Demographic Analysis of Reasons for Non-Enrollment into Hospital at Home

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Mount Sinai At Home

BACKGROUND

WHAT IS HOSPITAL AT HOME (HaH)?

- **HaH** delivers **hospital-level care** to eligible patients in their homes

BENEFITS OF HOSPITAL AT HOME

- Longitudinal research has demonstrated that HaH:
  - Enhances patient **outcomes**
  - Increases **satisfaction**
  - Decreases rates of hospital **readmissions**

HOW ARE PATIENTS IDENTIFIED?

- Referrals by inpatient providers
- Our internal programmatic algorithm.

NON-ENROLLMENT

- After **screening**, some clinically-eligible patients are **not enrolled** in HaH due to factors, such as:
  1. **Patient preference** for inpatient hospital-based care
  2. Complex **non-clinical barriers** (such as uncontrolled SUD or houselessness)

OBJECTIVE

- To better understand the **reasons for non-enrollment to HaH**, we analyzed the **demographics** of those who were **screened and deemed clinically-eligible but not subsequently transferred** to HaH

As Hospital at Home serves a racially and economically diverse population, more should be done to ensure HaH is inclusive and reaches the patients who will benefit most.

METHODS

PATIENT POPULATION

- Screened by HaH team between **November 1, 2023 and October 31, 2024.**
- Deemed clinically-eligible to enroll in HaH
  - Including both enrolled and not enrolled in HaH / excluded from admission to HaH
- After exclusions, **2,120** patients were included in our analysis

EXCLUDED PATIENTS

- Unavailable data (5%)
- Planned discharge / clinically ineligible
- Geographic exclusion

VARIABLES ASSESSED

- **Reasons for non-enrollment**
- **Demographic analysis:** Gender, race/ethnicity, language preference, and Medicaid coverage status

RESULTS

Overall population results for clinically-eligible patients:

Analysis of clinically eligible patients	# of encounters	% of encounters
Enrolled in HaH	693	32.7%
Non-enrollment - Patient prefers inpatient hospital stay	763	36.0%
Non-enrollment - Complex non-clinical barriers	664	31.3%

Select notable non-enrollment results by demographic:

- **Women** were more likely to **prefer to stay in the hospital** (39.9%)
- Patients who **identify as Asian** were more likely to **prefer to stay in the hospital** (45.3%)
- Patients with a **non-English / non-Spanish** preferred language were more likely to **prefer to stay in the hospital** (50.6%)
- Patients who **identify as Black or African American** were more likely to be declined for **complex non-clinical barriers** (39.2%)
- Patients with **primary or secondary Medicaid** were more likely to be declined for **complex non-clinical barriers** (46.6%)

CONCLUSIONS

- Our analysis demonstrated **disparities in the reasons for HaH non-enrollment between gender, racial/ethnic groups**, and language preferences.
- Given these differences, future efforts should focus on:
  - Enhancing **cultural and linguistic congruency** within our program and services.
  - **Assessing for possible unconscious biases** in HaH promotional materials.
  - Enhancing efforts **to mitigate the complex non-clinical barriers** (eg temporary housing, process to care for patients with SUD, etc.)
- These efforts will help ensure Hospital at Home is **more inclusive** and reaches those who may have the most benefit from this service

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