



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

Parkland Health, the public hospital serving Dallas County, began admitting inpatients to its Hospital at Home program in April 2022. Since then, it has provided acute, medically necessary, inpatient level care to more than 1,130 patients ages 16 and older with varying medical diagnoses, including acute kidney failure, complex infections, and congestive heart failure.

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 inpatient level of care, not observation or outpatient. It is patients' choice whether to participate.

Parkland Health's Hospital at Home patients are seen at least twice a day in-person by a nurse, and a physician or advanced practice provider is available for house calls as dictated by patient need. If an in-person visit by a provider is not needed, the patient is seen virtually at least once each day. Patients are loaned equipment including a Wi-Fi hub, tablet, and vital sign monitoring armband. This allows for immediate changes in the care plan, observation of self-administration of medication, and virtual patient education in preparation for discharge. Registered nurses take oral and intravenous medications to patients' homes, allowing necessary infusions to be given. If medically necessary, other support services, including occupational and physical therapists will also come to a patient's home. Social workers and care coordinators work alongside the clinical team on identifying social and other barriers, such as limited literacy, food insecurity, and transportation challenges that may impact recovery and continuity of care post-discharge. Any needed imaging, such as X-rays, are done at Parkland or one of its Community Oriented Primary Care health centers. The Hospital at Home program provides no-cost transportation for those outside-the-home services.



Hospital at Home Benefits

- + Increased emergency department throughput and reduced overcrowding/boarding
- + Patient comfort and healing in familiar surroundings with family support
- + Increased patient empowerment and enhanced self-management
- + 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

“On any given day, we might have 50+ patients in our emergency department waiting for an inpatient bed to become available ... With Hospital at Home, we have a proven, safe, and effective means of immediately extending our inpatient capacity.”

Alissa Tran

Director of Acute Care at Home
Parkland Health

In addition to the care capacity enhancement benefit of Hospital at Home, Parkland Health sees incredible benefits for patient education and increasing patient empowerment and self-management capability. Because care is provided in a patient's home, and nurses and other members of the care team are working with the patient and their caregiver and family members, there is greater and more frequent organic ability to provide tailored, customized, and individualized patient education that truly prepares patients for success and continued recovery post-discharge.

"Hospital at Home is the future of medicine," added Tran. "It is the way to move forward to deliver exceptional clinical outcomes, patient satisfaction, and cost efficiencies."

"What better place to take care of patients than in their own home ... We know what their social support looks like, what their diet and routines are, what challenges their physical environment might present, and we can plan around those for post-discharge success. We're empowering patients, optimizing efficiencies, reducing cost, and getting better outcomes."

Monal Shah, M.D.

Chief Clinical Transformation Officer
Parkland Health

Results of Hospital at Home Expiration

With the expiration of Hospital at Home authority impending in late September 2025, Parkland Health stopped admitting patients with Medicare and Medicaid coverage to Hospital at Home. In the month of October, the health system identified at least 20 patients per week with Medicare and Medicaid coverage that could have been admitted to Hospital at Home if the program were authorized.

Parkland Health Hospital at Home Program Stats:



Average daily patient census: **10**



Average length of stay: **6.8 days**



Patients admitted to the program to date: **1,137 patients**



Bed days saved to date/additional bed day capacity created: **7,688**

The health system, however, continued to admit self-pay, uninsured patients to the program as it secured an exemption from Texas Health and Human Services Commission to continue admitting those patients.

The elimination of the Hospital at Home option means most patients have no choice of inpatient care setting. For one new mom, that choice elimination would have meant prolonged and stressful separation from her newborn. This patient needed to be hospitalized after delivery, but her newborn was able to be safely discharged home. The mom had been hospitalized with a serious infection for 30 days and was scheduled to be an inpatient for at least three more weeks. However, the psychological burden of being separated from her newborn was increasingly taxing, interfering with her ability to heal. The Hospital at Home option was presented to her, and she immediately took advantage of it to be able to bond with her infant and not miss out on that key window of time for her baby's development. With Hospital at Home, she was able to get the inpatient, acute care she needed for her infection while staying close to her newborn.

In addition to the patient care impacts, the expiration of the program's authority and need to continually re-authorize it create challenges for operations and human resources planning. "Hospital at Home needs to be made permanent so we don't continue to experience cycles of momentum and slowdowns," said Shah. "The instability of the program because of uncertain authority makes recruiting physicians and nurses to the program more difficult, and it creates extra challenges for leadership and human resources teams to plan for appropriate staffing and support."

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

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).

"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.

Chief Executive Officer
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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