DRIVERS FOR IMPLEMENTATION OF ALTERNATIVE SITES OF CARE

- Hospital bed shortage
- Lowest cost, high-quality services need
- Workforce management
- Payer reimbursement shifts
- Consumer preferences
Hospital at Home (HaH) - Background

- First developed at Johns Hopkins in 1995
- Initial trials in 1996-2002 concluded HaH was feasible, safe, cost-effective and met disease-specific quality standards at rates similar to acute hospital care:
  - Shorter average stays
  - Lower overall costs
  - Higher patient satisfaction

http://www.hospitalathome.org/about-us/history.php
HOME HOSPITAL U.S. TRIAL RESULTS

1. **DECREASED UTILIZATION**
   - 3 vs 15 lab orders per admission
   - 14% vs 44% receipt of imaging during admission
   - 2% vs 31% receipt of consultation during admission

2. **IMPROVED PHYSICAL ACTIVITY**
   - 32% vs 66% of the day lying down

3. **LOWER COST**
   - 38% cost reduction, acute episode

4. **UNCHANGED SAFETY & QUALITY**
   - Similar rates of HACs, pain scores, high-value care, and low-value care
   - ZERO PATIENTS transferred back to hospital

Source: David M. Levine, Brigham and Women’s Hospital (BWH) and Harvard Medical School
Hospital at Home (HaH) - Background

- 2000s: Veterans Affairs Hospitals in 5 states launch HaH programs
- 2010s: HaH models begin utilizing audio-video physician consults to compliment home-based nursing care
- 2015: First CMS Innovation Center grants to testing HaH model in Medicare
Typical HaH Patient Experience

- Patient is identified as a HaH candidate in the emergency department, inpatient hospital bed or ambulatory site
- Patient consents to HaH and receives medical transport to home
- Extended care for the initial portion of admission, then at least daily visits according to clinical need
- Daily physician evaluation and assessment
Typical HaH Patient Experience (Cont)

• Ideal candidates are patients most likely to only require diagnostic studies and therapies that can be practicably delivered in-home
• Brief visits to acute hospital for diagnostics and therapeutics not available in-home (if necessary)
• Patient is treated until stable for discharge
• After discharge care reverts to primary care team
HaH in Medicare Program

- March 2020 – CMS launches “Hospitals Without Walls”
- November 2020 – Acute Hospital Care at Home program launches
- Over 60 acute conditions eligible including:
  - Heart failure
  - Pneumonia
  - COPD
Medicare Acute Hospital at Home Waiver

- Eligible patients must be admitted directly from an emergency department or inpatient hospital bed
- In-person physician evaluation required prior to initiating at-home care
- Minimum 2 in-person vital assessments daily
- As of April 2022, 93 health systems and 210 hospitals in 34 states

Full list of participants: [https://qualitynet.cms.gov/acute-hospital-care-at-home/resources](https://qualitynet.cms.gov/acute-hospital-care-at-home/resources)
Hospital at Home – Opportunities for Pharmacy
COMMON CONSIDERATIONS FOR HOSPITAL-AT-HOME PHARMACY IMPLEMENTATION

1. Patient Selection and Triage
2. Medication Handling
3. Infusion Policies
4. Technology and Patient Information Management
5. Home Storage and Waste Disposal
6. Workforce
7. Provision of Clinical Services
8. Billing, Legal, and Regulatory Requirements
HaH Pharmacy Considerations

- Full integration of and patient access to clinical pharmacy services
- Medication distribution model which retains provider’s authority over the medication-use process
- Electronic Health Record (EHR) integration and full interoperability
Medication Storage and Administration

- What is ideal timing and quantity for delivery of medications?
- How are missing medications handled?
- Who is providing medications? (hospital inpatient pharmacy or outpatient partner)
- What emergency medications must be available?
Medication Storage and Administration

• How can medications, including controlled substances, be properly secured and stored in the home setting?
• How will hazardous drug waste be managed?
• How will other discontinued or unused medications be discarded?
Technology & Information Management

- How is information integrated into the EHR?
- How is medication administration documented?
- How will patients with limited broadband access be connected to the care team?
Provision of Clinical Pharmacy Services

• What process is used to teach patients and validate they are taking medications as scheduled?
• When and who will complete medication reconciliation?
• Who will provide medication management services?
• Will 24/7 pharmacy coverage be provided?
ASHP HaH Pharmacy Future Considerations

• Pharmacists should be included in planning, implementation and maintenance of HaH programs
• Legislative and regulatory framework to promote safe and effective medication use in HaH setting
• Education, training and resources to empower pharmacy workforce to care for HaH patients
• Additional research on HaH care models
Discussion