

Acute Hospital Care at Home Programs

America's hospitals and health systems are constantly evolving. As our population and society change, new needs arise and demands for some services increase. At the same time, advances in medical care and technology provide an opportunity to develop new and more effective treatment options, including extending hospital services beyond the four walls of the hospital.

The Centers for Medicare & Medicaid Services (CMS) established the Acute Hospital Care at Home (AHCaH) waiver in November 2020 during the COVID-19 public health emergency (PHE). By waiving certain requirements using a provider-specific approval process, CMS has allowed hospitals to provide in-home care to qualified patients while maximizing inpatient bed capacity and limiting unnecessary exposure to COVID-19.

AHCaH programs established during the PHE have demonstrated their ability to provide safe and effective care while maintaining optimal outcomes and high patient satisfaction. Based on the model's success and additional potential, Congress acted to extend the federal waiver through the end of 2024 and to require additional data collection and evaluation.

In addition to federal requirements, hospitals in California must meet specific state licensure requirements, outlined in Division 2 of the Health and Safety Code and CCR Title 22 Division 5, Chapter 1. For any requirement that will be met using an alternative method, the hospital must apply for and receive approval for program flexibility from the California Department of Public Health (CDPH). While several hospitals were successful in applying for and receiving approvals from CDPH, these flexibilities expired on Feb. 28, 2023, with the end of the California COVID-19 state of emergency.

Additional action by state leaders is needed to ensure that AHCaH programs can be established and operated in California, and that they receive appropriate oversight from state and federal regulators. CHA supports the efforts of Assembly Member Akilah Weber, MD, (D-San Diego) and the Assembly Health Committee to ensure that key stakeholders and state leaders have comprehensive and objective information about the potential benefits of AHCaH for Californians.

Here are some of the commonly asked questions about the program:

What is Acute Hospital Care at Home?

Acute Hospital Care at Home (AHCaH) is an innovative patient care model that allows hospitals to treat patients with inpatient-level care in their home setting, by using methods that include telehealth, remote monitoring, and regular in-person visits by nurses.

How does a hospital qualify to provide AHCaH services?

Hospitals must receive prior approval from CMS by demonstrating their ability to meet several requirements for critical components of hospital care. They include patient eligibility criteria, frequency of on-site and virtual clinical visits, and patient and caregiver communication with the medical team.¹

How do patients get admitted to the program?

Patients admitted to AHCaH must be evaluated in the licensed hospital's emergency department (ED) or a prior inpatient setting and must meet specified clinical and social criteria. To qualify for AHCaH, hospitals must develop and submit for CMS approval a patient screening protocol that includes both clinical criteria and an environmental assessment of the home setting. Patient participation is voluntary.

How often are patients seen by their doctor or nurse? What if they have an emergency?

Patients are seen during at least two in-person visits per day, as well as regular virtual visits from members of their medical team. Patients and caregivers also have access to an immediate, on-demand remote audio connection with an AHCaH team member. If needed, emergency personnel can respond to a patient's home within 30 minutes.

What role do nurses have in AHCaH? What are their qualifications?

As in the hospital building, licensed and qualified nurses are central to the patient's care and care plan. They provide multiple in-person and virtual visits each day to assess patient status, manage lines and tubes, and give psychosocial support to patients and their family caregivers. The skill set of nurses in the AHCaH program is commensurate with that of medical-surgical nurses who work on-site in a hospital. AHCaH nurses have the same level of training and continuing education as hospital-based nurses.

What have the results been? How well do AHCaH patients recover compared to patients who remain in the acute hospital?

Several published studies have demonstrated that outcomes for patients cared for in a hospital are comparable to or better than those admitted to a "brick & mortar" hospital for such measures as readmission, discharge to a skilled-nursing facility, and ED visits.^{2,3} Studies also point to greater improvements in depression and anxiety post-discharge for AHCaH patients as compared to hospitalized patients.

What about health equity? Is this program beneficial to socioeconomically disadvantaged patients?

Preliminary information is encouraging. Recent research⁴ compared outcomes for low socioeconomic status (SES) in AHCaH and traditional inpatient care. The report concluded that AHCaH is feasible for economically disadvantaged patients and that these patients may experience even greater benefits, possibly related to the ability of AHCaH providers to directly observe and address the impact of social determinants of health. AHCaH services will comply with all relevant laws for patient civil rights, including rights of access.

¹ Clarke D.V., Newsom J., Olson, D.P., et al. Acute Hospital Care at Home: The CMS Waiver Experience, *New England Journal of Medicine Catalyst*, non-journal content, December 2021 (available at <https://catalyst.nejm.org/doi/full/10.1056/CAT.21.0338>)

² Federman A.D., Soones T., DeCherrie L.V., et al. Association of a Bundled Hospital-at-Home and 30-Day Postacute Transitional Care Program With Clinical Outcomes and Patient Experiences, *JAMA*. 178(8), 1033-40.

³ Arsenault-Lapierre G., Henein M., Gaid D., et al. Hospital-at-Home Interventions vs In-Hospital Stay for Patients with Chronic Disease Who Present to the Emergency Department: A Systematic Review and Meta-analysis. *JAMA Network Open*. June 8, 2021 (available at <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2780783?widget=personalizedcontent&previousarticle=0>).

⁴ Siu A.L., Duzhi Z., Bollens-Lund E., et al. Health Equity in Hospital at Home: Outcomes for economically disadvantaged and non-disadvantaged patients. *Journal of the American Geriatrics Society*, April 2022; 1-4. doi: 10.1111/jgs.

Can AHCaH be beneficial for older patients?

Yes, admitting an older adult to AHCaH may help avoid adverse outcomes such as functional decline or delirium, which are sometimes a consequence of a traditional inpatient hospital admission.⁵ Moreover, AHCaH has been associated with modestly better improvements in instrumental activities of daily living than traditional acute hospital care.⁶

How are AHCaH services reimbursed?

Medicare and Medicaid both reimburse for AHCaH care as an inpatient episode of acute care based on a diagnosis. As is the case with other hospital services, reimbursement by commercial insurers would be based on their negotiated agreement with their hospital.

Does AHCaH reduce costs?

As with any new technology or service, establishing a new AHCaH program requires a significant financial investment, including hiring and training of specialized staff and the purchase and installation of the technology required to support acute services in the home setting. In the future, AHCaH has the potential to reduce the costs of care. Studies from established programs have demonstrated cost savings of 25% or more for an episode of care.^{7,8}

Can this program work in rural areas?

In other parts of the country, a few hospital systems are piloting the AHCaH model in rural settings, where resources are limited and hospitals are struggling to stay afloat. The model could help rural providers not only reduce expenses and improve clinical outcomes but reduce costly and stressful transfers to other health systems and allow them to keep more patients in their home communities.⁹

How do patients feel about the program?

Overall, providers report high satisfaction among patients treated in AHCaH. Higher scores were noted on questions related to communication with the care team and whether they would recommend the program to others.¹⁰

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6. Leff B., Burton L., Mader S.L., et al. Comparison of Functional Outcomes Associated with Hospital at Home Care and Traditional Acute Hospital Care. *Journal of the American Geriatrics Society*, 2009; 57(2), 273-278

7. Levine D.M, Ouchi K., Blanchfield B., et al. Hospital-Level Care at Home for Acutely Ill Adults; A Randomized Controlled Trial. *Annals of Internal Medicine* 2020; 172, 77-85

8. Leff, B., Furton, L, Mader, S., et al. Hospital at Home; Feasibility and Outcomes of a Program to provide Hospital-level Care at Home for Acutely Ill Older Patients. *Annals of Internal Medicine* 2005; 143, 798-808

9. Arsenault-Lapierre G., Henein M., Gaid D., et al. Hospital-at-Home Interventions vs In-Hospital Stay for Patients with Chronic Disease Who Present to the Emergency Department: A Systematic Review and Meta-analysis. *JAMA Network Open*. June 8, 2021 (available at <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2780783?widget=personalizedcontent&previousarticle=0>).

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