Overcoming Hesitancy to Hospital at Home

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PROBLEM: Despite proven benefits, US physicians, payors and policy makers have been apprehensive about widespread adoption of Hospital at Home models.

INNOVATION: INTEGRIS Health @ Home used a multifaceted approach to reduce hesitancy and barriers to admission into hospital at home resulting in a wildly successful ramp up. Innovations to support patient acquisition include:

1.) Commitment to inclusion of hospital at home in all payor contract renewals.

2.) Dedicated physician leadership roles to lead transformation with Command Center operations and patient acquisition.

3.) Ease identification of potential patients with an EHR flag.

| Problem | Code Status | Hosp at Home? | MEWS | EDD | New Notes | | HAH Clinical Screening Pass | HAH Comments | HAH Soc Stab Screen Pass | Attending Consent HAH | HAH Pt/Family Consent |
|------------------------------|----------------|------------------|------|--------|--------------|-----|--------------------------------------|---|-----------------------------------|-----------------------------|-----------------------------|
| Abscess of right groin | FULL | • | • | 3/30/2 | F | HF | | 3/22 awaiting plastics… | | | - |
| Acute ischemic right M | FULL | • | • | 3/22/2 | P | STK | | 3/17: Recent CVA chronic dysphagi | | | - |

4.) Imbed Patient Acquisition APRNS in the brick-and-mortar to screen patients and perform H & Ps.

5.) Engage providers in a daily patient acquisition huddle to identify and prioritize patients to admit/transfer to HAH.

6.) Facilitate rapid patient transfers through innovative transport solutions.

7.) Partner with Marketing, Govt Affairs and Payor Strategy to provide tours of your Command Center



LESSONS LEARNED:

1. Anticipate hesitancy and confusion – payors, patients, providers. **OUTCOMES:** Engage executive leaders to formalize your change management strategy. 2042 2. Partner with clinical and operational stakeholders to design, implement and continuously improve the acquisition processes. Number of bricks and mortar new 3. Integrate with existing workflow when possible and hardwire patient opportunity days. new workflows with structure and monitoring metrics. Phase 2: Phase 3: Phase 1: Feb – 5.4 **Total Program** Mar – 6.7 Capacity Transition Ending Beginning April – 9.7 May – 9.4 15 June – 9.7 ctivity July - 9.6Aug – 8.2 Avg. HAH LOS ADC Sept - 8.6 5.54 Davs J Confusion σ Denial Undirected Energy 0 Total # of ЪЪ 345 35 Fear ED Discharges Trust Admission 10% Anger Excitement Anxiety Acceptance Shock Inpatient 316 Transfer 90% Total # of Time 351 Admissions