Bringing an Equity Lens to Hospital at Home

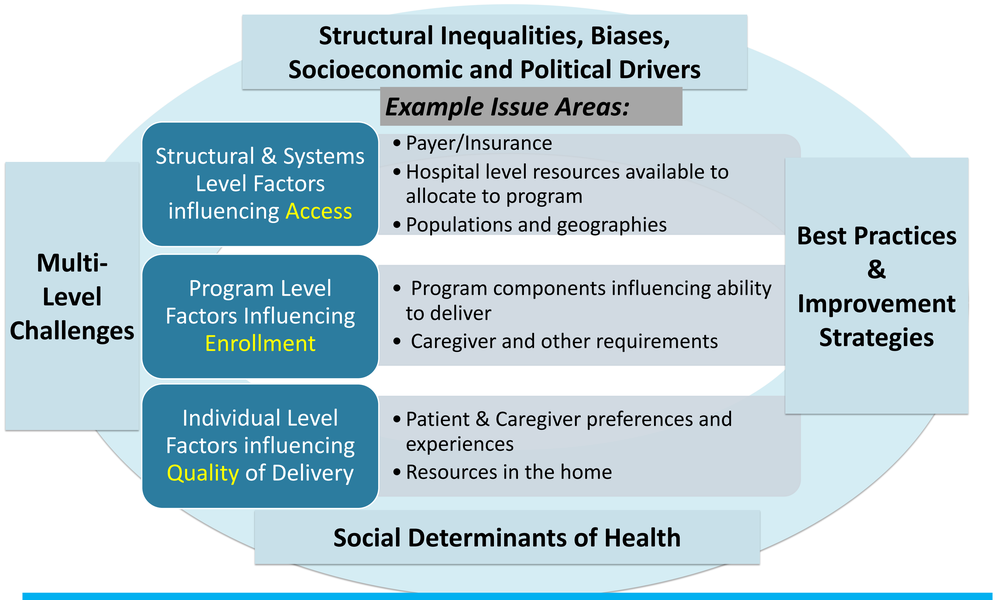
Abigail Baim-Lance, PhD[1,5]; Ksenia Gorbenko, PhD[1]; Jeannys Nnemnbeng, MD[1]; Brittni Howard[1], MA, Gabrielle Schiller, MPH[1]; Bruce Leff, MD[2]; David Levine, MD, MPH, MA[3,6]; Linda DeCherrie, MD[4]; Albert Siu, MD, MSPH[1,5]

[1]Icahn School of Medicine at Mount Sinai; [2]Johns Hopkins University School of Medicine; [3]Massachusetts General Brigham Hospital; [4]Medically Home; [5]James J Peters Veterans Affairs Medical Center; [6]Harvard Medical School

Background

- The Hospital at Home (HaH) model provides acute level hospital care in patients' homes.
- HaH seeks to support the ***equal opportunity*** *for all to attain* ***full health potential,*** *where* ***no one is disadvantaged from achieving this potential***[1].
- Little is known about how HaH can improve or exacerbate existing health inequities in access, ability to engage with HaH or the quality of care received.
- **This qualitative study explores HaH program leader perspectives on barriers in equity in relation to HaH, and best practices and opportunities for improvement.**

Multi-Dimensional Equity Framework[1]



Methods

- Recruiting a national cross-section of HaH program leadership from the HaH User's Group with the goal of recruiting 15 programs overall (currently at 7 programs).
- Purposive sampling of diverse programs by geography and 'safety net'-affiliated HaH programs.
- semi-structured video interviews to explore how programs identify barriers and opportunities to delivering HaH equitably at system and community levels.
- Using rapid qualitative templates to initially identify key findings with follow up thematic analysis.

Reference Cited

[1] National Academies of Sciences, Engineering, and Medicine. 2017. *Communities in Action: Pathways to Health Equity*. Washington, DC: The National Academies Press. https://doi.org/10.17226/24624.

Barriers as well as solutions to creating equitable HaH exists at every level.

LEGEND: Barriers/Challenges Facilitators/Strategies Both

Equity by Level	Issue Area	Representative Quotes
ACCESS	Health System Investment	I think the other challenge is the **startup cost for a program…for smaller community hospitals, it is not inexpensive to start a program**. You need the monitoring equipment, of course, you need the personnel and the supplies. So, I think that's definitely a limitation in terms of being able to support even more rural underserved areas. (02)
	Rural Geography	[We have a] vast rural frontier… so, a primary equity issue for us is geographic distance…and people living in sparsely populated areas where they have no specialty cancer care and have few general healthcare **resources…one of our challenges is how do you address people who don't live within 20 miles of the cancer center**?" (03)
	Insurance/ Payer	**We haven't had payer limitations**. There's some ongoing negotiations with one of our commercial payers currently…but otherwise**, we've been able to accept all patients as long as they meet inpatient criteria.** (02)
ENROLL-MENT	Housing Circumstances	**As long as […] as you have a place to stay, running water, electricity, we're happy to bring you home.** (02) **In terms of equity…we have to work with what we're given. If you don't have a cell phone or internet access in your home, you're not a good candidate for Hospital at Home for us…** (01)
	Caregiver Preferences	The **caregiver is feeling like they need some respite and is comfortable with their family member being cared for in a more traditional setting** [or]… they're **not comfortable with people coming in and out of their home**." (04) **…there is a burden for being in the hospital too**, particularly if they don't live near the hospital, they've got to drive to the hospital to visit the patient, take them back and forth, they've got to get someone to watch children in the home sometimes. …**Some would prefer to have them down the hall**. (06)
	Enrollment Tracking	…we do track some of the demographic information …race and ethnicity and sex. I don't know what we really do with it, because we're so White. …**I'm not sure we have the time or the creativity to know what to do with that information** because we're so focused on just keeping the program going and moving on, moving forward. (05)
QUALITY	Resource identification in the home	[We are able to] hook [patients] up with our community Meals on Wheels-type program. So now, you're getting more community support [and] **maybe we didn't recognize before as a healthcare system because we haven't experienced your house,…**Now, we can see some things that might qualify for additional community support. (01)
	Improved outcomes	Frankly, if we can keep the patient out of a skilled nursing facility by providing amazing care and they don't lose muscle mass, if we can keep them out of readmissions, that **also sort of saves them and family members that pain and economic hardship of it too.** (02)

Interviewed Programs

Programs (N=7)	Count
Geography	
Midwest	1
Northeast	2
Southwest	1
South	2
Mid-Atlantic	1
Safety Net Affiliated	5/7

** Programs on the published 'Essential Hospitals' membership list*

Implications for Policy & Practice

- Systems-level barriers (health system resources, broadband access) require broad-based policy-level solutions to support HaH equitable expansion.
- Access to home-based contexts has the potential to redress resource-related social determinants beyond the program.

Limitations

- Ongoing analysis, findings may evolve with additional data and interpretation.
- Other data may be needed to further describe scope of HaH equity across the US.

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