

Home Hospital

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State Legislative Priorities

The Centers for Medicare and Medicaid Services' (CMS) Acute Hospital Care at Home Program, or Home Hospital, is a promising model for health care organizations to deliver hospital-level treatment in a patient's home. It is a safe and effective alternative to acute hospital care. The North Carolina General Assembly affirmed their support for maintaining Home Hospital services in the state through **Senate Bill 206**, which ensures Certificate of Need regulations do not impede hospitals participating in the CMS waiver. Similarly, NC Medicaid has extended payment for Medicaid beneficiaries through the end of the year given the data showing improved outcomes for eligible home hospital patients.

As hospitals treat more acute patients in their homes, potential patients with limited internet access are increasingly missing out. Furthermore, organizations developing programs will ultimately rely on consistent reimbursement. **NCHA supports efforts to make Home Hospital more accessible and to guarantee all providers offering the program can be sufficiently reimbursed.**

Federal Legislative Priorities

A CMS waiver that enabled hospitals to be paid for Home Hospital during the pandemic boosted uptake of the program nationwide. **NCHA favors extending the present Medicare waiver, which is set to expire at the end of 2024, and enacting legislation that would provide a permanent and favorable regulatory and payment environment.**

Context & Insights

In response to the coronavirus pandemic (COVID-19) overwhelming local hospitals and large health systems in 2020, the Centers for Medicare & Medicaid Services (CMS) issued a sweeping array of new rules and waivers to ensure that U.S. hospitals and health systems had increased capacity to absorb and manage anticipated surges of COVID-19 patients.

CMS launched the Hospitals Without Walls initiative in March 2020, giving hospitals considerable regulatory latitude to deliver care in areas other than their premises (i.e., temporary shelters or overflow spaces). Eight months later, CMS extended these efforts by launching the Acute Hospital Care at Home program, which gives approved hospitals extraordinary flexibility to treat eligible patients in their homes. The program was created to support models of at-home hospital care across the country, and

CMS asserted that treatment for more than 60 different acute conditions (e.g., asthma, congestive heart failure, and pneumonia) that could be treated appropriately and safely in home settings with proper monitoring and treatment protocols.

Furthermore, the CMS program explicitly separated acute hospital care at home from regular home health services, designating Acute Hospital Care at Home for patients who need acute inpatient admission and daily rounding by a medical practitioner to manage their care requirements.

North Carolina's hospitals and health systems continue to support federal and state initiatives to expand this program's flexibility and influence the emerging regulatory infrastructure for this service.

Key Advocacy Messages

Caring for patients outside of the hospital improves hospital capacity, allowing them to maintain quality of care and prioritize the most vulnerable patients.

- Home Hospital supports hospitals experiencing emergency department crowding and strapped ICU capacity amidst public health emergencies such as the COVID-19 pandemic. These conditions have adverse outcomes on patients, including increased medical errors, reduced care quality, and delays in treatment.³
- A Home Hospital program expanded a hospital's total bed capacity by up to 106%, establishing it as a formidable alternative for overburdened health systems during the COVID-19 pandemic, but also as a tool for extending care. This unique program has several advantages; it:
 - Alleviates burdens on hospital structures by avoiding admissions to conventional or expanded wards located on hospital grounds
 - Prevents a concentration of patients in an already overcrowded hospital and reducing the risk of transmission between health personnel and patients⁴
 - Provides patients with family and social support within a familiar home environment

- In a study on family and caregiver engagement in mental health treatment in hospital and home care settings, participants emphasized the importance of family being there, giving stability, and weathering the storm. People also valued the nonjudgmental and supportive attitude that their family had learnt to adopt, as well as the understanding and caring of some family members.⁶
- Comparatively, home hospital patients utilized less lab and diagnostic tests due to shorter average length-of-stay. Previous Home Hospital studies have also shown this tendency.¹

Home Hospital improves patient outcomes.

- According to a meta-analysis of 61 studies, patients who received home hospital care during the COVID-19 pandemic had a 20% decrease in mortality.⁵
- A control trial discovered that critically ill patients admitted to home hospital programs through the ED were three times less likely than brick and mortar inpatient patients to be admitted to the hospital within 30 days.⁵
- In one study, Utah's Huntsman at Home patients were 58 percent less likely to be hospitalized unexpectedly, and those who were, were hospitalized for a shorter duration. Huntsman at Home patients also had 48% fewer ED visits.⁵

Patients feel more comfortable when care is delivered in their homes.

- Home Hospital care has been linked to higher quality treatment, fewer complications, and a more positive patient and caregiver experience.²
- In a survey of 442 patients, 66.7% chose a Home Hospital program over traditional inpatient hospital treatment. The primary motivations for participating in the program were being more comfortable at home (78.2%) and being closer to family (40.7%).²

Sources

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Questions?

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