There's No Place Like Home Care

Pandemic, technology and patient preferences driving hospitals to offload more services into a home-based setting

Written By Bruce Shutan

They say that home is where the heart is, and these days, it is becoming a preferred setting to actually care for the heart, as well as other body parts, including the mind. Advances in medical technology now enable hospitals to offload a myriad of services into the home for convenience, safety, cost-effectiveness, improved clinical outcomes and greater member satisfaction. As a result, providers, payers and patients are reaping those benefits, while self-insured entities and their partners have taken note of these promising developments.


Jennifer Collier

It's not surprising that the pandemic was a massive accelerator for hospital care at home, according to Jennifer Collier, president of health and risk solutions for Sun Life, which last year partnered with OptiMed to allow for specialty infusion therapy in the home.

"Nobody wanted to be in a hospital," she says, especially the immunocompromised – reflecting on widespread concern over exposure to COVID-19 as well as hospital infections during a public health emergency. When patients are stuck in an inpatient setting for a period of time, she notes that they're prone to hospital delirium and pressure sores from being inactive.

Technology has made quantum leaps in recent years with respect to medical applications that have paved the way for hospital-level care in the home. One example involves consumer electronics. Collier, who has a nursing background, recalls being at an industry conference six or seven years ago "where you could literally do an EKG with your Apple Watch," which was mind-boggling at the time. "Today, we all have cameras in our houses, but the ability to have true remote sensing of the patient in real-time, whether it's monitored by humans or AI, the reality is we're going to find that AI will be more consistent and more quickly pick up deviations in or changes in status."

The Information Age has obviously enabled hospitals to embrace the home-based care trend. Once broadband supported the transmission of patient data, it made remote monitoring of patients possible, says Amy L. Hester, Ph.D., a registered nurse who is chairwoman and CEO of HD Nursing, LLC.


Amy Hester

DRIVEN BY DEMAND

But as with any industry, the onus for change is driven by demand. A driving force behind this movement isn't so much from hospitals as it is patients who prefer to avoid a hospital stay unless absolutely necessary, observes Lois Irwin, president of EZaccessMD, which treats urgent care in the home with a combination of virtual appointments and in-person visits.

"We experienced it going back 20 years when an X-ray wasn't possible in a nursing home or private home because radiology exists in hospitals," she recalls. "As people get older and have more experience, they're scared of going to the hospital not only because of the cost but because they know that they may end up staying there longer. So as alternatives are developed where care can be given safely outside of the hospital, it can be a very desirable thing, and if it's as efficacious as in the hospital, then why not?"

Helping transition patients from hospitals to homes is an excellent example of addition by subtraction. "Look at all the things that happen when you're in the hospital," Hester notes. She sees tremendous value in removing a host of risk factors, including hospital-acquired conditions and infections, as well as medication errors from overburdened staffers.

Last year, her company initiated an individualized fall and pressure injury prevention program designed for the hospital-at-home setting. It's easy to see why: after patients are discharged from the hospital, she reports that 15% of readmissions are caused

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by someone falling and hurting themselves badly enough to be re-hospitalized within 30 days.

The hospital-to-home concept bridged off from obstetrics, Hester notes, expanding to other patient populations for the purpose of reducing readmissions within 30 to 90 days of discharge and meeting value-based purchasing benchmarks.

"If I discharge a patient that had COPD or congestive heart failure, and they were readmitted within 30 days, I'm not going to get paid for that readmission because it's part of their global admission" in keeping with value-based care, Hester explains.

Under this scenario, hospitals are incentivized to carefully monitor patients, so they're not discharged too soon or held for too long. She says that keeping individuals with chronic conditions at home will help eliminate errors that occur with transitions in care. It also helps them learn how to take better care of themselves and gain access to community resources without burdening tertiary care centers whose services they don't need.

Roderick Bennett

VASTLY IMPROVED OUTCOMES

The home is a ripe setting for more hospital care than meets the eye. For example, Roderick Bennett, chief medical officer of SOS Care Solutions, says that on some days, as many as 90% of the emergency department (ED) patients he sees can be cared for in the home. Among the urgent care and non-life-threatening emergencies that he says can be done at home are administering IV antibiotics or supplemental

oxygen, as well as ICU-level care involving a patient ventilator. Hospice patients represent another natural fit for this setting.

The hospital-to-home field will continue to grow as demand for these services mounts, according to Bennett, whose firm prevents ED and hospitalization claims by providing high-acuity care at home or an on-site clinic. There are numerous reasons to expect such growth.

"Patients win because they get better care and more attention," he explains. "The hospital is really a place where you have an acute problem that needs to be treated, not a place to get better. Home environments are much better for rest and recovery without all the noises and lights that interrupt sleep patterns and food people don't like to eat." Moreover, he notes that nosocomial injuries that happen in the hospital "are among some of the highest mortality rates and tremendously frequent events that occur."

Outcomes are significantly improved, Bennett adds, and this body of data will continue to grow. The lion's share of that result is tied to the strategic value of allowing a more convenient and comfortable convalescence. "You have much more time to interact with a patient in the home setting where you can do thorough exams without having to be called away to see other patients," he says.

In one of the more dramatic cases Bennett was involved with, a hospice patient who had a pathologic fractured femur and wasn't responding to pain medication dispensed at home was moved into an inpatient hospice unit. "I performed what's called a femoral nerve block in which I was able to anesthetize the nerve, pull his leg out from an S shape, and apply a splint to hold it in a straight position," he reports. "His pain had completely resolved. The result was that he was able to go back home where he wanted to be."

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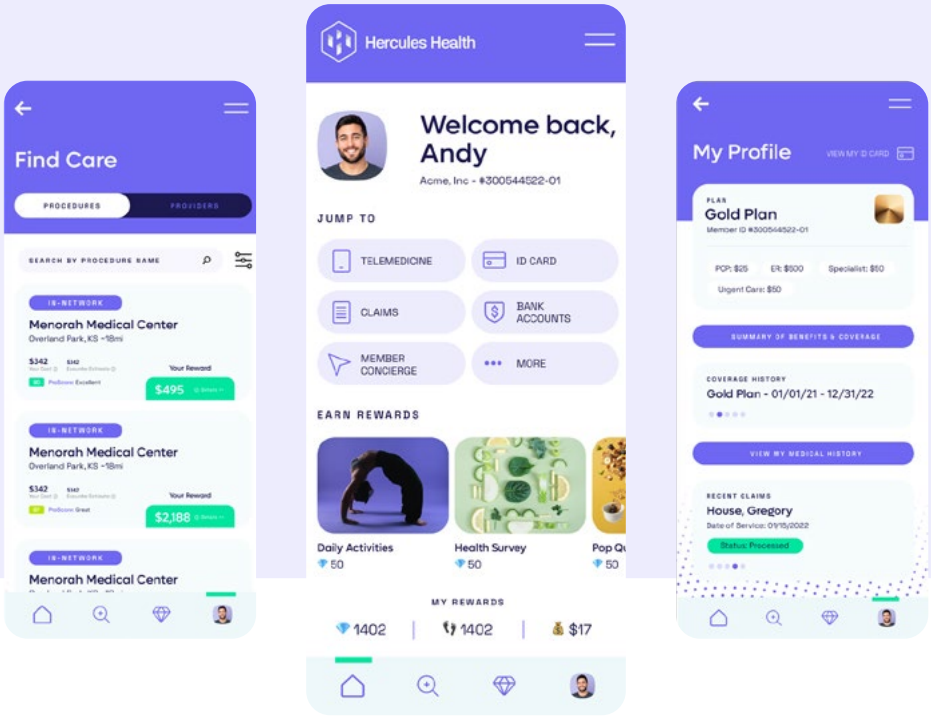

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EYEING EPISODIC CARE

Various companies now provide virtual access to physical or occupational therapists who are also available for in-home appointments. From a supply perspective, Collier says PT and OT professionals are now pursuing those visits for very specific pieces that are needed, while labs and diagnostics are also easy enough to do in the home "as long as you have the technician and you have to have the equipment," such as portable X-rays.

In addition, she sees more episodic complex care, such as infusion therapies moving to the home – a convenient and cost-effective option that significantly saves on travel time. Kidney dialysis falls into this category, as does hemodialysis, a procedure wherein a dialysis machine and special filter are used to clean blood. "We actually teach patients and their families how to do it on their own," she reports.

Here's where home-based care is immensely beneficial: the most common time people with kidney disease have a crisis is Monday if they have skipped weekend dialysis. "You don't have to have a gap in your dialysis when you're doing it at home," Collier notes. "So that's obviously better for your body and more convenient."

Over time, she believes there will be continued improvements that couple sensing and robot remote technology with AI that's been augmented by human command centers. "The complexity of hospital care at home does require nurses being at the house throughout a 24-hour period of time, and a physician being able to check in with patients both remotely and on-site," she says.

FATE OF CMS'S PILOT

This trend has caught the attention of policymakers. More than 300 health systems nationwide have participated in the federal government's Acute Hospital Care at Home (AHCaH) model, which, since November 2020, packaged a mix of virtual and in-person care

Lois Irwin

in response to a shortage of inpatient beds and staff. Funding for the program, supported by a waiver for Medicare reimbursement from the Centers for Medicare & Medicaid Services as part of the public health emergency response to COVID-19, stops at the end of this year.

Whether hospitals have the appetite to seed more of these initiatives across the commercial market is anyone's guess. Irwin has her doubts, given that the program funding is about to run out. She says hospitals haven't embraced more extensive measures to set up equipment in the home other than through the AHCaH. One explanation is the emphasis on keeping their buildings fully utilized before encouraging patients to receive care at home, she says, noting that sometimes not every hospital bed is occupied.

This thinking, no doubt, may prove to be short-sighted, considering that home healthcare programs are meant to help prevent hospital readmissions within a certain time period. "Otherwise," Irwin notes, "the hospital gets penalized by the payers, and it's a bad financial outcome. So, they have a lot of incentive to provide skilled nursing, occupational therapy, physical therapy, speech therapy, etc., to help a patient transition into staying at home."

What's important is making sure that group health plans encourage care at home, especially on a broad basis, according to Collier. "We expect self-insured employers to know all of these nuances and be thinking about all of the complexities to make sure that they actually have access to these things, whether negotiating direct contracts or ensuring that it's actually going to be covered and supported by the plan," she points out. ■

Bruce Shutan is a Portland, Oregon-based freelance writer who has closely covered the employee benefits industry for more than 35 years.