Hospital at Home CMS Waiver Program: A National Qualitative Study of Implementation Barriers and Facilitators
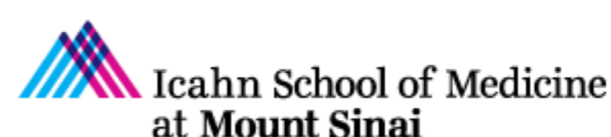
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BACKGROUND

➢ To ease the demand for hospital capacity due to COVID-19, the Centers for Medicare & Medicaid Services (CMS) announced an Acute Hospital Care at Home (HaH) waiver program on November 25, 2020, that waived the 24/7 nursing availability requirement.

➢ HaH programs allow hospitals to provide care at home for beneficiaries who may otherwise require acute inpatient admission to a hospital.

➢ Launching a HaH program is a complex process involving multiple actors and institutions and adaptation of policies and procedures.

➢ Study objective: *to describe the implementation strategies, barriers and facilitators to launching or adapting a HaH program during the COVID-19 public health emergency (PHE).*

METHODS

Table 1: Characteristics of Participant Programs

	N
Total programs	14
Geographic region	
Northeast	2
South	4
West	2
Midwest	2
National	1
Hospital at Home (HaH) experience	
Began prior to COVID-19 (before 3/2020)	7
Began during COVID-19 (3/2020-10/2020)	3
Began with HaH Waiver (after 11/2020)	4
For-profit	1
Part of Health system	13

➢ Semi-structured interviews were conducted with staff (N=19) from 14 new and pre-existing HaH programs in the United States.

➢ Topics included prior experiences with home-based programs, the waiver application process, implementation of HaH program elements, and views on program impact and sustainability.

➢ Interviews were audio recorded for transcription and thematic coding.

➢ We also used rapid, team-based qualitative research techniques to document and reflect upon key findings in weekly meetings as they emerged.

FINDINGS

➢ Six out of 11 programs in our study had not enrolled patients under the HaH waiver program at the time of the interview, despite receiving the waiver.

➢ Several of these programs continued to enroll patients into pre-existing HaH programs that pre-dated the waiver.

➢ Most of the waiver programs enrolling patients had a daily census of a few patients at any one time and accepted patients with COVID-19.

➢ A few organizations created COVID-specific HaH programs before the CMS waiver was announced, relying on existing funding mechanisms to reduce the pressure on their hospitals during the pandemic surge.

➢ Bringing these programs in compliance with the waiver required additional efforts in programming and planning, including partnerships with physicians and vendors (e.g., transport, medical equipment).

➢ Programs noted patients and families felt positively about HaH.

KEY CHALLENGES AND FACILITATORS TO ADOPTION OF THE WAIVER PROGRAM

Challenges
- Setting up infrastructure and logistics for patient services and documentation (e.g., HaH units in the electronic medical record, medication delivery)
- Identifying eligible patients for home-based enrollment
- Reconciling conflicting requirements of CMS waiver program and state health departments
- Staffing shortages (esp., nursing) affecting program census and expansion
- Concerns over the future of the waiver
- Having to enroll only from inpatient service or emergency department, making patients travel to the hospital and back home to get enrolled in HaH

Facilitators
- Having a pre-existing home care program
- Strong executive support and a financial sustainability model beyond the waiver
- Partnerships with commercial entities
- Established relations with the state health department
- Established relationships with vendors from prior experience with HaH
- Clinical directors' personal prior experience in program implementation, management, and home-based care
- Repurposing COVID-19-related virtual inpatient wards in EMR for HaH after the surge

"We are limited with Medicare fee-for-service. We're not able to use some of the managed Medicare plans. So, that is I think one of the biggest challenges for us are the payers that we can accept…right now, our hands are tied."

"Our nurses and physicians love the program. They've seen a much closer culture of collaboration between physicians and nurses that both sides have never experienced before. I count that as a very positive impact."

"One of the things is right now the patient must come from the emergency room or from the admission floor. So, you can't do home admissions even if there's a very clearly documented reason for hospitalization."

"By and large, we've had patients doing whatever they can to get into the program because the thought of not having to stay in the hospital has been very intriguing to many."

CONCLUSION

The implementation of the HaH under the CMS waiver can take several months due to the time it takes to build program components that are in compliance with the waiver requirements.

➢ Although experienced programs were generally advantaged by having certain elements of the program in place, building a new program from scratch had its own advantages.

➢ New programs that were created in response to the waiver were able to design their structure according to the waiver requirements rather than adapting existing models.

IMPLICATIONS FOR POLICY & PRACTICE

With the overall decrease in hospital beds in the United States and in the context of future disasters, HaH could provide a necessary model of care delivery, welcome by patients, families, and health care providers.

➢ Clarity regarding the future of the waiver, as well as desired tweaks in the waiver requirements (e.g. patient enrollment from home and allowing clinicians other than nurses to monitor patients in the home), may expedite HaH model dissemination and ensure its longevity.

➢ Evaluation of the waiver's effectiveness needs to take into account the lag between a hospital getting a waiver and launching the model.

➢ Effectiveness of many programs was also impacted by their initial COVID-centric design, which departed from conventional HaH programs.

RESEARCH SUPPORT AND ACKNOWLEDGEMENTS