

Program Name	Date started	Number of patients served as of 11/15/21	Types of Services Offered (infusions and chemotherapy, acute care, symptomatic care)	Payment or Financing Model (self-financed, insurance contracts, etc.)	Billing through CMS Waiver (Y/N)	Episodic or continuous care?	Average Length of Stay	Key Types of staff used (e.g., hospitalists, nursing, paramedic, LPN/LVN, home health aides)	Any External Partners	Other Distinctive Features?
Huntsman at Home	August 25, 2018	950	Acute care, Symptomatic (subacute) care	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	No	Episodic and continuous care	3-7 days for acute care; 30 days for symptomatic (subacute) care	Nurse practitioners, registered nurses, home health aides, PT/OT, social work, nurse care manager (navigator), Medical Director	Non-profit Home Health Agency	Cancer exclusive; Metropolitan and geographically remote rural programs
Mass General Hospital - Supportive Oncology Care at Home	January 2019	20 patients participated in the feasibility study	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	No	Continuous	3-4 months	Oncology trained RNs, NPs, MDs, paramedics, phlebotomists	Contracted vendors to provide in home services	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.

			home visits for intravenous hydration and medical assessment/management as needed; and (3) regular communication with oncology clinicians to ensure continuity of care. The hospital-at-home team met with a board-certified medical oncologist daily to discuss all patients receiving their care.							
<b>Penn Medicine Cancer Care at Home</b>	February, 2020	About 3000 patients with cancer per year receive cancer care at home annually at Penn Medicine	Home infusion of cancer drugs and supportive treatments, symptomatic care	Existent commercial and Medicare payment policy	Yes but not necessary	Continuous and/or episodic depending on cancer clinical scenario	NA	Oncology, advanced practice practitioners, pharmacy, home infusion nursing, home health nursing	Penn Medicine, Abramson Cancer Center, Penn Medicine at Home, Penn Home Infusion Therapy	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
<b>Mount Sinai Health System Hospital at Home</b>	The Mount Sinai Hospital began its Hospitalization at Home Program in 2014; the first Oncology patient was admitted August 2019	25 Cancer Patients	Acute Care	Insurance contracts (30-day risk episodes) when admitted directly from the ED.  If admitted from the inpatient oncology unit, the hospital bills DRG directly	Yes for FFS patients	Episodic	5 days	Hospitalists, Admitting and treating Nurses, Social Work, phlebotomists and ancillary partners (therapy, HHAs, etc)	CONTESSA	

<b>Yale Cancer Hospital at Home</b>	Pending (not yet started)	0	Infusion, acute care, symptom management	Medicare waiver for ED substitution and early discharge. Commercial contracts under discussion	Yes	Episodic	TBD	Cancer acute care nurses with home care training, hospitalists, potentially paramedics	Medically Home selected but contract not yet finalized	
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## *ADDITIONAL PROGRAM NOTES*

### **Huntsman at Home:**

#### Additional program description

- Titchener KA, Coombs LA, Dumas K, Beck A, Ward J, Mooney K. (2021) Establishing an Oncology Hospital at Home: Huntsman at Home Program Model. NEJM Catalyst 2(11) DOI: <https://doi.org/10.1056/CAT.21.0248> Epub 2021 October 15

### **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