

Scott Willits, ACP, CP MIH/CP Advocate, Researcher, & Gary's Assistant



Home Health or Health at Home











Home Health or Health at Home



HaH is:

- Subject to regulatory and governance obligations;
- Care hospital directed and/ or by specialist physician/s;
- Episodic;
- 24/7;
- Fully responsible for the patient provides all medical, nursing, allied care; observation, diagnostics and therapeutics during the episode at home.

HaH is not:

- Outpatient care (thus, not self-administered intravenous treatment, and not OPAT);
- A hospital prevention program;
- A community-based chronic disease management program;
- Solely virtual care or remote telemonitoring;
- Day facility-based treatment;
- Primary home care;
- Community nursing or standard skilled home health care;

No Place Like Hospital at Home

Hospital at Home (HaH) was introduced as a model of care over 50 years ago, and has spread across the world since then. The implementation of HaH in the U.S. began at Johns Hopkins School of Medicine in 1994. In November 2020, the Centers for Medicare and Medicaid Services (CMS) launched the Acute Hospital Care at Home (AHCaH) waiver program. As of March 2023, this waiver has enabled over 275 hospitals across 115 health systems and 37 states to adopt HaH programs in the U.S. with the following goals: to improve clinical outcomes, reduce hospital readmissions, improve patient safety and experience, and prioritize patient choice.¹

HISTORY OF HOSPITAL AT HOME

Origination of Hospital at Home France originates Hospital at Home with 'Hospitalisation à Domicile Birth of Hospital at Home in the U.S.

Johns Hopkins University begins development of first Hospital at Home program in the nation Mount Sinai receives CMMI award to study Hospital at Home

In 2014, CMMI awarded a Health Care Innovation Award to the Icahn School of Medicine at Mount Sinai to demonstrate the clinical effectiveness of hospital at home care under a 30-day risk-bearing arrangement Hospital at Home Users Group established

> In 2019, The Hospital at Home Users Group was established to promote the development of develop standards for and provide technical assistance for Hospital at Home

CMS approves 256th hospital for participation in AHCaH waiver program

St Luke's Hospital of Kansas City in MO was approved for the waiver

1961

1970s-1990s

1994

2005

2014

2018

2019

NOV. 2020 SEP. 2022 DEC. 2022

Hospital at Home programs launched in Canada, Australia, New Zealand, Israel the United Kingdom and Spain

Launch of Hospital at Home programs in other countries Researchers published results from a National Demonstration and Evaluation Study of Hospital at Home Care for Elderly Patients, conducted across three Medicare managed care plans at two sites and at a Veterans Administration medical center

Results published from first hospital at home use at VA

Researchers at Brigham and Women's Hospital and Harvard Medical School published the first U.S. randomized controlled trial of hospital at home and determined substituting home hospitalization for in-hospital care reduced cost and utilization and

improved physical activity

CMS launches the Acute Hospital Care at Home (AHCaH) waiver program; Mount Sinai is first hospital approved

 CMS launches AHCaH waiver program Congress passed the Consolidated Appropriations Act of 2023 which included an extension of the AHCaH waiver through Dec. 31, 2024

Congress extends AHCaH waiver program



Myth or Reality

Careers Y

NSW Health

Public Y



MAY 17, 2022

Hospital at Home receives National Excellence in Patient Experience Award

Article

Deloitte.

Hospital at Home – A model with a future













Home care has been firmly established in Switzerland for some time. Organisation Spitex provide a comprehensive range of home care services. In contrast, the conc

Hospital at Home is still in its infancy. How will this change in the coming years? We have explained this in a white paper based on specialist literature and insights from various expert discussions.

Home > System sustainability and performance > Hospital in the Home (HITH)

Healthy living

System sustainability and





Innovative 'Hospital at Home' initiative helps to save NHS more than 2,000 hospital bed days in south west London







at **home**









Will hospital-at-home system be better for Irish patients?

Stephen Donnelly announces rollout for next year of a 'virtual ward' programme for patients of two public hospitals



This U.K. team brings hospital care into homes. Could more of these programs help Canada?

Convincing Canadians that hospital-at-home care is viable is an 'uphill battle,' says one expert



Jonathan Ore · CBC Radio · Posted: Mar 23, 2023 5:45 PM EDT | Last Updated: March 28



Dr. Dan Lasserson and registered nurse Davinia Newell perform an ultrasound on patient Joan Baxter in February as part of the Acute Hospital At Home program, which is based out of the John Radcliffe Hospital in Oxford, U.K. (Brian Goldman/CBC)

Woman in her 90s with dementia presenting with mild delirium and pneumonia

Man with acute
CHF
exacerbation
requiring O2 and
diuresis

Patient with LLE cellulitis and severe sepsis with lactate 2.8

Patient with
COVID-19 on 4L
of oxygen
getting
remdesivir and
dexamethasone

Patient with COPD exacerbation requiring increase in O2 from baseline due to RSV

Young man on chemotherapy for testicular cancer with neutropenic fever Man in his 80s with multiple medical issues with severe sepsis due to UTI, AKI and bacteremia

Patient with acute respiratory failure with Covid and bacterial pneumonia

Patient with cirrhosis and abdominal abscess

Patient with acute diverticulitis

Woman s/p renal transplant with Covid pneumonia



Myth or Reality

LOWER READMISSIONS

9 Randomized Clinical Trials assessed 959 adult patients with chronic conditions. Patients who received HaH care had statistically significant lower 30-day readmissions, lower Emergency Department revisits, and lower risk of long-term care readmissions.³

FEWER INFECTIONS

Representative HaH programs have reported <1% Hospital Acquired Infection (HAI) rates in 2022, significantly lower than national average of 8.6%.⁴

LESS DELIRIUM

Studies from 2005 through the present report 9% delirium in patients receiving HaH care compared to 24% delirium from brick-and-mortar hospital care.⁵

REDUCED SNF ADMISSIONS

A meta-analysis determined that HaH care led to a statistically significant reduction in patient discharges to a skilled nursing facility (SNF). HaH care was affiliated with a 1.7% SNF discharge rate vs. the 10.4% average brick-and-mortar SNF discharge rate.⁶

LOWER UNEXPECTED MORTALITY

Data suggests that an estimated 3.1% of inpatient deaths are preventable. In a recent paper published on the CMS waiver experience, researchers evaluated nearly 1900 patients who received HaH care from 2020-2021 and found an overall unexpected mortality rate of 0.43%, which is lower than reported rates for traditionally hospitalized patients.

PREFERRED CARE MODEL

A 21-year long longitudinal analysis from 1995 - 2016 assessed patients in 25 systematic reviews with serious medical conditions who had received HaH care compared to inpatient hospitalization. Results showed higher patient and caregiver satisfaction with HaH care compared to traditional inpatient hospital care.⁸

PATIENTS ARE MORE ACTIVE AT HOME

A randomized controlled trial conducted by Harvard Medical School compared HaH care with traditional inpatient care. Results showed improved physical activity in patients who received HaH care vs. brick-and-mortar care and improved patient satisfaction.⁹

- Proportion of the day sedentary: 12% HaH vs 23% in brick-and-mortar hospital
- Proportion of the day lying down: 18% HaH vs. 55% in brick-and-mortar hospital



Community Paramedics. You Call, We Care.

Formulary Medications

Determinants of Health

Medication Reconciliation

Physical Assessment

Mobile
Integrated
Health

Medical Literacy

Phlebotomy

Resource Referral

Point of Care Testing

Home Environment Assessment

Wellness Exams

Diagnostic Testing

Cognitive Assessment

Follow Up Care

Fall Risk Assessment

Skin Assessment

Care Management





J.S. is a 40 yr. old woman with graft versus host disease (GVHD) of her lungs following a stem cell transplant for Acute Myeloid Leukemia.

Due to her GVHD, she has been admitted and intubated three times.

Though her condition was worsening, and she had been holding out to see her two children graduate.

Soon after she took another downturn and agreed to be DNR but declined hospice.



Then one evening Her sister called as J. was becoming increasingly short of breath.

She wanted to call 911 but knowing her sister did not want to return to the hospital, she was reaching out for help.

After discussion with her MIH team, we agreed she needed a vascular access, and IV ABX.

Treatment Plan:

- Vascular Access
- Q6H IV Antibiotics
- Pain Management (IV Morphine)



2-weeks later, Ms J.S. was enrolled in Home Hospice.

Community Paramedics provided scheduled assessments Q48hrs and remained available for unscheduled, acute responses for patient or family needs.

Community Paramedics were activated three times for increased pain, dehydration, and post-fall evaluation.

Over 10 days, Ms. J.S. remained in the home with comfort and pain management available.

Ms. Cindy-Lou



- Primary Care at Home:
 - A coordinated Community Paramedic in-home visit with the virtual Primary Care Clinician for a wellness physical and general assessment.
- Post Cardiac Discharge Program:
 - A coordinated Community Paramedic in-home visit with the virtual Cardiology Clinician for a wellness physical and targeted assessment every 3-5 days.
- Palliative Care Community Paramedic Program:
 - A coordinated Community Paramedic in-home visit with the virtual
 Palliative or Hospice Clinician every 5-7 days or same-day urgent visit.
- Hospital at Home:
 - A partnership of a virtual clinical team and local Community Paramedics with 2-3 appointments per day to fulfill the treatment plan.



67-year-old female.

Retired after 39 years teaching in the public schools.

Fixed income with government assisted living.

Spouse passed away 10+ years ago with no immediate family in the area.

Myocardial Infarction x 3 (2017, 2019, 2022)

Congestive Heart Failure (LVEF <40%)

AV Block, Complete (2022)

Hypertension

Severe Obesity

No history tobacco use

History of alcohol addition, 20+ years sober

Physical activity is seasonal (spring-summer)

Ms. Cindy-Lou



Myocardial Infarction #1

2017

2017-2019

9 Admissions for Exacerbated CHF (B&M). ALOS = 22 midnights.

Myocardial Infarction #2. Enrolled in Post Cardiac Discharge Program x 30 days.

2019

2019-2020

7 Admissions for Exacerbated CHF (B&M).

ALOS = 13 midnights.

Enrolled in Post Cardiac Discharge Program x 30

days.

4 Admissions for Exacerbated CHF (Hospital at Home).

ALOS = 8 midnights.

Enrolled in Post Cardiac Discharge Program x 30 days.

2020-2022

2022 Myocardial Infarction #3 + pacemaker.

Discharged to Palliative Care Community Paramedic

Program.



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2020-2022

Myocardial Infarction #3 + pacemaker. 2022

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Bring Health Home, and Prescribe The Home,



For Life.

"It's about time healthcare comes to you." - J.S.

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