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Hospital at Home: A Versatile Care Delivery Model Emerges Amidst COVID-19

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As hospitals struggle with patient boarding across the country, a promising alternative to traditional hospital care is to provide hospital-level care in patients' homes, so-called Hospital at Home (HaH). Generally, when describing patient boarding, we are referring to patients admitted to the hospital but still located in emergency department spaces.

HaH deploys a team of healthcare professionals to provide patients with hospital treatment in their homes without the patient moving from the emergency room to an inpatient floor. Under a Centers for Medicare and Medicaid Services (CMS) waiver, patients can be admitted to HaH after they have been evaluated in the emergency department, or patients can complete the remainder of their hospitalization at home after spending time in a regular hospital ward. This service has the potential to open hospital beds for patients with illnesses requiring hospitalization and could increase ease of access to hospital care for patients with barriers to care.

The concept of HaH has been around for decades, and its use increased markedly during the COVID-19 pandemic after CMS offered reimbursement for hospitals that obtained a waiver so that they could be paid for providing such care in the traditional fee-for-service model. Since November 2020, when the payment waiver was first made available, 296 hospitals across 37 states have obtained permission from CMS to deliver HaH care.

There are two main types of HaH permitted under the CMS payment waiver: admission avoidance or "substitution" (direct admission from the emergency department to home) and a transfer or continuing hospital care at home for patients who need ongoing hospital-level care but are stable enough to be treated at home. Outside of the CMS waiver, additional options are

available, including direct admission from the patient's home to receive HaH care at home. This model is used by some Medicare Advantage plans and commercial payers. These modalities have shown promising results for acutely ill individuals who require hospitalization. Dr. Bruce Leff, a proponent of HaH, and his colleagues conducted a study in which they evaluated the feasibility of HaH for acutely ill elderly patients. They found that HaH was feasible, safe, and efficacious for delivering hospital-level care in a study of 455 elderly patients across 3 sites. The same study showed that those who received care at home also had a shorter length of stay (3.2 vs. 4.9 days, $p = 0.004$), lower costs (5081 dollars vs. 7480 dollars, $P < 0.001$), and possibly fewer complications. Studies have shown that the HaH model increases care coordination and patient and provider satisfaction. HaH patients and their family members were more likely to be satisfied with their physician, admission process, and overall care experience when compared to their counterparts who received acute care in hospitals.

Throughout the United States, the COVID-19 pandemic exacerbated the need for acute hospital beds. Many health systems attempted to alleviate this by quickly shifting to HaH and other approaches such as the rapid deployment of telemedicine services. Even as overall COVID-19 rates decreased in the past few years, health systems continue to investigate and experiment with the addition of virtual hospitalizations into their care delivery repertoire. Important limitations and risks of HaH programs that must be addressed include barriers to system implementation, bandwidth and internet connectivity, data security, and patient privacy. In addition, most studies thus far have overwhelmingly focused on elderly populations rather than a comprehensive review of all age groups. Nonetheless, HaH remains a promising alternative for many patients.

COVID-19 was the catalyst for a movement towards HaH, but as society progresses into "post-COVID normalcy," many advocate for the practice of HaH to continue, especially as most hospitals are faced with uncontrollable boarding. Utilization of such a model might allow hospitals to increase their footprint and care for more patients. Although some studies show there could be positive impact, many still have questions and concerns about the safety of some patients who would be further away from immediately help, if needed.

The authors have no conflicts to report.

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