

# Implementing a Value-Based Hospital at Home Program Utilizing an Internal Home Health, Infusion Pharmacy, and DME Service Provider



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No Conflicts of interests to disclose

## BACKGROUND

As COVID surged in 2020, many hospitals found themselves at full capacity and faced the unimaginable decision of turning patients away from care. The idea to immediately implement a "Hospital at Home" program was given full priority to take the workload off our system of 24 hospitals, testing the value-based world. We found that starting a Hospital at Home program via the CMS waiver is clear, but the requirements make it impossible to save hospital stay dollars. Compared to programs which utilize the CMS waiver, our hospital at home program launched with the equivalent level of care provided through collaboration with an internal Home Health, DME, and Infusion Pharmacy services provider to meet the patient's needs. As a large health system, we were able to collaborate internally with our own insurance company on value-based patients for reimbursement.

## ISSUE

Many hospital at home programs operate under the Medicare waiver by meeting the staffing requirements via hospital acute care nurses and inpatient pharmacy staff. Compared to homecare staff, these teams are less familiar with the home environment and must consider challenges such as: medication administered via ambulatory pump, stability of medications long term (>24-hours), delivery logistics for drug and supplies, billing considerations and challenges such as an uncleanly home, bedbugs and lack of fridge space for storage of medications.

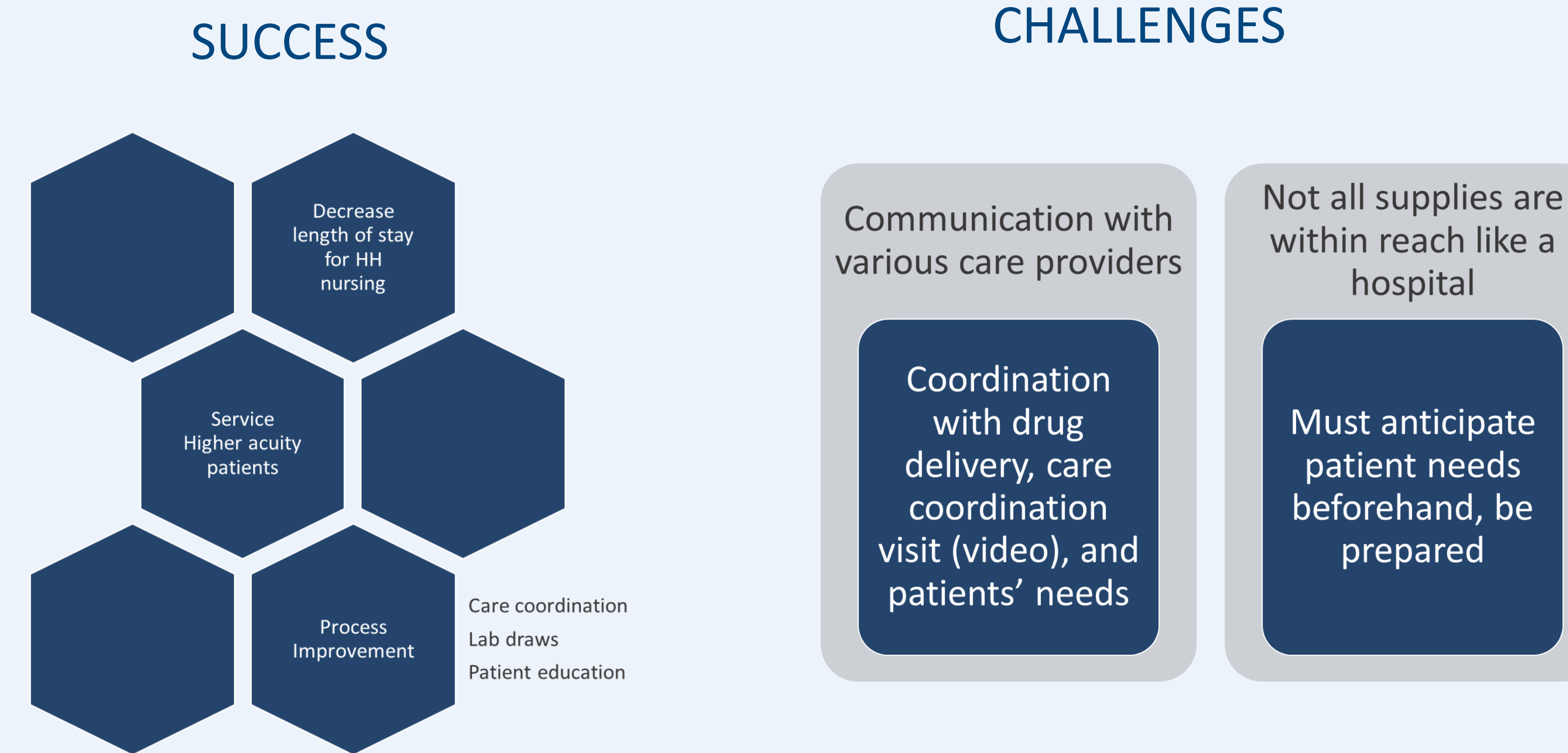
## INNOVATION

Use of an internal homecare nursing, pharmacy infusion and DME provider to implement a hospital at home service.

## IMPLEMENTATION

The program was first piloted at a single trauma center, then expanded across multiple trauma centers and community hospitals to include 14 hospitals within our healthcare system. Patients in the emergency room and admitted to the hospital are screened by care management for referral. If the patient meets admission criteria and are accepted by an admitting physician, they are set up with home health nursing for daily visits and labs, DME for oxygen and equipment needs including a remote patient monitoring (RPM) kit, and infusion pharmacy services for medication needs. Additionally, patients participate in daily care coordination via telehealth with a hospitalist, telenursing, and care management.

## HOME HEALTH NURSING



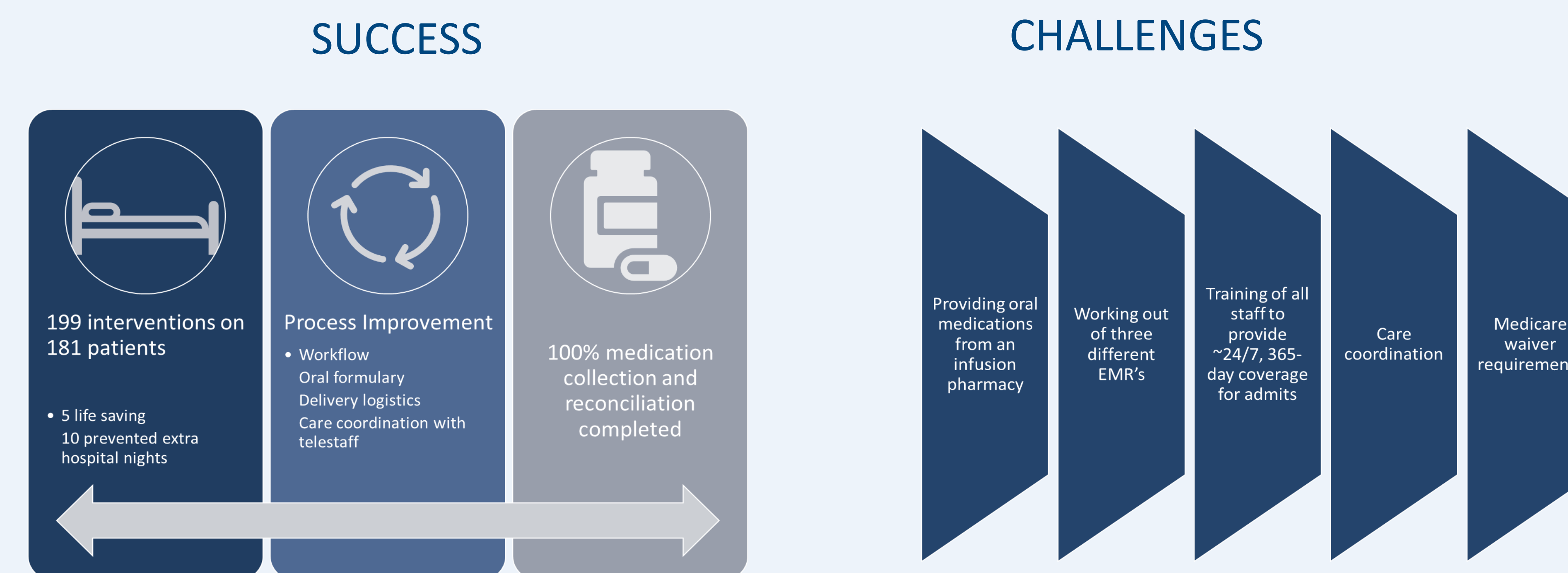
## HOME HEALTH NURSING

Since the inception of our hospital at home program, home health nurses have provided patient care, being the eyes on the patient for the rest of the otherwise remote patient care team. The home health nursing team, provides infusions, lab draws, medication administration/education. The home health nursing team works collaboratively with the remote providers including telenursing and case management. This marriage of the teleRN world and home health nursing was an appropriate addition to providing care at a lower cost for patients.

## SUCCESSES AND CHALLENGES

Some challenges which have been addressed include gaining efficiencies in length of nursing visits, increasing patient and family involvement in care, and continuous training of nursing staff. Nursing visits are now relatively quicker with the assistance from patients and family to help move patient care in the appropriate direction, avoiding additional costs and escalations of care. Continuous training on program workflow has also eased the movement through the patient visits.

## INFUSION PHARMACY



## INFUSION PHARMACY

181 patients have been admitted on service year-to-date. Pharmacy has maintained a 100% completion rate on medication reconciliation upon admission and performed 199 documented clinical interventions, averaging 1.3 interventions per patient.

## SUCCESS AND CHALLENGES

Pharmacy has overcome many challenges in this process such as higher acuity of care, charting within different EMRs for providers, nursing and pharmacy, dispensing of oral medications to the home, creating a solid formulary, figuring out how to get first doses in the patients' hands, and delivery logistics/cost effectiveness. Pharmacy successes include workflow process mapping, standard documentation, collaborative interventions, development of standardized medication list and completion of medication history collection and reconciliations.

## NEXT STEPS

Our program has grown across 14 locations and accepted over 790 patients, with the intent to expand into our remaining hospitals to serve rural populations. Our patient diagnosis has evolved from 89% Covid in January 2022 to 56% Covid with more pneumonia, heart failure, cellulitis, asthma/COPD and UTI/pyelonephritis admission year-to-date. We have gained efficiencies in communication regarding scheduling of home health visits, labs, and prescription/supply deliveries. Additional program successes include decreased hospital readmission rates, enhanced ability to escalate concerns in home to provider/hospitalists in real time, and more timely labs results. We are undergoing preparation to work under the CMS waiver in hopes that our current model of care may continue operation with minimal adjustments. Many of the requirements within the CMS waiver may require a creative approach for viability within the homecare environment. With the implementation of telehealth and technology, we are confident that we will continue to innovate our program to best meet patients' needs.