



WHITE PAPER

Hospital at Home — An Emerging Care Delivery Model

**The Shift Toward In-Home
Patient Care and Its
Impact on Healthcare**

ABSTRACT

A patient care delivery model that emerged during the COVID-19 crisis as a response to hospital overcrowding is here to stay — and for good reason. Dubbed “Hospital at Home,” or H@H for short, the model proved to be a safe and cost-effective alternative to conventional hospitalization. When the public health emergency subsided, the Centers for Medicare & Medicaid Services extended its waiver-based H@H program — formally called Acute Hospital Care at Home — through the end of 2024, giving hospitals the regulatory flexibility to continue or start treating certain patients at home.

INTRODUCTION

The American Hospital Association and other advocates are lobbying to make the H@H program permanent based on data suggesting that home-based care results in better outcomes for patients. Meanwhile, the program’s looming expiration date hasn’t engendered a wait-and-see approach to H@H adoption. As of late November 2023, CMS had authorized 129 health systems and 305 hospitals in 37 states to offer acute hospital care at home, and those numbers are climbing.

A Chilmark Research report from May 2023 projects that H@H rollouts – should the program continue — would double by 2026.

The Center for Economic Policy and Research notes that hospitals are investing heavily in H@H “to secure first-mover advantage in a hot market.” However, program development and deployment is a complex process involving a substantial capital outlay upfront to cover IT systems, increased staffing and significant workflow adjustments. H@H may save money in the long run, though, by reducing overhead, readmission rates, physical plant needs, and other significant cost drivers.



HOSPITAL AT HOME DEFINED

H@H is distinct from traditional “home healthcare” administered to those who are sick or injured but don’t require hospitalization. Eligible H@H patients (those who meet clinical criteria, live a reasonable distance from the hospital, pass a home safety assessment and meet other criteria) receive the same level of acute care as those admitted to hospitals, including diagnostic studies, therapies and treatments. In fact, their official status is that of an inpatient in a licensed hospital bed — although they are monitored, cared for and discharged at home.

Initial assessment and intake currently must take place at a hospital. A patient may avoid a traditional hospital admission altogether by transferring to H@H care directly from the emergency department, or an inpatient may complete their hospitalization at home once they are clinically ready, and mobile medical equipment and other supports are in place.

Advanced telemedicine technologies, wearable monitoring devices and emergency alert buttons link patients to a 24/7 command center. Capabilities include minute-by-minute monitoring of vitals, and regular attending physician-patient consults via HIPAA-compliant telehealth sessions. A registered nurse makes home visits at least twice daily, and other healthcare workers — such as respiratory therapists, phlebotomists, dieticians, and radiographers — provide hands-on care as needed.

HEALTHIER PATIENTS AND HEALTHCARE ORGANIZATIONS

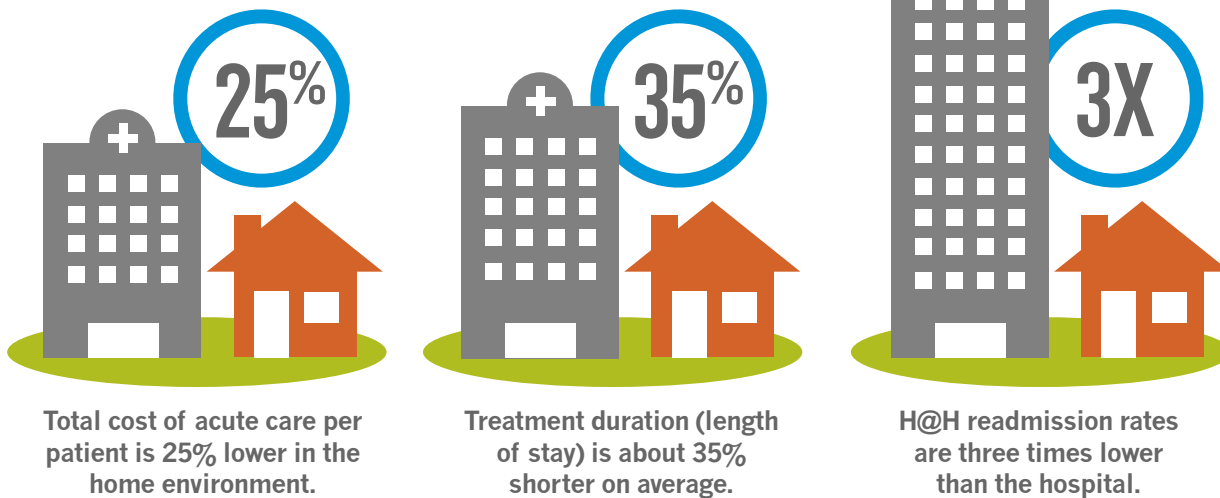
CMS waivers for H@H services started during the pandemic, but the model was first introduced in the U.S. at John Hopkins in 1995 and is well-established in other countries. The model has been studied, and a growing body of research suggests that H@H programs can shorten length of stay, reduce readmission rates and prevent hospital-acquired infections — all while lowering healthcare costs overall.

More than 60 different conditions — including congestive heart failure, pneumonia, chronic obstructive pulmonary disease and, of course, COVID — can be treated at home with proper monitoring

and treatment protocols. Studies show that this approach produces better outcomes and greater patient satisfaction. In fact, three different studies — as published by the Agency for Healthcare Research and Quality — showed that H@H patients and their families had higher levels of satisfaction and lower stress than those receiving care in a traditional hospital. A separate, observational study by Kaiser Permanente — as published in the American Journal of Managed Care (December 2023) — revealed that advanced care at home (otherwise known as H@H) can be scaled and provide care for a sizable portion of a hospital's inpatient census, creating hospital capacity in an integrated delivery system.

HOME-BASED CARE VS. HOSPITAL-BASED CARE

Source: Data compiled by the Texas Hospital Association.



“Implementation of the H@H program is more complex than imagined, but patient interest is greater than imagined. There can be impactful value to rural communities.”

Brian Doerr, CHC SVP,
Information Technology
& Security and Privacy Officer

10 REQUIREMENTS FOR ACUTE H@H CARE

In order to deploy H@H, a hospital must qualify for a CMS waiver, yet the biggest challenge is assembling and orchestrating the array of moving parts, including supplies, staffing, ancillary services and data streams.

Consider everything it takes to transfer acute-level care to the home environment, aside from the care providers themselves:

1. **Patient transportation**
2. **Mobile medical equipment**
3. **Internet or cellular connectivity**
4. **Remote patient monitoring devices**
5. **A secure telehealth platform**
6. **Medical meal and pharmaceutical delivery**
7. **An on-call EMT service in case of emergency**
8. **Quality, compliance, and education policies**
9. **Evaluation procedures to ensure right patient and right place for care**
10. **Patient and family communication protocols**

Information technology that is simple and effective, and integrated with the hospital's electronic health record

system, is a foundational H@H component. At the center of it all is a communications and logistics hub that keeps tabs on everything, from vendor contracts to patient care coordination. The patient-facing tools must provide all functionality in an easy to access secure and trusted platform.

Given the shortage of clinicians, staffing could pose a challenge, but flexible hours in a low-stress environment could attract nurses to H@H care. Noteworthy, National Nurses United (NNU), the nation's largest union of registered nurses, opposes about H@H programs because they relax certain hospital safety protocols — namely, around-the-clock nursing. This can be addressed with effective policies and procedures that govern care, coupled with regular review of care plans, practices, and practitioners to ensure care delivered is at or above expectations.

Aside from well-resourced health systems, hospitals typically team up with third parties to implement and operate their H@H program. A third party can provide experience, expertise and guidance around the many potential pitfalls a waiver program can bring.

CONCLUSION

The H@H care delivery model mitigates some of healthcare's persistent problems, including increased demand for acute care services driven by aging Baby Boomers. A 2021 article published in the Global Journal on Quality and Safety in Healthcare called H@H “a sustainable, innovative, next-generation model of healthcare” that helps achieve the “triple aim of access to care, improved quality of care, and reduced cost for healthcare.”

The continued growth of the Acute Hospital Care at Home program is another positive indication of the H@H model's viability.

Confident in H@H's staying power, CHC announced in 2023 its joint venture with Plano, Texas-based Resilient Healthcare to offer H@H support for community hospitals, from the application and implementation process through day-to-day operations.

Just as home-based care is suited for certain patients, the H@H model is a sound strategy for certain hospitals and patient populations.

Find out if H@H could benefit your hospital by contacting CHC today.



Community Hospital Corporation owns, manages and consults with hospitals through CHC Hospitals, CHC Consulting and CHC ContinueCARE, with the purpose to collaborate with partners and bring innovative solutions to support the vibrancy and accessibility of community healthcare. Based in Plano, Texas, CHC provides the resources and experience community hospitals need to improve quality outcomes, patient satisfaction and financial performance.

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