



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

University Health, the public hospital serving Bexar County, launched one of the country’s first Hospital at Home programs in July 2021. Since its inception, it has provided acute, medically necessary, inpatient level of care to about 4,000 patients, including oncology patients and post-partum obstetrics.

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.

University Health’s Hospital at Home patients are seen at least twice a day in-person by a nurse, are remotely monitored, receive medications prepared by a dedicated inpatient pharmacist, participate in in-home physical and speech therapies, as needed, and have access to 24/7 response by UH clinical teams via digitally connected tablets and devices provided by the hospital. Nursing visits can exceed the two-visit minimum depending on patient need.

“Our Hospital at Home program yielded multiple benefits, for patients and for our clinical teams ... Patients consistently express a preference for in-home hospitalization because it allows them to remain connected to family and not miss out on activities of daily family life, be in their own environments, and receive the acute level of care they need to recover and heal. And, our clinical teams appreciate the ability to operate at the top of their professional licenses and really get to know patients and their families in their home environments.”

Anna Taranova, M.D.

Vice President of Health Innovation
University Health



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 beds 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
- + Personalized and more robust patient education
- + Seamless transition to step-down, ambulatory care
- + High nursing satisfaction, protecting against burnout and workforce withdrawal

In addition to the capacity enhancement benefit of Hospital at Home, University Health saw valuable benefits in workforce retention and for patient education. Professional satisfaction with Hospital at Home among its nursing staff is high, with nurses having a significant ability to operate at the top of their professional license and provide the type of personalized, in-depth care with patients and their families that they value and find professionally meaningful. Some cited the ability to provide in-home inpatient care as the reason for remaining in the nursing workforce. This workforce retention benefit is significant given the state's nursing workforce shortage.

In addition, because nurses, physical therapists, speech pathologists, and other clinical professionals are providing care in a patient's home, the care, treatment planning, and education for post-discharge can be more precisely tailored to the patient's individual needs and circumstances and can more easily involve family members. A physical therapist, for example, can work with a patient on fall prevention and strengthening exercises in the home environment in which they live and interact every day, compared with a hospital room, which would not have the specific furniture, layout, or unique challenges the patient's home would present. Taranova cites these Hospital at Home educational interventions as contributors to the reduced readmission rates and other strong clinical outcomes University Health experienced with Hospital at Home patients.

"With Hospital at Home, our clinicians can educate and support patients in flourishing in their natural environments after their inpatient stay is no longer necessary," said Taranova. "It supports our overall goal of keeping patients healthy and out of the hospital."

"On any given day, we might have anywhere from 15 to 60 patients in our emergency departments waiting for an inpatient bed to become available ... These are patients who are admitted because they meet clinical and medical necessity criteria for inpatient admission, but have to wait in our ED because there is not a free bed on the medical/surgical units. With Hospital at Home, we could offer patients the choice of receiving that medically necessary inpatient level care at home so they could begin receiving care immediately."

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Vice President of Health Innovation
University Health

Moreover, Hospital at Home allows our nurses to observe a patient's home environment firsthand, helping identify concerns that could affect health and recovery, such as food insecurity or safety hazards, and connect patients with local nonprofits or community resources for additional support.

University Health Hospital at Home Program Stats:



Average daily patient census:
approx. 22 (highest daily census 29)



Average length of stay: **4.2 days**



Patients admitted to the program to date: **almost 4,000 patients**



Bed days saved to date/additional bed day capacity created: **19,800**

Results of Hospital at Home Expiration

With the expiration of Hospital at Home authority impending in late September 2025, University Health stopped admitting new patients to Hospital at Home and began discharging current patients over the course of the week before Sept. 30, 2025. All new patients needing to be hospitalized are admitted to a brick-and-mortar hospital.

The elimination of the Hospital at Home option means patients have no choice of care setting. For some, that choice elimination might mean refusing treatment altogether. For example, one University Health Hospital at Home patient needed to be hospitalized but was refusing treatment because his wife was receiving at-home hospice care. He did not want to be away from her in what were likely her last days, even for his own medically necessary hospitalization. When offered the choice of Hospital at Home, he accepted, ensuring he got the acute care he needed and did not miss out on precious time with his wife.

Similarly, some oncology patients faced with a treatment plan that included inpatient recovery that would pull them away from the family and environments that gave them meaning, would have chosen not to pursue treatment had it not been for the Hospital at Home option that gave them both the care they needed and proximity to the families and friends that supported them. With Hospital at Home no longer an option – these patients again must face difficult decisions.

In addition to the patient impact, there is a negative impact to clinicians from the program's expiration. When the program's authority is variable and continually subject to needing renewal, it creates a misperception of unreliability and vulnerability. "If the Hospital at Home authority is allowed to lapse for much longer, it will

be more challenging to educate our patients and clinicians about the care option and to re-build trust in the program's reliability and stability," said Taranova. "Ongoing uncertainty sows distrust and skepticism about the program, which undermines our long-term goal of having a clinically and cost-effective alternative to brick-and-mortar inpatient hospitalization."



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.

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

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).

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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