

Executive Insight



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Community hospitals benefit by offering hospital-at-home services

Early indicators suggest the hospital-at-home care delivery model benefits, patients, providers and payers

Care at Home program giving hospitals the regulatory flexibility to treat eligible patients at home.

When the COVID-19 public health crisis subsided, Congress extended the program, but only through the end of 2024. Here, Jim Kendrick, CEO of Community Hospital Corporation, presents a compelling case for making the program permanent.

In what ways does the hospital-at-home program represent an innovation in care delivery?

JK: First of all, it's important to differentiate hospital-at-home from home healthcare or home-based post-acute care. Hospital-at-home programs provide the same level of acute care a patient would receive as an inpatient in a hospital. The person's status is inpatient but, physically, they're in their home.

So, let's say a person shows up at the emergency room and they're sick enough to be in a hospital but not sick enough to be in the ICU. That patient needs to be closely monitored. They need to receive medications. They may need IV therapy or scans, but they don't necessarily need to be within the physical walls of the hospital. In this example, the person is admitted, but to a virtual bed which is their home environment, where they 'occupy' a licensed hospital bed. The home is equipped to offer all care monitoring processes electronically, and the data is sent and reviewed by a clinician as an integrated part of their electronic health record. A nurse physically visits the patient multiple times a day. From a care standpoint, it's no different than being in the hospital, but from a comfort and recovery standpoint, it's generally better for patients and their families.

How do hospitals go about implementing a hospital-at-home program?

JK: A hospital can't just decide to start a hospital-at-home program. There's a process to it. CMS systematically determines whether the hospital has the infrastructure and personnel in place to properly provide acute care in patients' homes.

Because the process is complex and potentially rewarding, CHC recently announced that we're offering hospital-at-home services, in partnership with Resilient Healthcare Corporation,

to help hospitals with Hospital-at-Home approvals, implementation and operations.

What infrastructure must a hospital have in place to qualify for a CMS waiver and run a successful program?

JK: A big component of it is IT infrastructure. Requirements include cellular or Wi-Fi connectivity and technology that integrates with the hospital's EHR platform; network-connected devices that monitor and report patients' vital signs and health status in real-time; and telehealth technology to connect patients and physicians. Technology and people are integral to monitor and manage the care team. CHC partnered with Resilient because the company provides all the technology-related pieces of the puzzle.

Hospitals also need a mobile medical equipment provider, transportation to deliver food to patients with dietary restrictions, an on-call EMT service in case of emergency, and more. Most hospitals will need a partner that can provide all the necessary program components or assemble and manage all the third-party providers on the hospital's behalf.

Since it's unclear whether CMS will sanction hospital-at-home programs beyond 2024, is it risky to invest in this nascent care delivery model?

TK: The American Hospital Association is strenuously advocating to make the program permanent based on data that shows hospital-at-home improves outcomes, enhances patient satisfaction, results in fewer readmissions and costs less than onsite hospitalization. Even private payers, who were initially reluctant to cover hospital-at-home care, are starting to get on board because of the program's efficacy. Because the model makes patients happy and cuts costs while maintaining or improving quality of care, there's no logical reason to discontinue it.

In addition, investment and startup activity suggests that the hospital-at-home model looks promising as a business venture. Obviously, having moved into the hospital-at-home space, CHC stands among the organizations and innovators who feel confident that this innovative and effective care delivery model is here to stay.

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