

# Summary of U.S. Evidence on the Hospital at Home (HaH) Model

## About the Hospital at Home (HaH) Model

- HaH provides hospital-level care in patients' homes, rather than in brick-and-mortar hospitals.
- HaH provides patients with what they would have gotten in the hospital - physician care, twice daily nursing/paramedic visits, IV medications, lab and imaging tests, among other services.
- Physicians are on call 24 hours a day/7 days a week.
- A typical HaH program includes a combination of in-person visits, video visits, and telehealth monitoring.

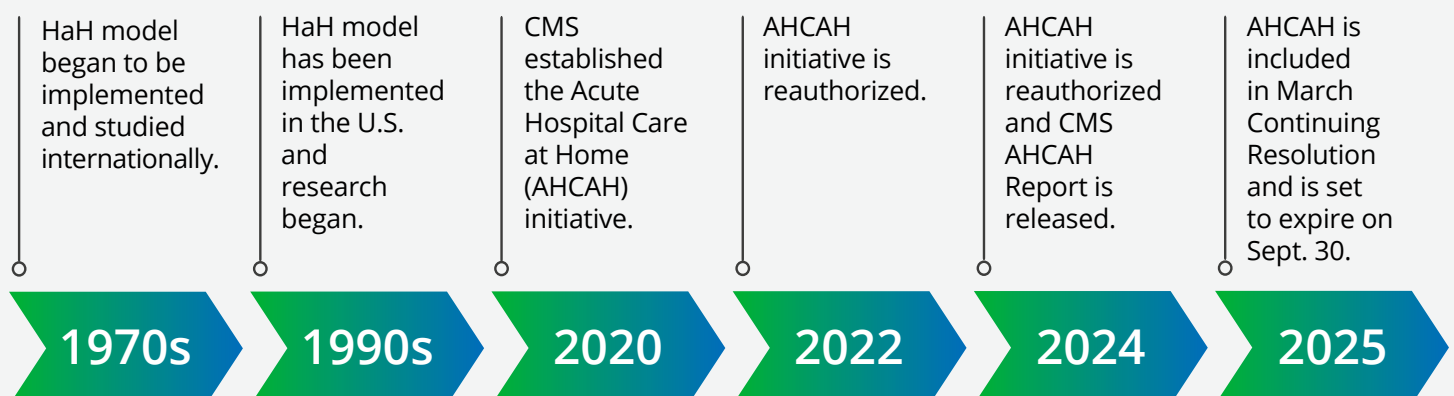
## What is the Acute Hospital Care at Home (AHCAH) initiative?

- Since the mid-1990s in the U.S., the Hospital at Home (HaH) model has served as a substitute for **acute inpatient hospital-level care to patients in their homes**.
- In 2020, the Centers for Medicare and Medicaid Services established the **AHCAH initiative**. Congress has since extended this program three times—first in 2022, again in 2024, and most recently in 2025. The current authorization is set to expire on September 30, 2025.
- CMS released a report on the AHCAH initiative in October 2024, demonstrating that **HaH is clinically safe and effective**.<sup>1</sup>

## Why HaH Matters – In the U.S. and Around the Globe

Beyond CMS findings, a significant body of research conducted across the world has proven through randomized control trials and large-scale implementation in countries like Australia, that **HaH is the future**.<sup>2</sup> In the U.S. alone for the last 30 years, research has consistently demonstrated that **patients and their caregivers, hospitals, and payers alike benefit from the program**.

## HaH Over the Years



# Why HaH Works: Evidence from U.S. Implementation

## HaH Reduces Spending without Sacrificing Quality:

- **Lower Costs Through Reduced Utilization:** HaH programs significantly reduce the use of costly services like lab tests, imaging, and specialty consults leading to significantly lower costs during the acute hospitalization and the 30-days post discharge.<sup>3,4,5</sup>
- **Shorter Lengths of Stay and Reduced Post-Acute Care Use:** Patients in HaH programs experience shorter care episodes, lower rates of discharge to a skilled nursing facility, and lower rates of emergency department visits.<sup>6</sup>
- **Relieves Hospital Capacity Pressures:** By avoiding the need for brick-and-mortar expansion, Advocate Health has freed up 33,000 hospital bed days by caring for over 9,400 patients at home since 2020.<sup>7</sup>

## HaH Expands Access in Rural and Underserved Communities:

- **Delivers High-Quality Care for Complex Patients:** HaH patients with disabilities and those dually eligible for Medicare and Medicaid experience outcomes comparable to traditional hospital patients across key metrics—including mortality, readmissions, and skilled nursing facility use.<sup>8</sup>
- **Improves Access for Low-Income Populations:** HaH benefits economically disadvantaged patients by allowing clinicians to assess home environments, address unmet needs, and build strong patient-provider relationships.<sup>9</sup>
- **Works in Rural and Underserved Areas:** HaH has been successfully deployed in rural communities, reducing strain on hospital infrastructure and enabling patients to receive safe, high-quality acute care at home.<sup>10</sup>

## HaH Improves Patient Experience Through Personalized Care:

- **Enhances Patient Experience:** Patients receiving acute care at home report higher satisfaction and stronger relationships with their care teams that support conditions conducive to recovery.<sup>11</sup>
- **Improves Clinical Outcomes:** Hospital at Home has been associated with a 74% reduction in delirium risk and lower rates of certain clinical complications.<sup>12</sup>
- **Reduces Caregiver Stress Without Shifting Clinical Burden:** Studies show lower levels of caregiver stress and confirm that HaH does not transfer clinical responsibilities from medical professionals to families.<sup>13</sup>

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