BEYOND THE PILOT: Scaling Hospital at Home Through Deliberate Operational Design

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Background + Methods

As of April 2026, more than ~400 hospitals across 130 health systems have Acute Hospital Care at Home (AHCAH) waivers through the Centers for Medicare and Medicaid Services.

Clinical evidence for AHCAH is increasingly compelling, but the operational path to scale remains less clear. Health systems still face recurring challenges in governance, workforce design, patient acquisition, and pharmacy operations.

Our programs formed a workgroup to assess and discuss best practices. Consensus was developed for Hospital at Home (HaH) through narrative expert opinion among four academic programs spanning Northeast, Southeast, and Midwest markets across urban and rural geographies.

Collective annual experience across participating programs

> 5,000 admissions/year

> 20,000 bed days avoided/year

UNC HEALTH

Hospital at Home
UMass Memorial Health
UMASS MEMORIAL MEDICAL CENTER

UW Health

Mount Sinai

Four Key Design Choices to Scale Hospital at Home

1 System-Level Governance

- Position HaH as a health-system strategy, not an isolated hospital service line.
- Secure senior operational sponsorship and align with capacity, throughput, population health, and home-based care priorities.
- Fund dedicated medical, nursing, and operational leadership and invest early in outcomes data.

2 Adaptable Workforce Design

- Consider a flexible physician–APP mix, and prepare teams for decentralized, technology-enabled care.
- Create nursing and mobile integrated health float capacity.
- Insource patient-facing clinical roles as census grows; logistics may remain outsourced.

3 Effective Patient Acquisition

- Combine systematic EHR screening with frontline clinician referrals to maintain high census
- Embed a dedicated acquisition team into your framework to develop expertise and social capital.
- Utilize advanced predictive models with human oversight, validation, transparency, and equity monitoring.

4 Integrated Pharmacy Operations

- Design pharmacy workflows through an interdisciplinary approach: IT and pharmacy are essential partners.
- Centralize pharmacy oversight and ensure verification of medications before dispatch.
- Leverage efficient administration methods such as ambulatory or elastomeric pumps and drug interchanges.

Scalability Emerges from these Designs in a Single Operating Model

PRIMARY DETERMINANTS
Governance + Patient acquisition

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ENABLING CAPABILITIES
Flexible staffing + Pharmacy operations

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SUSTAINABLE SCALE

Results

Sustainable growth requires deliberate integration of governance, adaptable staffing, thoughtful patient acquisition design, and centralized pharmacy operations. Technology improves efficiency, but clinical relationships build trust.

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