



Editorial

Special Attentions to Medical Services for Home-Bound Older Persons

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Population aging may result in various challenges in health care services, especially services for older adults with disability or dementia.^{1,2} Some of these care recipients may be living in the long-term care facilities, but the majority of them may become home-bound state that needs special health care services.³ Older adults in Asian countries are more likely stay at home in the communities with their family compared to older adults in Western countries. In addition to extensive personal care needs, vulnerable older adults living at homes also need many health care services that requires health care providers to extend their services to homes of individual older persons. Medical practice in the well-organized clinical settings differs greatly than the home environment of those care recipients, especially the lack of laboratory and medical imaging supports. In Japan, the growth of home medical doctors in the communities vividly reflect the unmet care needs that frail older adults with or without disability are unable to access health services.⁴ Although the majority of these older persons with advanced disability are looked after in palliative approach, the occurrence of unexpected acute conditions may confuse family caregivers. The support from home medical services, either regular visits or emergency visits, are important to optimize quality of care for these persons and their family caregivers. On the other hand, home care physicians also need supports in diagnosis and management to provide high-quality care.

In this issue of *Aging Medicine and Healthcare*, Liao, et al., reported the utilization of portable ultrasound equipment for home-bound older adults and long-term care facilities residents.⁵ Results also showed that home-bound older adults are having more hepato-biliary conditions than long-term care facilities residents. Although these abdominal sonographic findings were not obtained at acute conditions, they were conducted based on home care physicians' clinical suspicions of intra-abdominal conditions. In addition to portable ultrasound equipment, more portable medical devices supported by artificial intelligence have been introduced to the home care settings, including electronic fundscope, otoscope, and many others.^{6,7} Nevertheless, introducing laboratory, and imaging services to home-bound older persons should be done with caution that the primary purpose and subsequent care plans should be carefully evaluated. These services should adhere to the organized care plans, otherwise the convenience of these testing may become obstacles of better quality of care. The disease concept of Geriatric

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Medicine has been changed that more focus on holistic approach for personalized needs for home-bound older persons should be taken.⁸

Japan started the home medical care services due to the extensive needs from frail older people in the communities; Taiwan foresaw the coming needs based on experiences from Japan and started the program in recent years. In Taiwan, physicians provide home medical visits were primary care physicians in the communities or hospital-based physicians to maintain the continuing care for individual older person. Overall, the integration of hospitals and primary care physicians is needed to provide seamless continuing care for every individual home-bound older person in need of home care medical services.⁹ With portable equipment to perform examinations for these older people may help to improve quality of care, but a personalized care plan with coordinated goals is the most critical determinant in this special care settings.

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