<table>
<thead>
<tr>
<th>Program Name</th>
<th>Date started</th>
<th>Number of patients served as of 11/15/21</th>
<th>Types of Services Offered (infusions and chemotherapy, acute care, symptomatic care)</th>
<th>Payment or Financing Model (self-financed, insurance contracts, etc.)</th>
<th>Billing through CMS Waiver (Y/N)</th>
<th>Episodic or continuous care?</th>
<th>Average Length of Stay</th>
<th>Key Types of staff used (e.g., hospitalists, nursing, paramedic, LPN/LVN, home health aides)</th>
<th>Any External Partners</th>
<th>Other Distinctive Features?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Huntsman at Home</td>
<td>August 25, 2018</td>
<td>950</td>
<td>Acute care, Symptomatic (subacute) care</td>
<td>Home health agency bills payer directly; Huntsman at Home bills payer directly for NP visits; Additional underwriting through Foundation grants, philanthropy and cancer center clinical funds</td>
<td>No</td>
<td>Episodic and continuous care</td>
<td>3-7 days for acute care; 30 days for symptomatic (subacute) care</td>
<td>Nurse practitioners, registered nurses, home health aides, PT/OT, social work, nurse care manager (navigator), Medical Director</td>
<td>Non-profit Home Health Agency</td>
<td>Cancer exclusive; Metropolitan and geographically remote rural programs</td>
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<tr>
<td>Mass General Hospital - Supportive Oncology Care at Home</td>
<td>January 2019</td>
<td>20 patients participated in the feasibility study</td>
<td>We developed Supportive Oncology Care at Home with input from oncology and palliative care clinicians. A dedicated, oncology-trained hospital-at-home care team delivered the intervention and was available 24-hours a day to provide care, as needed. The hospital-at-home care team provided: (1) monitoring of patient-reported symptoms, vital signs, and body weight with detailed algorithms for when the team should call the patient to check-in and/or deliver home-based care; (2) clinician Research</td>
<td>No</td>
<td>Continuous</td>
<td>3-4 months</td>
<td>Oncology trained RNs, NPs, MDs, paramedics, phlebotomists</td>
<td>Contracted vendors to provide in home services</td>
<td>All are clinical trials offering virtual and in-home care. The Medically Home team works as an extension of the primary oncology team to care for the patient and family.</td>
<td></td>
</tr>
<tr>
<td>Institution</td>
<td>Initiation</td>
<td>Patients per Year</td>
<td>Treatments and Symptomatic Care</td>
<td>Payment Policies</td>
<td>Frequency of Administration</td>
<td>Agency Responsible for Pharmacy Services</td>
<td>Additional Services Provided</td>
<td>Description</td>
<td></td>
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<tr>
<td>Penn Medicine Cancer Care at Home</td>
<td>February, 2020</td>
<td>About 3000</td>
<td>Home infusion of cancer drugs and supportive treatment, symptomatic care</td>
<td>Existent commercial and Medicare payment policy</td>
<td>Continuous and/or episodic depending on cancer clinical scenario</td>
<td>NA</td>
<td>Oncology, advanced practice practitioners, pharmacy, home infusion nursing, home health nursing</td>
<td>The program showed the home administration of cancer treatments is safe, effective, and patient centric, improving patient experience, clinician experience, health care efficiency, and cancer care outcomes and equity</td>
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<tr>
<td>Mount Sinai Health System Hospital at Home</td>
<td>The Mount Sinai Hospital began its Hospitalization at Home Program in 2014; the first Oncology patient was admitted August 2019</td>
<td>25 Cancer Patients</td>
<td>Acute Care</td>
<td>Insurance contracts (30-day risk episodes) when admitted directly from the ED. If admitted from the inpatient oncology unit, the hospital bills DRG directly</td>
<td>Yes for FFS patients</td>
<td>Episodic</td>
<td>5 days</td>
<td>Hospitalists, Admitting and treating Nurses, Social Work, phlebotomists and ancillary partners (therapy, HHAs, etc)</td>
<td>CONTESSA</td>
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<tr>
<td>Yale Cancer Hospital at Home</td>
<td>Pending (not yet started)</td>
<td>0</td>
<td>Infusion, acute care, symptom management</td>
<td>Medicare waiver for ED substitution and early discharge. Commercial contracts under discussion</td>
<td>Yes</td>
<td>Episodic</td>
<td>TBD</td>
<td>Cancer acute care nurses with home care training, hospitalists, potentially paramedics</td>
<td>Medically Home selected but contract not yet finalized</td>
<td></td>
</tr>
</tbody>
</table>
ADDITIONAL PROGRAM NOTES

Huntsman at Home:

Additional program description

Massachusetts General Hospital - Supportive Oncology Care at Home

Inclusion Criteria
- Geography: For all studies, patients must live within 50 miles of the hospital.
- Feasibility Study: patients all enrolled in same parent study receiving definitive treatment for pancreatic cancer, neoadjuvant FOLFIRINOX

Training
- All Medically Home staff trained in study protocols and participated in ONS courses regarding chemotherapy and biotherapy

Mount Sinai Health System Hospitalization at Home

Inclusion Criteria
- Have sufficient home support – patients must have someone available for the duration of the episode who can assist as a caregiver 24/7 – e.g. some combination of family member(s), HHA, friends, etc. If the caregivers don’t live with the patient, they should plan to be staying with the patient during the CHaH episode; these persons must agree to assuming this role.
- Have been cleared by both Oncology and Hospitalization at Home clinicians and social workers to participate. This includes a home visit by the HaH social worker prior to enrollment. Determined during hospitalization
- Confirmed that they agree to participate in program
- Have received their chemotherapy regimen without complications
- Not requiring continuous IV hydration or greater than daily lab monitoring
- Able to eat/drink and take oral medications
- Acute symptoms – e.g., nausea, vomiting, diarrhea, and pain, if present, are controlled with an oral regimen
- Able to have labs drawn peripherally. HaH team will not be drawing labs off of lines or accessing ports.

Admission Diagnosis
- Solid Tumor or Heme Malignancy Diagnosis with active acute episode