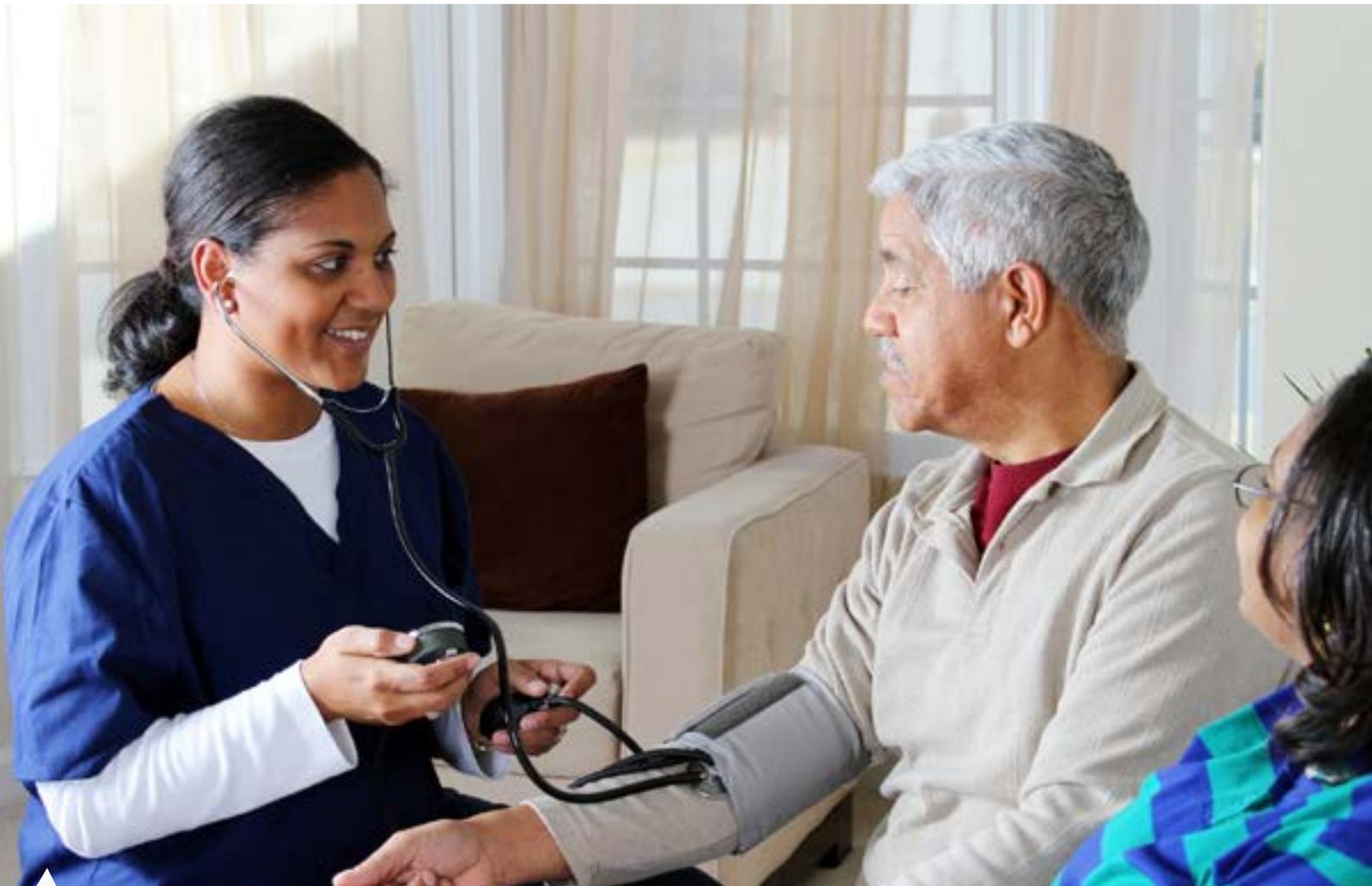


TEACHING
HOSPITALS
of TEXAS

**Texas Teaching Hospitals
Support Hospital at Home
Programs**

Key Takeaways

- Without Congressional action, the Hospital at Home program expires when the COVID-19 public health emergency (PHE) expires.
- THOT supports legislation introduced to extend the Hospital at Home program for two years beyond the end of the COVID-19 PHE.
- At least three large public teaching hospitals in Dallas, Houston, and San Antonio operate or are planning to operate Hospital at Home programs.
- Hospital at Home programs are a highly effective alternative to hospitalization at a brick-and-mortar hospital for patients qualifying for inpatient treatment.
- Hospital at Home programs vary according to community need and hospital staffing and other operational characteristics but share a commitment to alleviating emergency department crowding, creating additional inpatient capacity, better meeting patients' needs, and improving outcomes.



Overview

The Hospital Inpatient Services Modernization Act, by Senators Tom Carper (D-Delaware) and Tim Scott (R-South Carolina), would extend the Acute Hospital Care at Home COVID-19 waiver for two years. The bill would allow continuation of the Acute Hospital Care at Home program and Medicare reimbursement for services, even in the absence of a continued public health emergency. Companion legislation in the U.S. House of Representatives is sponsored by Representatives Earl Blumenauer (D-Oregon) and Brad Wenstrup (R-Ohio).

THOT supports legislation to continue the Hospital at Home program. Hospital at Home strengthens patient care by giving hospitals the ability to:

- Serve more acutely ill patients.
- Alleviate emergency department congestion.
- Improve outcomes.
- Integrate episodic hospital care with broader health aims by addressing food insecurity and need for social services, remediating home safety and other environmental concerns, and creating more opportunities for health education.

Hospital at Home programs also bring needed flexibility to quickly create increased capacity for high quality care in response to any future public health emergencies that may emerge.

Hospital at Home programs are made possible by a Centers for Medicare & Medicaid Services waiver in November 2020 of several Medicare Conditions of Participation, which require nursing services to be provided on premises 24 hours a day, 7 days a week and the immediate availability of a registered nurse for care of any patient. With an Acute Hospital Care at Home waiver, under certain conditions, hospitals can deliver hospital care for patients in their homes. Although patient care is delivered in the patient's home, the program is limited to patients who need inpatient hospitalization. Patients receive at least daily physician visits, which can be conducted via telemedicine, and twice daily in-person nurse visits (one of these visits may be by a mobile integrated health care - community medicine provider, i.e. a qualified EMS provider working as part of the hospital's coordinated care team). Nurses can also deliver meals, if needed. In addition, telemedicine visits are established with members of pharmacy, care coordination, spiritual care teams or other resources as needed.

Texas Hospital at Home Programs

More than 200 hospitals in 34 states have received permission from CMS to provide home-based acute medical care. Among these hospitals are two THOT members – Parkland Health in Dallas and University Health in San Antonio. In addition, Harris Health in Houston is beginning preparations to operate a hospital at home programs

These hospitals are among the largest health systems in the country with some of the busiest emergency departments. Inpatient bed capacity is often at a premium, which puts a strain on emergency departments; hospital at home programs are integral to create additional care capacity while elevating care quality and outcomes.



These Texas Hospital at Home programs vary in maturation, scope, and planned number of patients, but all share a commitment to ensuring high quality care, improving patients' experience of care, increasing hospitals' capacity to care for acutely ill patients, reducing ED length of stay, and increasing ED throughput. All the participants also view Hospital at Home as an opportunity to eliminate barriers to care and to address social and environmental factors that can inhibit access to care and good health care outcomes.

University Health, San Antonio

University Health was among the first health systems to receive CMS approval to operate a hospital at home program. Operational since July 2021, the program has cared for more than 280 patients as of April 2022, saving more than 1,200 bed days to the hospital. Many of these patients (84) were patients with COVID-19. The average length-of-stay for UH's hospital-at-home patients is 4.21 days, and the hospital has an average daily census of 8.1 patients in the program.

Goals:

- Increase acute bed capacity.
- Increase ED throughput.
- Reduce hospital-acquired infections.
- Reduce readmissions.
- Increase access to care.
- Improve patient outcomes and satisfaction.
- Tailor to patients' home environment.
- Smooth the transition to ambulatory care.

The program provides two pathways for patients to qualify for hospital at home:

- 1 Patients in the hospital ED who meet criteria for inpatient admission and criteria for hospital at home (for example, have a safe home environment and have completed all or most of their diagnostic work up)
or
- 2 Patients in the inpatient unit of the hospital who can complete their inpatient stay at home.



Parkland Health, Dallas

Parkland Health received approval from CMS in July 2021 for its Hospital at Home program. The health system anticipates admitting its first patients in April 2022 and will start with internal medicine patients. The Hospital at Home team expects initially to serve four patients, expanding to eight, 12, and 16 within 12 months. It will admit patients from both ED and inpatient settings. Expansion to additional service lines, including oncology and surgery, is planned in fiscal year 2024.

Goals

- Improve hospital capacity.
- Decrease readmissions.
- Increase patient and family satisfaction.
- Reduce health care-acquired infections.
- Increase patient activity.



Harris Health, Houston

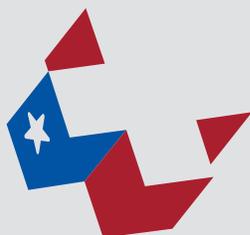
Harris Health is in the pre-launch stage of its hospital-at-home program.

Goals:

- Alleviate patient volume pressures in the system's two hospitals' EDs.
- Deliver a patient-friendly mode of care.
- Relieve the longstanding acute hospital bed shortage.
- Maximize workforce efficiencies by leveraging current EMS and "Home Calls" outpatient services programs.

If approved, Harris Health's hospital-at-home program will start by identifying patients waiting for inpatient admission in the hospitals' EDs. The intent is to begin admitting five qualifying patients a week into the program by August 2022. The initial qualifying medical criteria will be narrow at first with future expansion contingent on program outcomes.

The program also fits into the system's long-term pandemic preparedness as the enhanced care capacity will support the system's ability to deal with additional surges or a new pandemic altogether that creates heightened need in the community for hospital care.



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