



Hospital at Home Programs Deliver on the Promise of Efficient, Effective Care: Spotlight on Harris Health

Harris Health, the public hospital serving Harris County, one of the country's most populous counties, began its Hospital at Home program in early 2024. Since its inception, it has provided acute, medically necessary, inpatient level of care to nearly 330 patients with infectious diseases, blood borne diseases, conditions requiring antibiotic therapies, and other complex illnesses in their homes.

The success of the program with patients and internal clinical teams led to the program's expansion with more patients able to participate, and, before the expiration of the program's authority on Sept. 30, 2025, a larger expansion had been planned for 2026 to care for more patients.

How Hospital at Home Works

Patients are identified as potentially eligible for Hospital at Home based on their diagnosis and home stability. Per CMS' criteria, patients must require an inpatient level of care, not observation or outpatient. It is patients' choice whether to participate.

About two-thirds of Harris Health's Hospital at Home patients are admitted to the program from the emergency department (ED) creating additional capacity and faster throughput there as well as in inpatient hospital units.

Hospital at Home patients are seen in-person twice a day by a Harris Health nurse, receive medications prepared by the Harris Health inpatient pharmacy, and have access to 24/7 virtual response by Harris Health clinical teams via an iPad provided by the hospital. Care is overseen by a Harris Health physician/medical director, and case management and EMS teams (that provide medical transportation when needed) also are integrated.



Hospital at Home Benefits

- + Increased emergency department throughput and reduced overcrowding/boarding
- + Patient comfort and healing in familiar surroundings with family support
- + Robust patient satisfaction
- + Maximization of brick-and-mortar resources for the most severely ill/acute patients
- + Extended care capacity without costs of building new facilities
- + Quality of care and clinical outcomes at least on par with hospital-based inpatient care

"In a rapidly growing county like Harris County, we need additional inpatient capacity today, and Hospital at Home is an essential care capacity extender."

Amy Smith

Senior Vice President Care Transitions & Integrations
Harris Health

In addition, the program expiration undermines the significant education and outreach the Hospital at Home team provided to clinicians and to medical residents to understand Hospital at Home as an abiding and integral part of the care options on which clinicians can rely.

“Every time we provide outreach and training to our clinical teams, we receive more patient referrals and more patients choosing the Hospital at Home option,” said Rohan Dwivedi, PharmD, Director, Hospital at Home Operations, Harris Health. “Hospital at Home is a proven care option that should have its place as an ongoing, permanent, and reliable component of our health care system, and temporary authorizations and now an expiration undermine that position.”

“Hospital at Home frees up brick-and-mortar hospital beds for our unhoused patients and our most severely ill patients ... The program expiration not only disrupts patient care and operations, it re-creates a capacity problem and re-introduces unnecessary inefficiencies that we were solving. We need the program to continue with reliable support as one of the many ways we are maximizing our care availability while safeguarding precious public resources.”

Rohan Dwivedi, PharmD
Director, Hospital at Home Operations,
Harris Health



Watch a patient describe his experience with Harris Health’s Hospital at Home program.

Harris Health Hospital at Home Program Stats:



Average daily patient census: 4-6



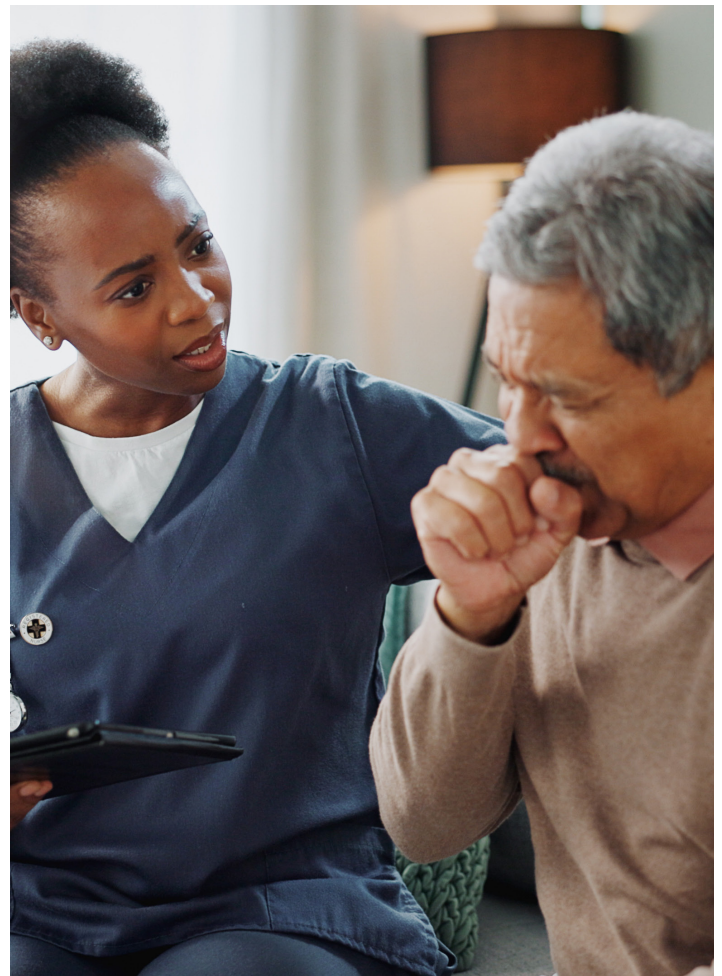
Average length of stay: 3 days



Patients admitted to the program to date: 320 patients



Bed days saved to date/additional bed day capacity created: >1,000



Results of Hospital at Home Expiration

With the expiration of Hospital at Home authority impending in late September 2025, Harris Health activated its emergency response plan and suspended all new Hospital at Home program admissions three days prior to the expiration. Existing Hospital at Home patients were assessed for likelihood of discharge readiness by Sept. 30, 2025, or continued need for inpatient care at the brick-and-mortar hospital and managed accordingly as the federal program authority expired. Subsequently, all new patients are admitted to one of the Harris Health's two brick-and-mortar hospitals.

In addition, the planned expansion of the program is on hold.

Hospital at Home: An Integral Part of Hospitals' Care Delivery Across the Country

As of September 2025, more than 400 hospitals in 39 states had CMS' permission to provide home-based acute medical care through Hospital at Home programs. Started during the pandemic to meet the need for increased inpatient capacity, the program has continued through a series of Congressional re-authorizations in 2022, 2024, and again in March and November 2025 with authorization provided through January 30, 2026.

A Hospital at Home option allows patients to receive the inpatient level of care they need in their homes surrounded by their families and familiar surroundings while having professional clinical care teams to provide the same level of care they would receive in a brick-and-mortar hospital.

¹ Centers for Medicare & Medicaid Services. Report on the Study of the Acute Hospital Care at Home Initiative. September 2024. [cms.gov/newsroom/fact-sheets/fact-sheet-report-study-acute-hospital-care-home-initiative](https://www.cms.gov/newsroom/fact-sheets/fact-sheet-report-study-acute-hospital-care-home-initiative).

Hospital at Home programs demonstrated strong financial, quality, and operational outcomes for hospitals and patients, including lower mortality rates, readmission rates, healthcare-acquired infection rates, and Medicare spending 30-days post-discharge.¹

“Continuing the Hospital at Home authority as an ongoing, reliable and effective option for care is critical for extending hospitals’ inpatient capacity, alleviating strain on limited inpatient beds, and mitigating the need for resource-intensive and lengthy construction of additional brick-and-mortar units and facilities ... Permanent authorization of the program is needed to end cyclical program risk of expiration and care disruptions.”

Maureen Milligan, PhD, CEO
Teaching Hospitals of Texas



THOT-member hospitals in Texas that provide hospital at home programs are unique: they serve a much higher than average percent of patients without insurance, and demand for care nearly always outstrips available capacity. Hospital at home programs create critical, additional cost-effective inpatient level of care capacity so more patients receive care sooner and in the most appropriate care setting.

THOT supports permanent Hospital at Home authority to strengthen patient care by ensuring hospitals can:

- ✓ Respond to increasing patient acuity and need for inpatient care
- ✓ Alleviate emergency department congestion
- ✓ Continue improving outcomes
- ✓ Continue serving as prudent stewards of public resources
- ✓ Expand effective programs without chronic threats of expiration and interruption



About THOT

Teaching Hospitals of Texas is the state's principal voice and advocate for hospitals and health systems that teach, train, and mentor the next generation of physicians, nurses, and other healthcare professionals. THOT members anchor the state's trauma and disaster response infrastructure, provide world-class tertiary and community-based care, and support policies and funding to ensure healthcare access for all Texans.

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