



THE
CHARTIS
GROUP

How to Get Your H@H Program Out of First Gear

A Series of Telehealth Virtual Forums

March 28, 2022

Hosted By:



THE
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Partnership for a Connected Illinois
broadbandillinois.org

HOW TO GET YOUR H@H PROGRAM OF OUT FIRST GEAR

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SUPPORTING ORGANIZATIONS

Association of Community Mental Health Authorities of Illinois

Community Behavioral Healthcare Association of Illinois

Connected Health Initiative

Executives for Health Innovation

Illinois Association of Health Care Attorneys

Illinois Health & Hospital Association

Illinois Primary Health Care Association

Illinois State Medical Society

Mental Health Summit

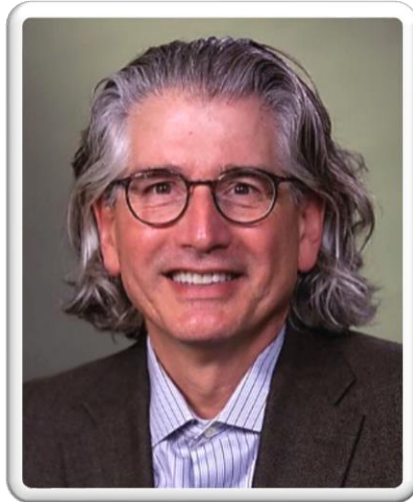
Office of Illinois State Senator Mattie Hunter

Rush University Medical Center

Upper Midwest Telehealth Resource Center

INTRODUCTIONS

Our Panelists



Dr. Bruce Leff

Professor of Medicine

Johns Hopkins University
School of Medicine

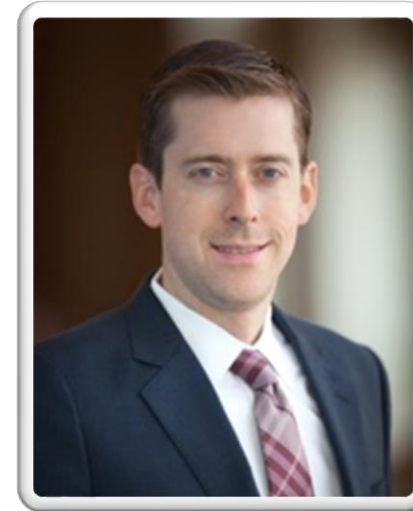


Dr. Mark Krivopal

Principal & H@H Clinical
Offering Leader

The Chartis Group

Moderator



Thomas Kiesau

Chief Innovation Officer
& Digital Practice Leader

The Chartis Group

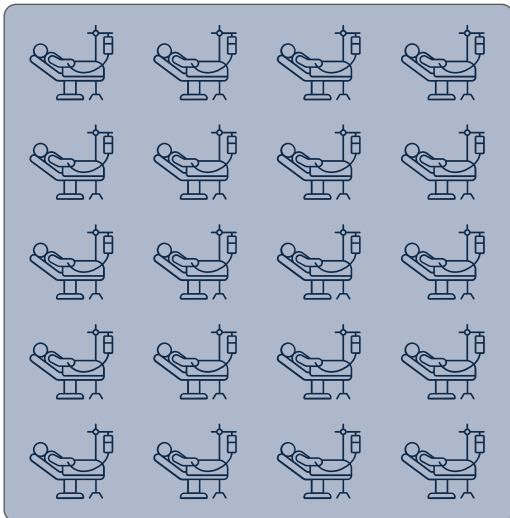
Hospital@Home

Defining the Scope of the Future State Hospital at Home Patient Populations

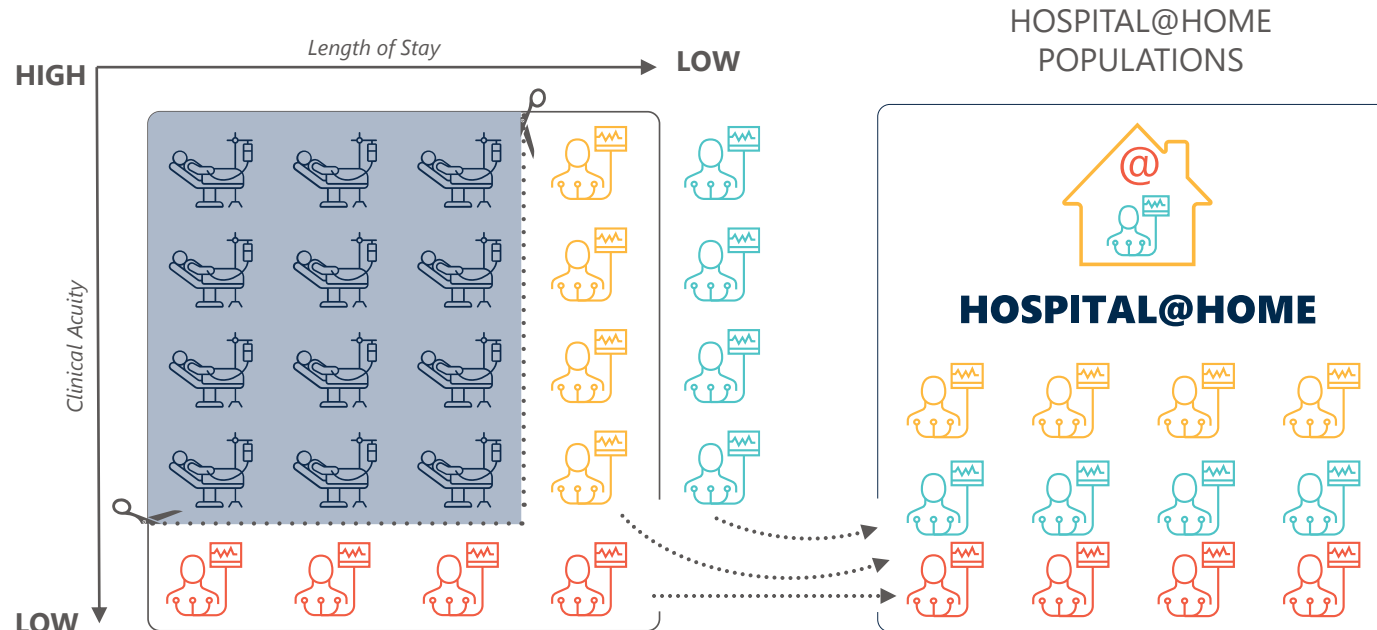
The Hospital@Home care model allows hospitals to extend care and capacity well beyond the confines of the hospital and offers patients and their caregivers the ability to move seamlessly, across expanded care continuum settings.

CURRENT STATE

INPATIENT ACUTE CARE POPULATION



IN THE FUTURE....



Population 1
Step-Down to Home
Leveraging H@H as a "step-down" site of care for lower acuity patients

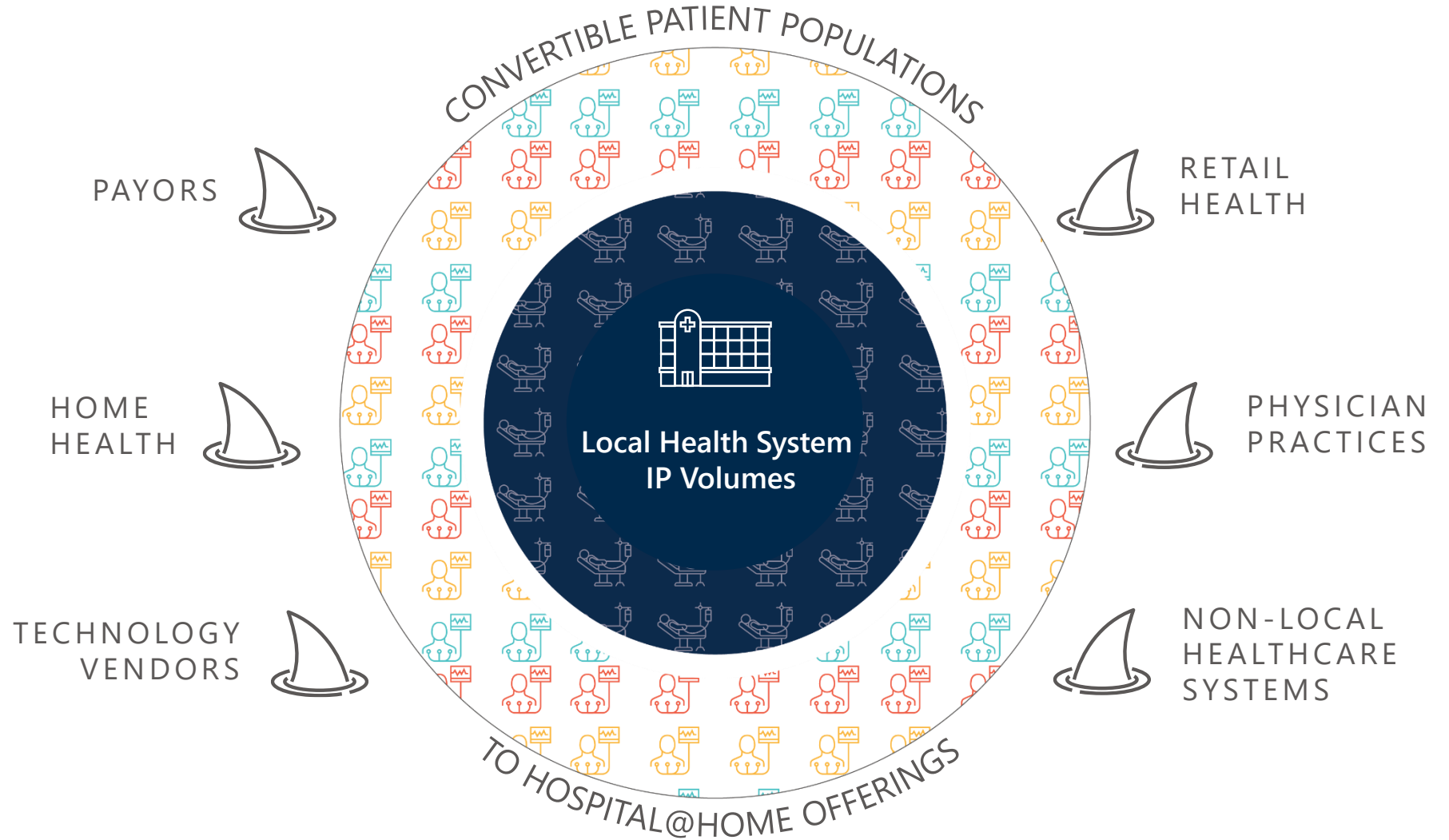
Population 2
Redirect to Home
Redirecting select clinical populations to H@H settings for their acute care

Population 3
Post-Acute at Home
Deploying specific sub/post acute capabilities for non-acute populations

THE EXTERNAL THREAT FOR Health Systems

Adjacent players in the healthcare domain represent a significant threat to legacy healthcare providers.

As the incumbents, healthcare providers face a disruptive, cannibalizing threat from non-traditional competitors developing and deploying hospital at home solutions to the market. These new entrants will target these populations both directly and through non-health system partnerships.



THE CORE CHALLENGE

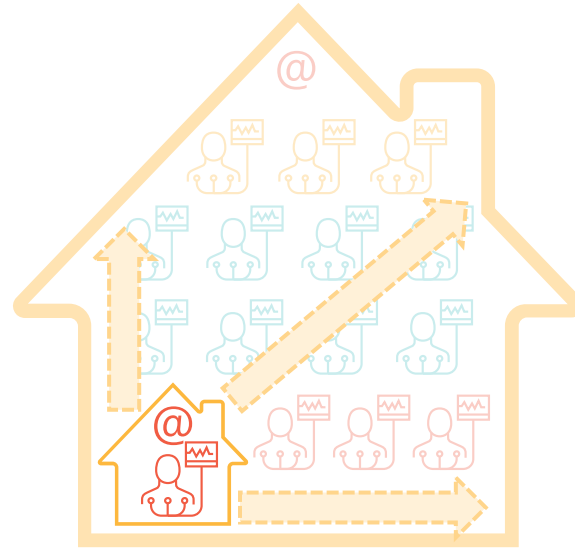
Hospital@Home

“The Chicken and the Egg”

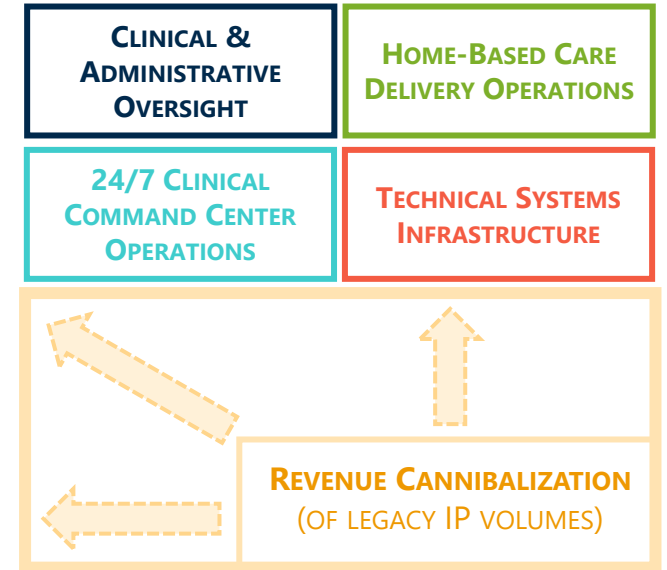
Hospital at home program **requires significant patient volume** to achieve the scale necessary to support the program’s underlying fixed costs...

...However, targeting specific populations for H@H **requires a clear articulation of the program’s clinical and operational capabilities.**

HOSPITAL@HOME PATIENT POPULATIONS



HOSPITAL@HOME OPERATING REQUIREMENTS



ACHIEVING
BALANCE



**CLINICAL
APPROPRIATENESS**

vs.



**ECONOMIC
VIABILITY**

Minimum economic scale (MES)

for a Hospital@Home program will be a significant investment, that may be untenable for some health systems.

Q&A



