Unlock Growth for Your Hospital at Home Program

4 Key Considerations

CHARTIS

In recent years, health systems have increasingly pursued investments in home-based care models, including hospital at home. Hospital at home programs can enable systems to expand access, increase acute care capacity, reduce cost of care, and stay competitive as care delivery continues to shift outside traditional facility-based settings. In addition to being enthusiastic about the operational, economic, and strategic benefits of hospital at home programs, healthcare leaders are driven by well-validated quality metrics that demonstrate benefits to both patient experience and outcomes (e.g., fewer adverse events and readmissions, boosted sleep time, and reduced mortality rates).[1]

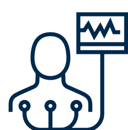
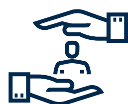
Yet as many who have ventured into this new world of distributed acute care have learned, it can be an arduous journey to grow programs to sufficient scale and ensure long-term viability. While many factors can inhibit growth, the most prevalent factor we see across the industry occurs before a patient is even admitted to the virtual hospital. Far too many programs lack resilient and seamless processes to identify and admit eligible patients, which could represent as much as 25% of acute care patients, based on today's defined clinical use cases.*

While many programs' volumes remain well below even conservative targets, there are ways to boost admissions. The first step is to streamline operating processes that help identify patients who meet administrative, clinical, and social eligibility criteria. Next, health systems must address several key factors that can inhibit patient admission and significantly reduce the volume of potential patients who benefit from the hospital at home care model. The ability to more effectively identify and "capture" volume is mission critical for increasing daily census and achieving sustainable economics.

**Estimates vary across peer-reviewed research*

4 Key Considerations to Widen the Funnel and Increase Patient Capture

Clinical and operational leaders at health systems must intentionally address 4 key considerations to widen the funnel and increase patient capture. Hospital at home leadership should address issues with targeted, prioritized interventions and track their progress over time to accelerate growth and achieve scale. With this agile mindset and data-driven approach, leadership can well-position this care model to push past boundaries and rapidly improve performance.

	KEY CONSIDERATIONS	POTENTIALLY LIMITING ISSUES
	**CAPABILITIES** Add new capabilities in resources, technology, or vendors that can enable the hospital-at-home program to better care for patients in a dispersed model.	• Hospital at home nurses do not have mobile phlebotomy competency. • Hospital at home does not have processes to support controlled substances administration. • Hospital at home does not have a technical solution for telemetry monitoring.
	CLINICIAN READINESS Improve support from the providers and staff for the hospital at home program as an extension of the hospital services to broaden adoption and the willingness to adjust the patient care plan.	• Provider is reluctant to adjust care plan to accommodate care model constraints (e.g., medicine administration >2x per day). • Some patient candidates are overlooked in the patient hand-off process from Emergency Department to hospital at home. • Poorly designed electronic health record (EHR) admission workflows discourage providers from referring patients to hospital at home.
	**PATIENT & CAREGIVER ACTIVATION** Spark patient and caregiver interest and provide important education for increased willingness to participate in the hospital at home program.	• Patient is uncomfortable with hospital at home. • Caregiver was not included in the decision-making process and refused participation. • Patient is uninterested in hospital at home due to technology inexperience.
	CAPACITY Expand the existing staff and resources to safely care for more patients in the hospital at home program.	• Hospital at home does not have the field nurses to safely support additional patients. • There are no available patient hospital at home kits due to a delay in the order process. • The hospital at home has exhausted its maximum number of available remote patient monitoring (RPM) kits.

Widen the Funnel from Top to Bottom

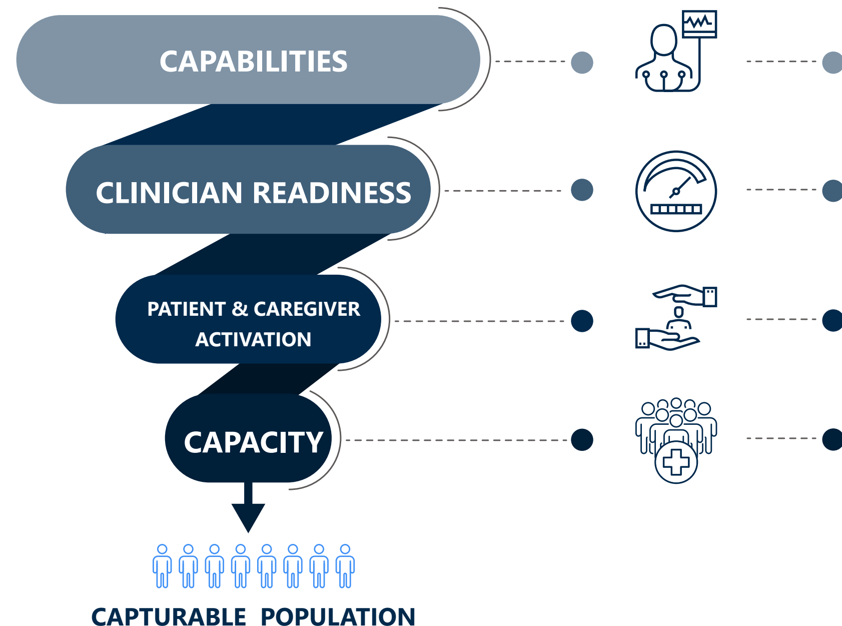
While it is tempting to focus on only one consideration, evaluating all 4 considerations for their potential impact on growing patient volumes is more beneficial. By completing a broad assessment supported by analytics and data-driven insights, hospital at home programs can more objectively identify the barriers at critical points and more effectively improve admission rates. Assessing across the dimensions and even tactics within each dimension will uncover the interventions that will be the most impactful. Suppose you consider the range of tactics within clinician readiness. In that case, the tactic for promoting general awareness may have less impact than targeted and actionable feedback discussions to improve clinician adoption and grow patient volume within the program.

ADMINISTRATIVE AND SOCIAL CRITERIA

These guidelines are a necessary step to identify the serviceable population. However, they are relatively fixed, so there are very few actions to take to widen the funnel at the very top. Hospital at home leadership should ensure that processes **efficiently remove ineligible patients** early in the process and pursue a **proactive payer strategy**.

TOTAL SERVICEABLE POPULATION

KEY CONSIDERATIONS



CAPTURABLE POPULATION

TACTICS

EMBED additional clinical/ancillary capabilities (e.g., specialty consults), technologies (e.g., continuous remote patient monitoring, point-of-care testing), and other value-added services.

EDUCATE and engage to convert skeptics into champions and challenge assumptions for legacy care models (e.g., order sets). Introduce feedback mechanisms to celebrate successes (e.g., thank you notes for referrals).

IMPROVE marketing collateral. Ensure consistency of messaging/scripting for the hospital at home team and other clinical/operational stakeholders. And involve caregivers/family members in the process.

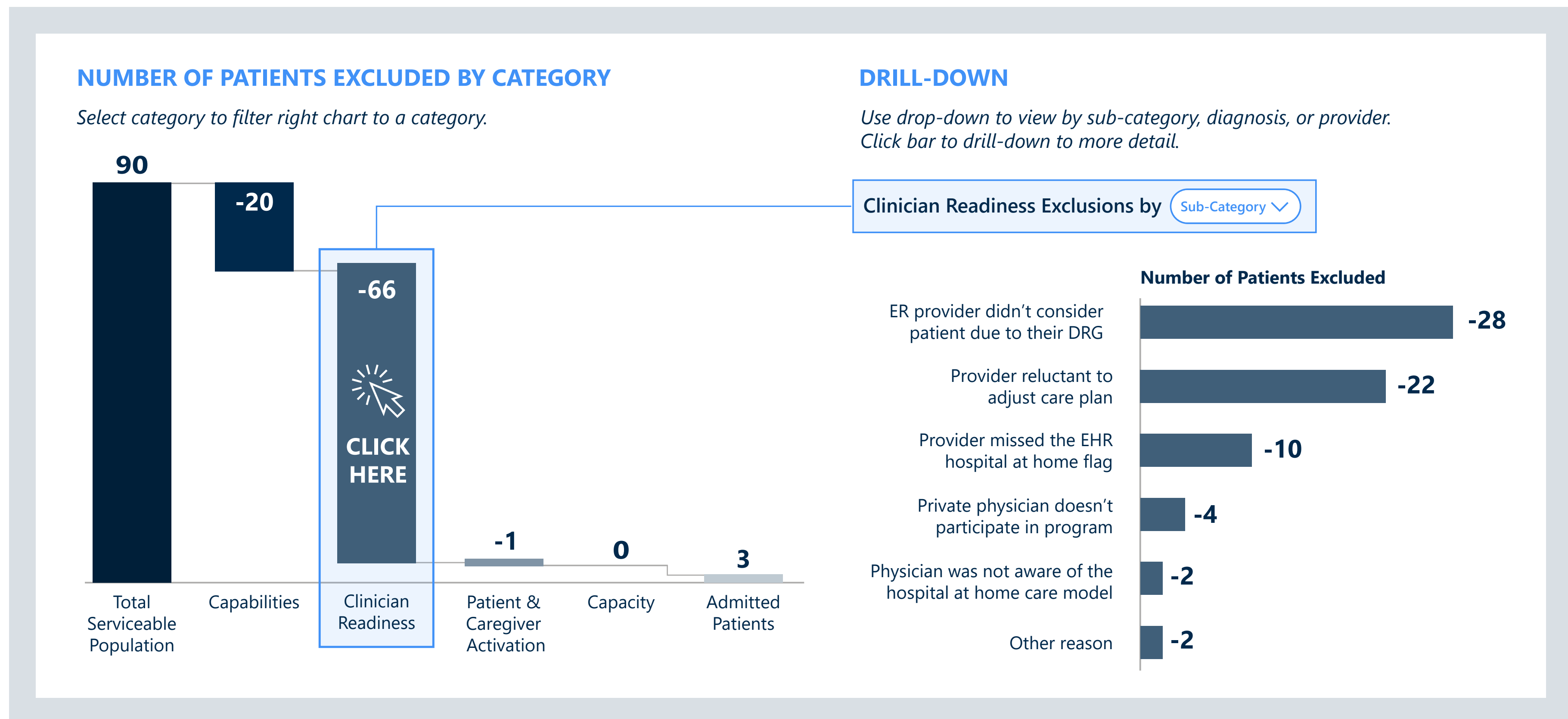
EVALUATE process optimization opportunities, explore flexible staffing models, increase levels for key supplies (e.g., RPM kits, DME), and negotiate supplementary vendor services, etc.

Evaluate Performance and Target Interventions

Through data-driven analysis, hospital at home leadership can objectively evaluate exclusion decisions and develop targeted interventions. In our illustrative example, clinician readiness is the most significant barrier to patient admissions.

Explore this dimension to discover what sub-category, diagnosis, or provider is likely at the root cause, and develop the appropriate intervention. To overcome the top limiting issue under clinician readiness, care teams should encourage providers to shift from DRG-based eligibility to capabilities-based eligibility. Remember to explore across the dimensions and sub-categories to identify and solve limiting issues systematically.

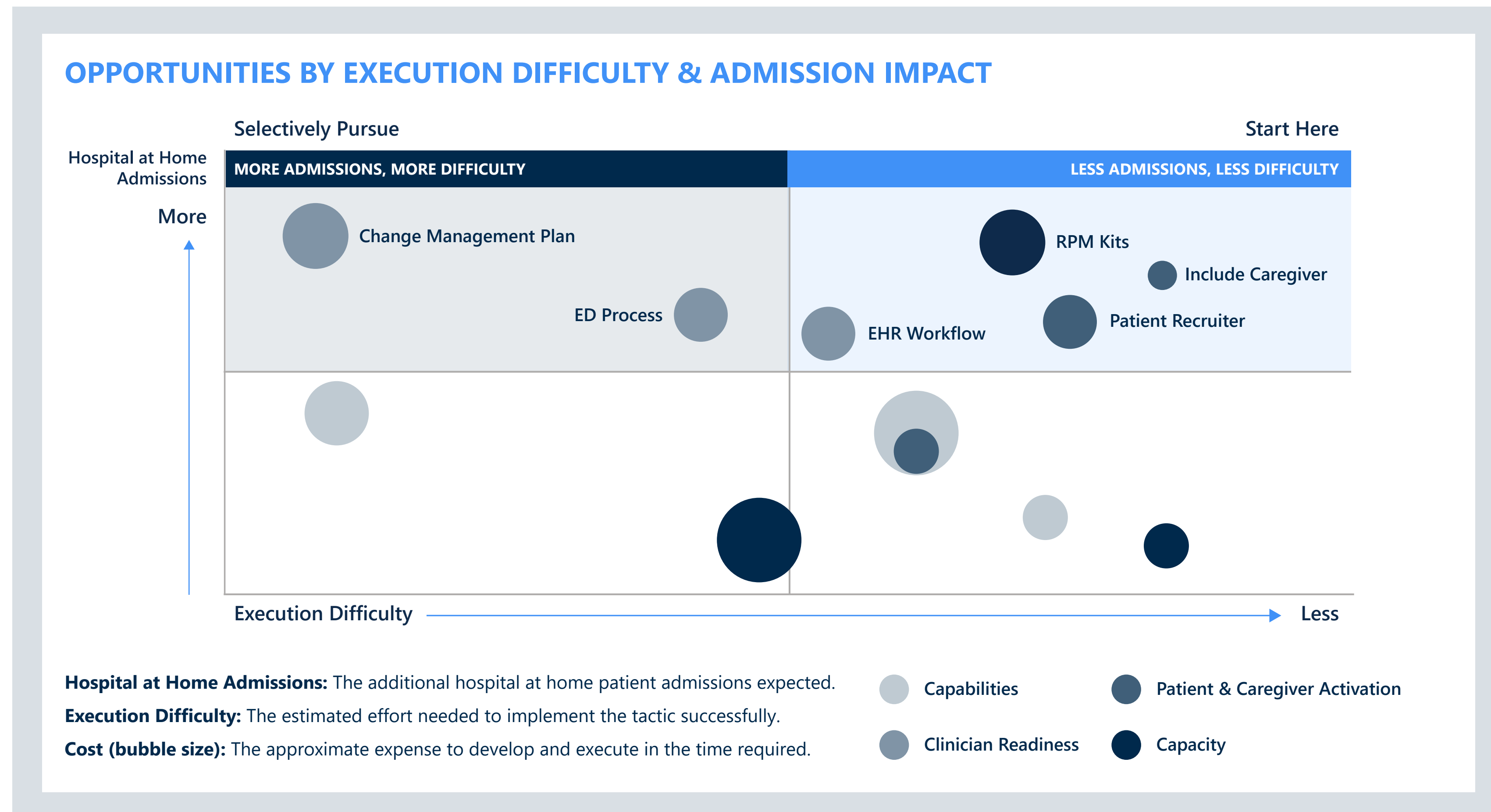
Hospital at Home Data-Driven Analysis (Illustrative)



Prioritize Opportunities

Arraying these opportunities through a simple matrix using execution difficulty and admissions impact prioritization allows leadership to confidently direct resources toward high-yield interventions with limited disruption or investment. The highlighted box in the upper right quadrant identifies the interventions with the highest impact on patient volume and lowest execution difficulty. This approach can also uncover areas requiring more significant investment and higher expected returns. Organizations can selectively pursue these transformative opportunities in the upper left quadrant, given the higher level of effort needed to implement them.

Hospital at Home Prioritization Framework (Illustrative)



Track the Impact of Interventions

Tracking intervention efforts over time gives hospital at home leadership insights regarding initiative effectiveness. Issues inhibiting growth manifest themselves in several ways, given the heterogeneity of hospital at home programs nationally—including unique cultures, program structures, workflows, and regulatory environments. Thus, no one-size-fits-all solution exists. However, adopting disciplined performance monitoring and continuous improvement will help organizations accelerate growth, effectively manage resource deployment over time, and ultimately enhance access to this innovative model for acute care.

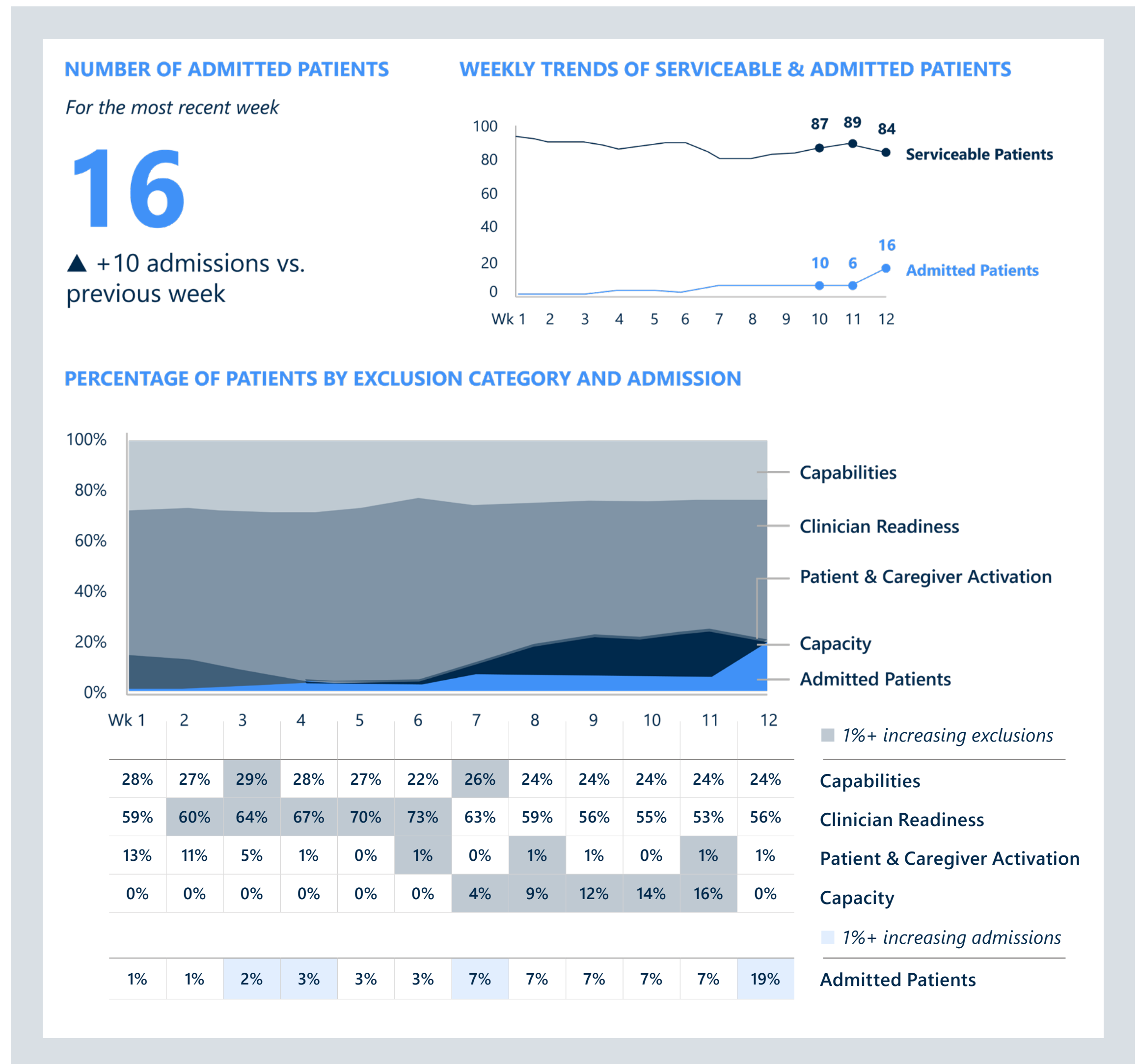
ILLUSTRATIVE EXAMPLE

After identifying confusing messaging related to patient and caregiver comfort, some simple interventions helped increase the admissions rate from 1% to 3% between Weeks 2 and 4.

Clinician readiness exclusions escalated until Week 6, when a new tactic was implemented to improve provider comfort with hospital at home.

After Week 6, a new barrier emerged in capacity due to the shortage of RPM kits. After purchasing additional RPM kits, the hospital at home was able to admit 19% of patients screened, up from 7% the prior week.

Hospital at Home Tactic Tracker (Illustrative)



	Wk 1	2	3	4	5	6	7	8	9	10	11	12
Capabilities	28%	27%	29%	28%	27%	22%	26%	24%	24%	24%	24%	24%
Clinician Readiness	59%	60%	64%	67%	70%	73%	63%	59%	56%	55%	53%	56%
Patient & Caregiver Activation	13%	11%	5%	1%	0%	1%	0%	1%	1%	0%	1%	1%
Capacity	0%	0%	0%	0%	0%	0%	4%	9%	12%	14%	16%	0%
Admitted Patients	1%	1%	2%	3%	3%	3%	7%	7%	7%	7%	7%	19%

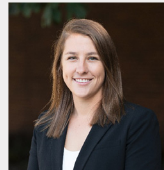
Push Beyond the Limits

Hospital at home does not have an established model nationwide. It requires a team to learn and push beyond the limits of the traditional brick-and-mortar hospital to reimagine care delivery, adapt, and evolve. This dynamic care team can confidently meet new challenges, broaden its operational reach, and enhance patient benefits. This agile mindset includes making bold choices, like shifting from DRG-based eligibility to capabilities-based eligibility to expand the serviceable population. Furthermore, care will be positioned to achieve scale by continually monitoring performance and focusing resources on the most critical issues.

AUTHORS

Julianna Wokurka
Consultant
jwokurka@chartis.com

Annie Jackson
Engagement Manager
ajackson@chartis.com



Ryan Bertram
Principal
rbertram@chartis.com

Mark Krivopal, MD
Director
mkrivopal@chartis.com

SOURCES

1. Levine, David. "Hospital-Level Care at Home for Acutely Ill Adults: a Pilot Randomized Controlled Trial." https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5910347/.

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