Why Hospital at Home? Why Now?

Although there has been some resistance to home-based acute care, there may be no better time to consider such a program, especially for innovation-driven hospitals and health systems looking to have a sustainable impact in their communities. Here are five trends that make these programs attractive:

**Value-based Payment:** Historically, hospital at home programs have faced enormous resistance to adoption because the fee-for-service model of traditional Medicare and most insurances couldn’t accommodate hospital services provided at home. Recently, new reimbursement models are emerging as a result of the Affordable Care Act and the move toward value-based care delivery. For example, in some models, the hospital at home program receives a bundled rate for each admission, based on diagnosis codes. The bundled payment covers fees for provider visits, nursing visits, home health aide visits, ancillary services such as durable medical equipment, and diagnostic tests.

**Shift from institutional care to community-based care:** In the past several years, there has been mounting attention among members of the public, policymakers, and researchers about the optimizing care in home-based settings. Other large health systems have developed and implemented home-based primary care programs with promising results. By bringing together formal and informal caregivers, community-based care can meet patient needs in ways that are safer and better tailored to individual situations.

**Increased focus on care transitions:** Handoffs from setting to setting along the care continuum are fraught with dangers for elderly patients with multiple health conditions. Poor hand-offs result in medication errors, lack of family and patient education, and inadequate information transfer among clinicians. This creates an increased risk of functional decline, rehospitalization, or even death (Coleman, Parry, Chalmers & Min, 2006). The evidence is clear that, with the right interventions, patients discharged from hospital care can adjust back to their daily lives more effectively and avoid readmissions (Naylor, Hirschman, O'Connor, Barg, Pauly, 2013).

**Growth of telemedicine:** Technology is making it easier than ever for patients to receive care without having to go to a health care facility. Those who wouldn’t normally have easy access to health care or who can’t easily travel to a hospital or clinic can now consult with a health care provider for medical and psychosocial concerns. Providers can share electronic medical records and consult with their patients virtually, resulting in reduced travel times, better disease management, and fewer or shorter hospital stays.

**Increased patient, family, and caregiver involvement in health care decision-making:** With unprecedented access to information and services, consumers are now participating in their own health care like never before. Patients and loved ones are asking more thoughtful questions, making informed decisions about their medications and health care options, and even self-managing long-term conditions. By returning care to the home, power can be restored to the patient and his or her family and caregivers.