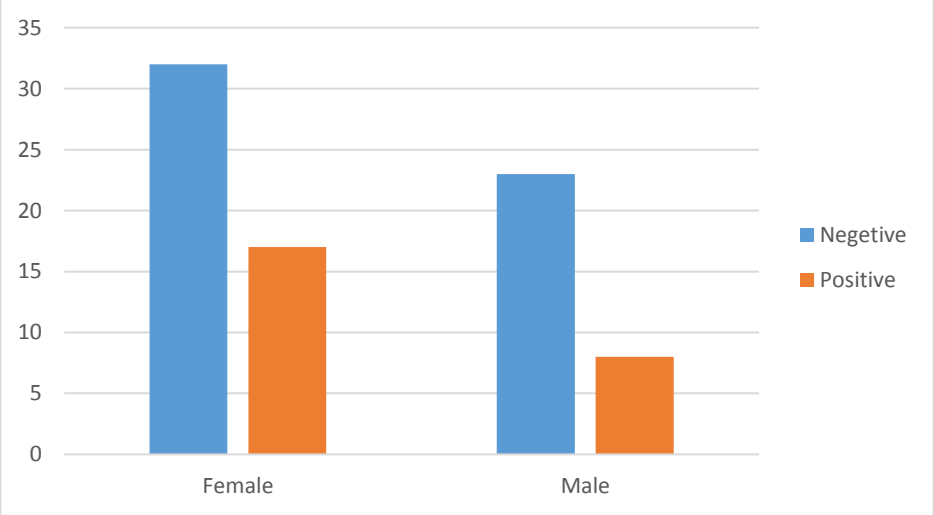
Perception



Perception Score –
F: 16%
M: 33%

Graph N.O.: 5

Attitude



Attitude Score –
F: 34%
M: 26%

Graph N.O.: 6

❖ **Operational Metrics Analysis:**

Quality

- Knowledge about : Nosocomial Infection Prevention and decrease Re-admission is fair
- Perception: Quality in Health Care Delivery- Negative

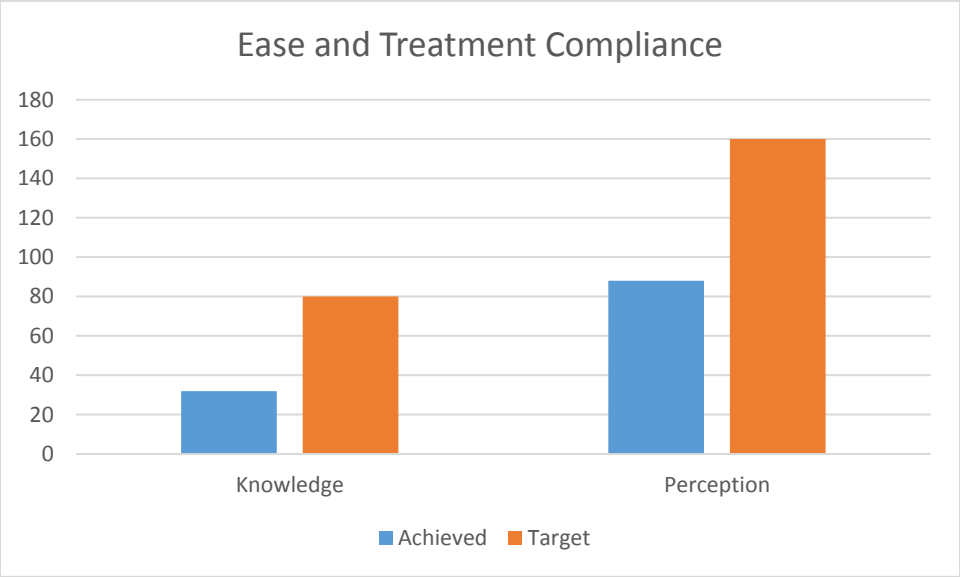
Knowledge Score – 42%

Perception Score – 26%

Graph N.O.: 7

Ease and Treatment Compliance

- Knowledge about HHC can be tailored according to the need of the patient has been low
- Respondents perceive the HHC will increase performance of family members and decrease dependency

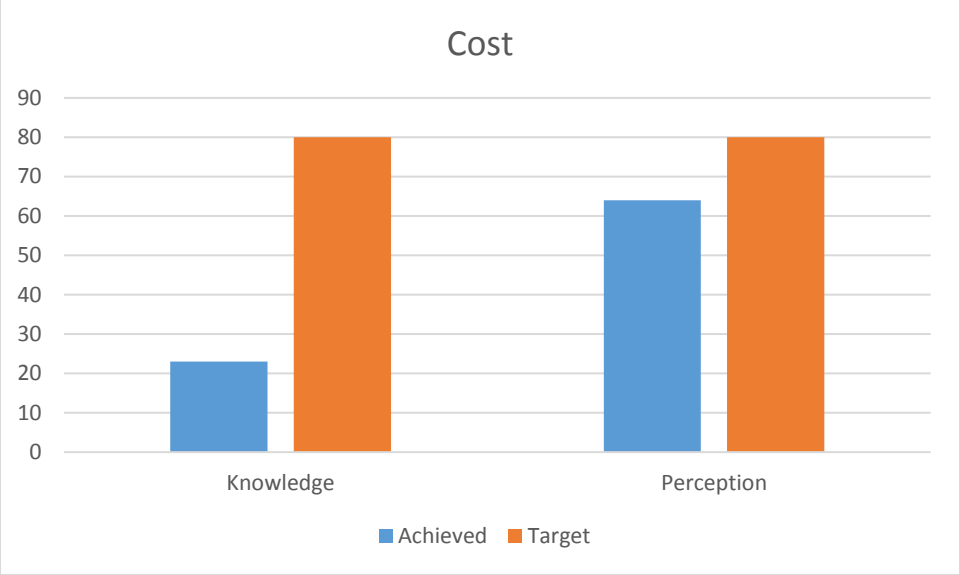


Knowledge Score – 40% **Perception Score – 55%**

Graph N.O.: 8

Cost

- **Knowledge regarding cost benefits as compared to Hospital stay is low**
- **HHC is perceived as an Expensive service to be opt for**

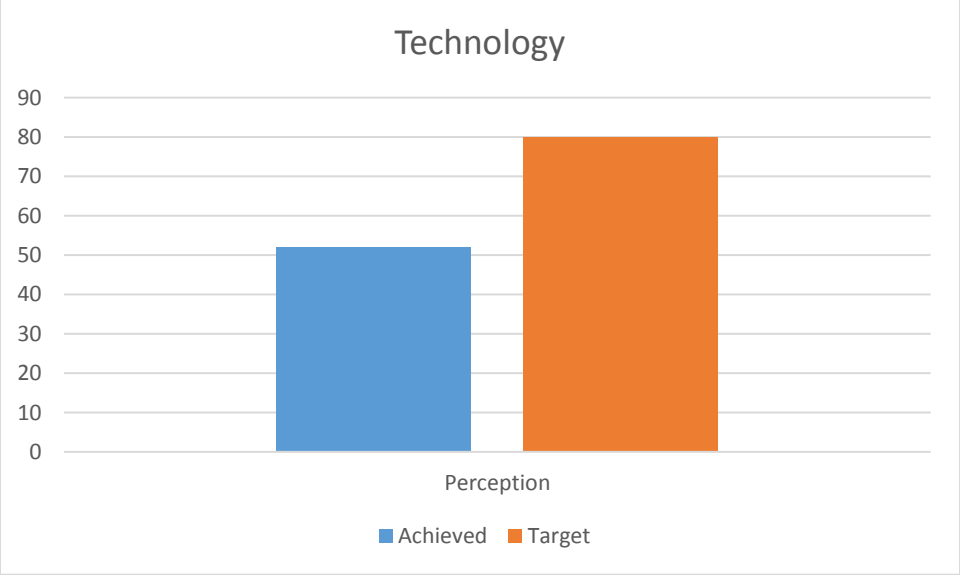


Knowledge Score – 29% **Perception Score – 80%**

Graph N.O.: 9

Technology

- Perception that same Technology cannot be catered in HHC setting as compared to Hospitals

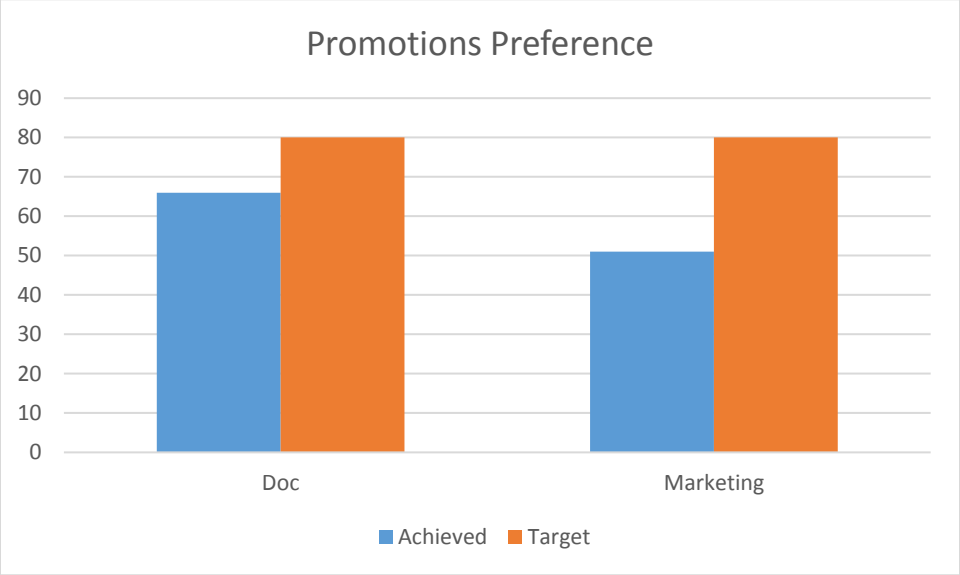


Perception Score – 65%

Graph N.O.: 10

Promotion Preference

- The Concept of HHC services in India can grow if promoted well
- As the Indian health care setting the patient have more trust on Doctor over Marketing, the Knowledge, Perception and Attitude of the doc should also be targeted

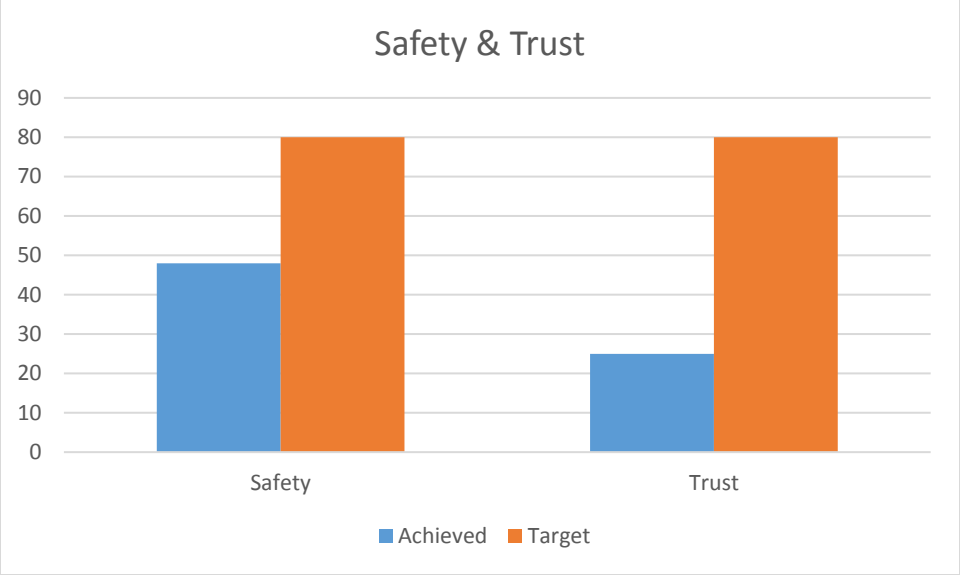


Attitude Score –
Doc- 82%
Marketing- 63%

Graph N.O.: 11

Safety and Trust

- Though the convenience is one of the major factor for any HHC service but the major two factor , Safety and Trust on the Health Care worker is still negative.
- This attitude can be altered through customer delight by delivering compassionate efficient quality care
- Word of Mouth



Attitude Score –
Safety: 60%
Trust: 31%

Graph N.O.: 12

CONCLUSIONS: Though Knowledge towards the HHC is fair, the same is not reflected in Perception. As a result of which the Attitude towards the Adoption of Home Health Care is dismal.

The way HHC should approach the General Population has to be changed. Though the HHC concept is very much effective in many aspects over hospital care but to make the Patient understand the same is equally important if this has to succeed.

RECOMMENDATIONS:

- Be it is a gender wise analysis or Occupation the major factor where the adoption should be targeted is to bring about the change in Perception and Attitude of Patients
- Even the Knowledge is important but this knowledge delivered should be influential and data driven

To Improve Operational Metrics – Recommendation:

- Quality:
  - Formulation of Standard Process
  - Practice of Standard Process
  - Audits
- Cost:
  - Ethical Health Care Delivery Costing Model
  - Behavioral & Attitudes Practice, Training and Audits to check moral Hazard
- Safety and Trust:

  Selection Process and Proper Background check
  - Continuous Training OTJ
  - Behavioral Training
  - Awards and Appreciation& Case studies
- Promotions:
  - Influencing the Perception and Attitude of Doctors
  - Marketing

LIMITATIONS OF THE REPORT: The study was taken for the Hospital Patients who were recommended the HHC. Sot the study cannot be generalized as the comparative analysis between the Recommended Patients and non-recommended Patients could not be done.

ANNEXURES

Questionnaire

Name of the Participant:

Age/Sex:

Location:

Occupation: **Education Qualification:**

Key Accounts:

Have you ever taken Home Health Care before?

1. Have you ever heard about the Home Health Care Services?
   a. Yes b. No
2. Do you know the Home Health Care can reduce the chances of Cross Infection?
   a. Yes b. No
3. Do you know the Home Health Care can reduce chances of readmission?
   a. Yes b. No
4. Home Health care give opportunity to one who actually requires and deserves hospital based care?
   a. Yes b. No
5. Do you know just like hospitals HHC can be tailored to the needs of patient?
   a. Yes b. No
6. Do you know Home Health Care can actually help in reducing the cost burden of ill health and hospital stay?
   a. Yes b. No
7. Do you believe the quality of care and the same procedure can be delivered through HHC as in hospital?
   a. Yes b. No
8. Do you believe HHC is an expensive affair?
   a. Yes b. No
9. Do you believe HHC can increase your performance by decreasing the time of Hospital run through for self / family member?

a. Yes b. No

10. Do you think there is restrain in technology usage in home care setting?

a. Yes b. No

11. Does above factor refrain you in using home health care?

a. Yes b. No

12. Would you ever prefer the health care service in future over conventional care where necessary for your own self / family?

a. Yes b. No

13. Would you prefer HHC if your Doctor promotes, advice and spread awareness about the cost benefit, quality procedure and other benefits that are integral part of the HHC foundation?

a. Yes b. No

14. Would you prefer home health care if t is more promoted?

a. Yes b. No

15. Do you feel home health care service is not safe for patient or house?

a. Yes b. No

16. Would you trust on qualification, honesty and reliability of the health care worker?

a. Yes b. No

References:

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