

Background

Patient and provider experiences of Hospital at Home (HaH) remain an understudied component of implementation efforts, despite being identified as a crucial research domain by the World Hospital at Home Congress in 2009.

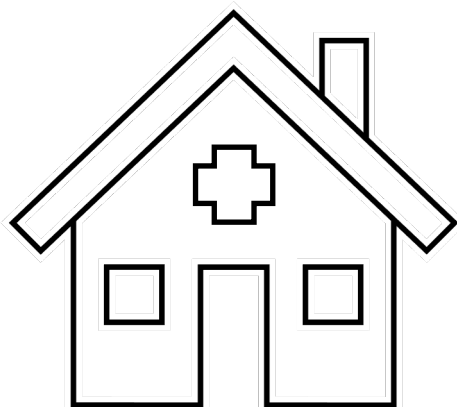
Our objective was to assess how barriers and facilitators to implementation, individually and collectively, shape experiences for patients and providers.

Methods

A multiple-methods evaluation via electronic surveys and semi-structured interviews with HaH patients (n = 322; n = 10) and referring providers (n = 173; n = 10).

Main Survey Findings

- Patients were very satisfied with their care, even when understanding of what to expect from the program was moderate or low.
- For providers, understanding (program services, eligibility criteria, and conditions served) and perceived value of the program was significantly higher among those who referred than those who did not.



“I Don't Think I Could've Got Better Care.”: Harnessing the Power of Agility Through Understanding Implementation Barriers and Facilitators

COVID-19 Barriers

Inpatient circumstances created a need for adoption of HaH for patients and providers.

“It was a hectic thing in there,” Mr. K. recalled, “people running all over the place. And I thought ‘I’m not gonna stay here. I don’t care.’...It was a madhouse.”

Quality of Care

High quality care was experienced by patients due to building relationships and consistency of care.

“I am Hispanic. [The provider] was Hispanic as well...he was playing salsa to me and cheering me up and all type of stuff. He was making me feel good, so it was really nice.”

Understanding

With a new care delivery model, understanding was a barrier for patients and providers.

“We are so overwhelmed with testing, making appointments for antibody infusion, etcetera, that it's hard to keep up with knowing when to refer [to HaH] versus sending Covid patients to the ER.”

Consistency

Consistency of care was a facilitator for patients. Lack of consistency in processes was a barrier for providers.

“I would definitely love to see [HaH] information disseminated more evenly across the system, so that we can consistently have providers knowing what the appropriate patient looks like.”

Building Relationships

“The treatment I got was far superior. I think it was one-on-one and perfect.”

“They felt almost like family,” Mr. A. said. “I couldn’t ask for better people, Ms. L. agreed, “it seemed like we’d become friends overnight.”

Perceived Value Despite Barriers

Provider interviewees described that their **perceptions of value surpassed the logistical barriers** they experienced when implementing a new care model (i.e., grey areas in patient eligibility and laborious referral processes) due to the potential they saw for the program to improve patient care.

Why does it matter?

Our results highlight the importance of factors that can be used strategically to create agility and overcome traditional barriers:

- **Creating urgency/need** to garner support and resources necessary to build and sustain HaH.
- **Methods for providing quality care** through relationship building and consistent care.



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