

Adapting Hospital at Home to Alternate Settings

Constantinos (Taki) Michaelidis, MD, MBA, MS | UMass Memorial Health

Fitzgerald Shepherd, MD | BMC Hospital at Home

Rachel Mearns, RN, MSN | VA Boston HealthCare

Michael Nassif, MD | Saint Lukes's Hospital In Your Home



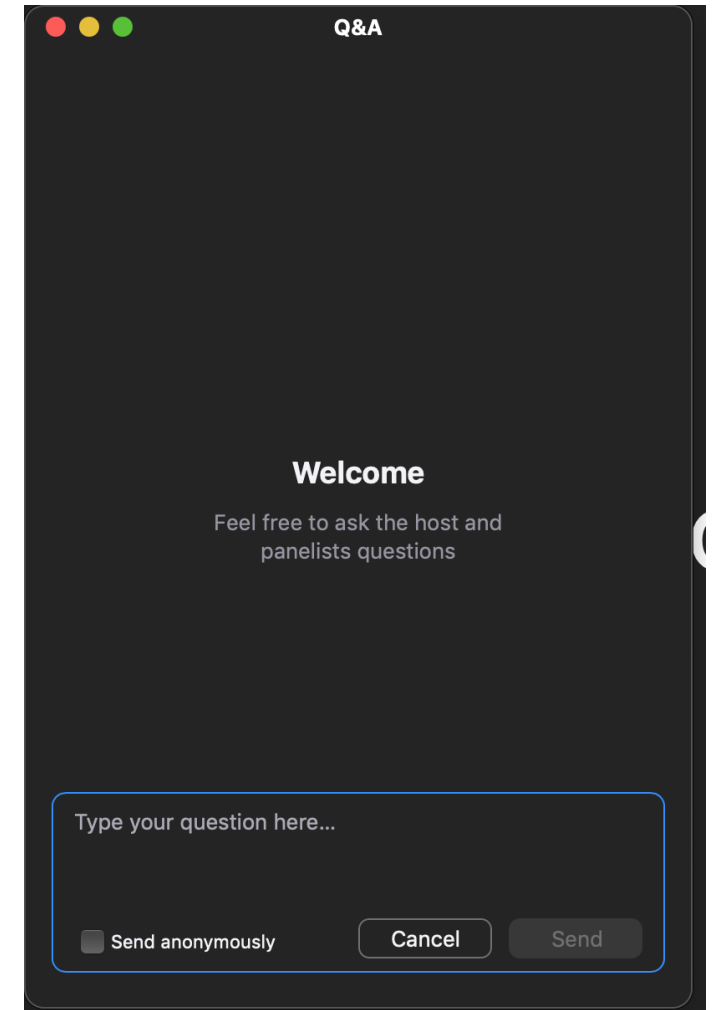
We appreciate the generous support of



The
John A. Hartford
Foundation

ZOOM Webinar Housekeeping

- Please submit your questions via the Q&A option.
- Due to the large audience for today's webinar, everyone has been placed on mute.
- If you have any technical issues, please contact Jane Donahue (jdonahue@aboutscp.com) or send her a message via the Zoom chat feature.

A screenshot of the Zoom Q&A interface. The window has a dark background and a title bar with three colored buttons (red, yellow, green) on the top left. The title "Q&A" is in the top right corner. In the center, the word "Welcome" is displayed in bold, followed by the text "Feel free to ask the host and panelists questions". At the bottom, there is a text input field with the placeholder "Type your question here...". Below the input field, there is a checkbox labeled "Send anonymously" and two buttons: "Cancel" and "Send".

Q&A

Welcome

Feel free to ask the host and panelists questions

Type your question here...

☐ Send anonymously

Cancel Send



Website: hahusersgroup.org

Twitter/X: @hahusersgroup

TA Center: hahusersgroup.org/technical-assistance-center

The HaH Users Group Webinar Series

Always Prepared: Ensuring Your Hospital at Home Program is Ready for Any Emergency, Large or Small

Nurses at the Forefront: Essential Clinicians in Hospital at Home Programs

Hospital at Home, Medicaid, and Equity: Lessons from Three States

Can We Deliver Skilled Nursing Facility Care at Home? Should We?

Go Home and Go Big: Scaling Strategies for Hospital at Home Programs

Family First: Prioritizing Caregivers in Hospital at Home

Age-Friendly Beyond the Hospital: Innovation in Hospital at Home

The State of State Policy: Opportunities and Challenges for Hospital at Home

When Digital Goes Down: Ensuring Care Continuity in a Catastrophic Tech Crash

CMS on Hospital at Home: The AHCAH Waiver Study and the Future of the Field

Just in Case: What to Do If Congress Doesn't Extend the AHCAH Waiver in 2024

Putting the Puzzle Pieces Together: Best Practices in Hospital at Home Logistics

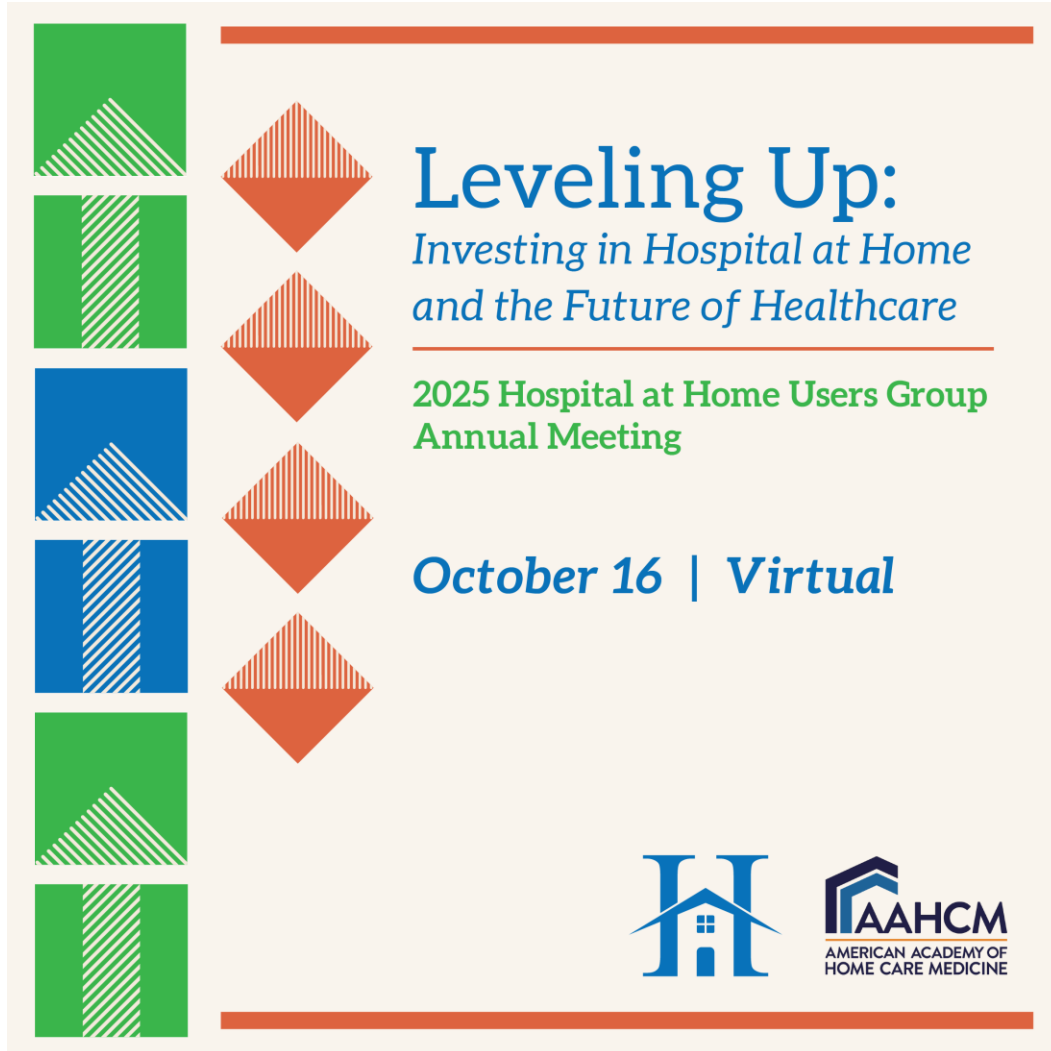
Essentials of Hospital at Home Pharmacy

At Home, In Motion: Innovations in Hospital at Home Physical and Occupational Therapy

Engage, Educate, Empower: Strategies to Teach and Train Hospital at Home Providers

See the full list of webinars on the [Events](#) page at HaHUsersGroup.org



Hospital at Home Users Group 2025 Annual Meeting



Leveling Up:
*Investing in Hospital at Home
and the Future of Healthcare*

2025 Hospital at Home Users Group
Annual Meeting

October 16 | Virtual

- Registration is **NOW OPEN** for the Hospital at Home Users Group Virtual Annual Meeting, scheduled for **October 16**.
- Community gathering for HaH clinicians and leaders to celebrate, learn, forge connections, and build the future of the field.
- We are calling for submissions of poster abstracts, award nominations and photos and videos! Submissions are due **July 1**.



Visit our website to register
and learn more.

HaH Quality Minimum Data Set (MDS)

- The MDS is a de-identified, patient-level dataset that seeks to capture information on all patients enrolled in Hospital at Home (HaH) programs nationwide, dating back to November 2020.
- 35 individual hospitals are actively collaborating on the MDS initiative.
- Participating health systems remain **anonymous** and participation is **free**.



MDS Interest Form



Constantinos (Taki) Michaelidis

Medical Director, UMass Memorial Hospital

Today's Webinar

Adapting Hospital at Home to Alternate Settings

Today's Speakers



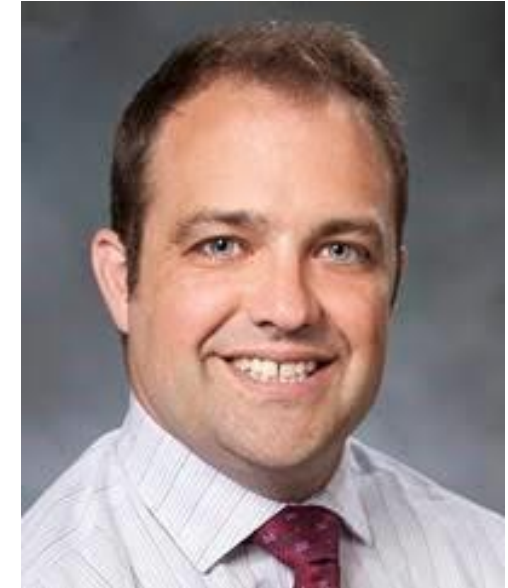
Rachel Mearns
RN, MSN

Nurse Manager,
Hospital In Your Home,
VA Boston HealthCare



Fitzgerald Shepherd,
MD

Medical Director,
BMC Hospital at Home



Michael Nassif,
MD

Medical Director,
Saint Luke's Hospital In Your Home

Panelist Disclosures

- **Rachel Mearns, RN, MSN**

- None

- **Fitzgerald Shepherd, MD**

- None

- **Michael Nassif, MD**

- None

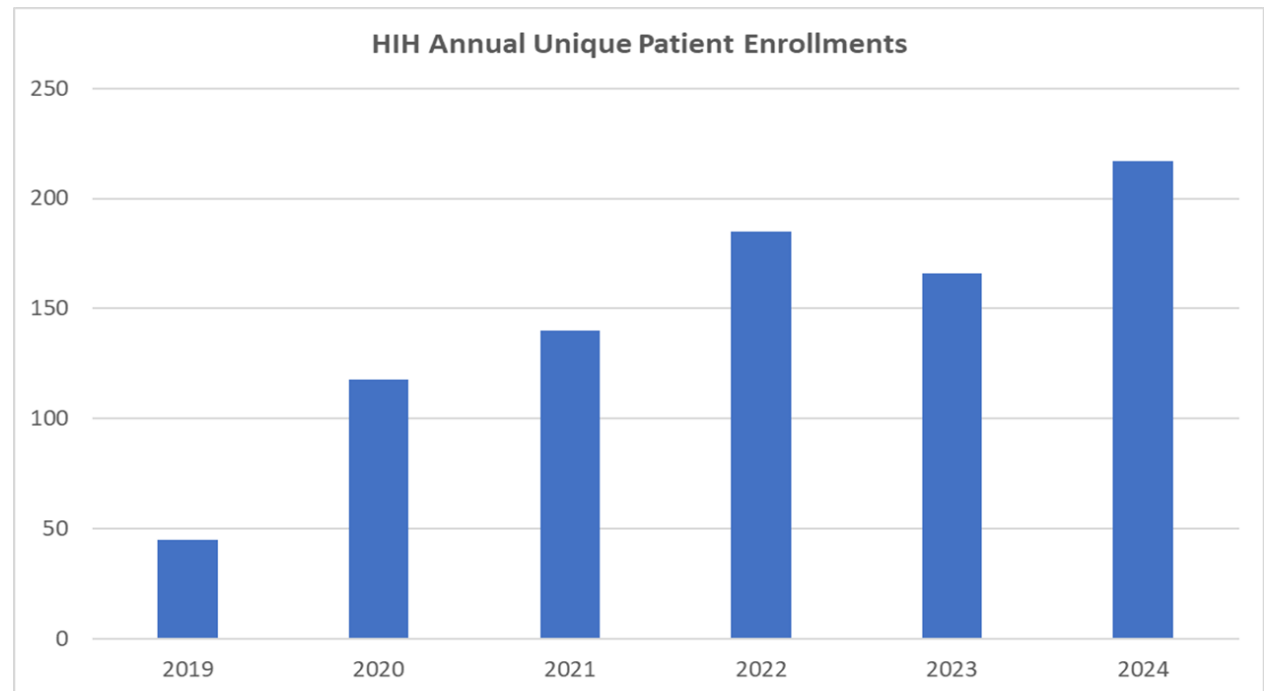


Hospital In Home Care Delivery in Unique Settings

VA Boston Healthcare System

VA Boston HIH

- Established May 2019
- ADC 4-5 acute and 10-12 post acute
- Average LOS 4-6 weeks



VA Boston HIH

- Our team cares for veterans in a variety of settings:

HOME

CRC HOME

REST HOME

SHELTER

ALF

Community Residential Care Program (CRC)

CRC HOME

1. Privately-owned residence, VA-licensed
2. Originally designed for serious mental illness
3. Minimal supports



Rest Homes

REST HOME

1. MA state-licensed
2. Similar to nursing homes
3. Moderate supports



VA Boston HH process

1. Referral for enrollment
2. Chart Review
3. In-person assessment
4. Approval from residential facility
5. Discussion with the house manager and/or RN in charge of the facility to determine the process for how medication changes will be handled.





Hospital at Home Users Group: Adapting Hospital at Home to Alternate Settings

June 26, 2025

Fitzgerald Shepherd

The background of the slide is a photograph of the Boston Medical Center building, a large multi-story structure with a mix of brick and glass facades. A prominent sign on the building reads "BOSTON MEDICAL CENTER". In the foreground, there is a street with yellow double lines and a glass-enclosed pedestrian bridge connecting different parts of the hospital complex.

Our remote IP unit provides hybrid acute-care to BMC patients

Boston Medical Center (BMC)

- **Located in Boston, Massachusetts**
- **Academic medical center & Magnet hospital**
- **Largest safety net hospital in New England**
- **500+ licensed beds**
- **92,000+ total patients in the last 12 months**
- **133,000+ ED visits in the last 12 months**
- **IP Case Mix Index (CMI) average 1.88 (FY25)**
- **Readmissions rate – 15.9% (FY24)**

BMC Hospital at Home

- **Remote inpatient unit opened April 2024**
- **Demographics mirror BAM inpatient units**
- **Cared for 625+ acute-level patients to date**
- **Current census cap – 12**
- **~50 admissions on average per month**
- **Average Daily Census (ADC) – 8**
- **Inpatient CMI average – 1.68 (FY25)**
- **Readmissions rate – 12.3% (FY24)**

BMC Hospital at Home Patient Case: Transitional Housing

Patient Profile

- 68 year old male presented to BMC with **alcoholic cirrhosis with ascites**
- Patient **legally blind, experiencing housing instability** upon presentation, and temporarily residing at the YMCA

BMC HaH Admission

- BMC HaH IP transfer eligible post-paracentesis, managing ascites and comorbidities
- Care included diuretics, renal monitoring, and plans for portal vein thrombosis
- Equipped room with technology needed, as well as fan for cooling system to address summer heat with no A/C

Patient Impact

- Demonstrated **disability and housing instability are not barriers to receiving high-quality, inpatient-level care** in alternative “home” settings
- Provided care in a way that **respected the patient’s autonomy and dignity**
- **Reinforced BMC’s commitment to health equity and accessibility** for underserved populations

BMC Hospital at Home Patient Case: Women's Shelters

Patient Profile

- 31 year old female presented to BMC with **complex mastitis**
- Patient arrived in the ED **accompanied by her 3 children**
- Residing in women & children's transitional shelter

BMC HaH Admission

- ED admission order placed, requiring IV abx, eligible for BMC HaH
- Virtual lactation support provided by BMC lactation team during admission
- Partnered with maternal-child health to supply breast pump before discharge

Patient Impact

- **Preserved family unit and stability** during hospitalization
- Reduced hospital burden while **delivering equitable, high-quality care**
- **Demonstrated flexibility** of BMC Hospital at Home in non-traditional settings

Accommodating diverse living environments in H@H

Key Adaptations for Alternative Home Settings

- **Assessment of space**
 - Confirm private/semi-private room with bed, electricity and bathroom access
- **Patient autonomy & safety**
 - Align care plans with existing shelter rules and support systems
- **Flexible technology & teams**
 - Leverage virtual consults and utilize technology that does not require WiFi; employ existing support to provide additional resources via CM and SW teams
- **On-site partnerships**
 - Coordinate with shelter staff for safe delivery of medications & supplies
- **Care team sensitization**
 - Educate team on trauma-informed care and social complexities

Why It Matters:

- **Patients in transitional housing are often medically underserved** with limited access to inpatient alternatives
- **Avoids unnecessary institutionalization or child separation** in family-based cases
- **Builds trust in healthcare systems** for populations historically marginalized; furthers inclusive, community-based models of acute care

Strategic Partnerships with Assisted Living Facilities for Hospital-in- Home Care

Michael Nassif
H@H Users group
6/26



Conflict of interest

- No financial COI
- Significant non-financial COI: love h@h, and believe its a remarkably superior care model

The Opportunity & The Challenge

- Strong Value Proposition:
 - Patients are significantly more likely to return directly to their ALF
 - This avoids disruptive and costly stays at Skilled Nursing Facilities (SNFs) or inpatient rehab.
 - Often ALF have environment/resources on site to make HIYH a success

The Core Challenge

- Converting this value into a working partnership is difficult.
 - Ownership structures are complex and opaque (e.g., private equity, out-of-state corporations).
 - Identifying and engaging the actual decision-makers is the primary obstacle to success
 - Low level management inevitably is concerned with liability, staff resources

Lessons in Partnership: A Tale of Two Facilities

- High-Investment, High-Reward (The Success):
 - Partner: One of the two largest ALFs in the region. –
 - Effort: Required immense resources and multiple, high-level meetings.
 - Outcome: A successful, high-volume partnership resulting in **40+ patient admissions**



Lessons in Partnership: A Tale of Two Facilities

- High-Investment, Low-Reward (The Failure):
 - Partner: A moderate-sized ALF
 - Effort: Significant resource investment across 4 major meetings (Intro, Clinical, Financial/Ops, Final).
 - A minimal partnership resulting in only 1 patient admission in 2.5 years

A More Strategic Path Forward

- Qualify Leadership Early:
 - Our first step must be to confirm the location of decision-making authority. Is it local or corporate? If we can't get a clear answer, we don't proceed.
 - Target Strategically: Focus resources on very large facilities with local/regional ownership or those with a demonstrated history of innovative partnerships
 - Streamline Engagement
 - Leverage Success: Use high-volume partnership as a primary case study to demonstrate proven value to new prospective partners

Thank you

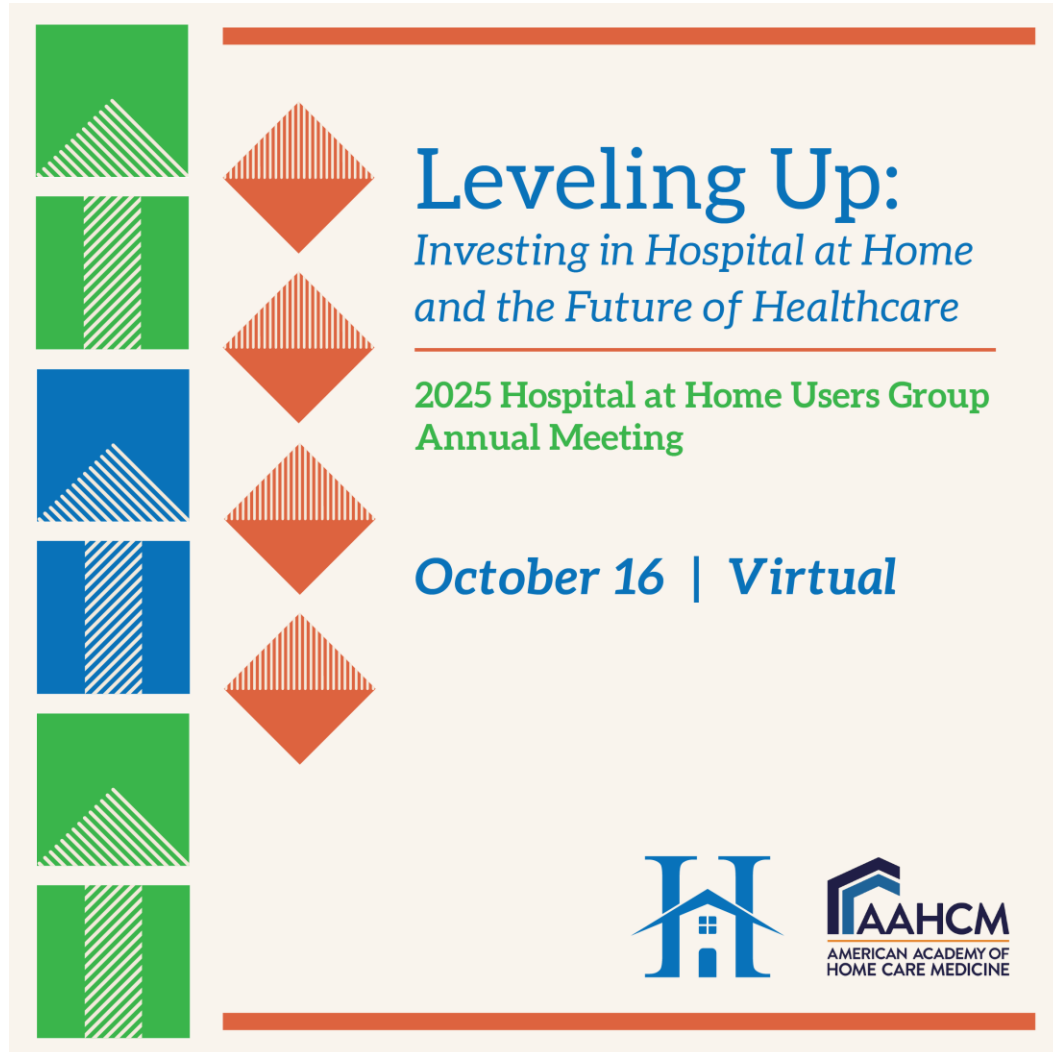


Common Questions: Round Robin



Q&A



Hospital at Home Users Group 2025 Annual Meeting



Leveling Up:
*Investing in Hospital at Home
and the Future of Healthcare*

2025 Hospital at Home Users Group
Annual Meeting

October 16 | Virtual

- Registration is **NOW OPEN** for the Hospital at Home Users Group Virtual Annual Meeting, scheduled for **October 16**.
- Community gathering for HaH clinicians and leaders to celebrate, learn, forge connections, and build the future of the field.
- We are calling for submissions of poster abstracts, award nominations and photos and videos! Submissions are due **July 1**.



Visit our website to register and learn more.

HaH Quality Minimum Data Set (MDS)

- The MDS is a de-identified, patient-level dataset that seeks to capture information on all patients enrolled in Hospital at Home (HaH) programs nationwide, dating back to November 2020.
- 33 individual hospitals are actively collaborating on the MDS initiative.
- Participating health systems remain **anonymous** and participation is **free**.



MDS Interest Form

The HaH Users Group Webinar Series

Always Prepared: Ensuring Your Hospital at Home Program is Ready for Any Emergency, Large or Small

Nurses at the Forefront: Essential Clinicians in Hospital at Home Programs

Hospital at Home, Medicaid, and Equity: Lessons from Three States

Can We Deliver Skilled Nursing Facility Care at Home? Should We?

Go Home and Go Big: Scaling Strategies for Hospital at Home Programs

Family First: Prioritizing Caregivers in Hospital at Home

Age-Friendly Beyond the Hospital: Innovation in Hospital at Home

The State of State Policy: Opportunities and Challenges for Hospital at Home

When Digital Goes Down: Ensuring Care Continuity in a Catastrophic Tech Crash

CMS on Hospital at Home: The AHCAH Waiver Study and the Future of the Field

Just in Case: What to Do If Congress Doesn't Extend the AHCAH Waiver in 2024

Putting the Puzzle Pieces Together: Best Practices in Hospital at Home Logistics

Essentials in Hospital at Home Pharmacy

At Home, In Motion: Innovations in Hospital at Home Physical and Occupational Therapy

Engage, Educate, Empower: Strategies to Teach and Train Hospital at Home Providers

See the full list of webinars on the [Events](#) page at HaHUsersGroup.org

For More Information

- Hospital at Home Users Group
<https://hahusersgroup.org/>
- Hospital at Home Users Group Technical Assistance Center
<https://www.hahusersgroup.org/technical-assistance-center/>
 - Featured Resource – An Introduction to Age-friendly Care in Hospital at Home
<https://www.hahusersgroup.org/technical-assistance-center/program-operations/#clinical-operations>

THANK YOU



The
John A. Hartford
Foundation



Hospital AT Home
USERS GROUP™