

## Quick-Hitting Survey

# Leading Health System Hospital-at-Home Strategies

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### Executive Summary

#### Methodology

In May 2021, The Health Management Academy conducted a quick-hitting survey of Leading Health Systems (LHS) to better understand their hospital-at-home strategies. The 17 responding executives included Chief Population Health Officers (CPHO), Chief Medical Informatics Officers (CMIO), Chief Strategy Officers (CSO), and Chief Financial Officers (CFO). The responding executives represent 14 health systems with an average Total Operating Revenue of \$4.2 billion that own or operate 187 hospitals and have approximately 1.6 million admissions per annum.

#### Key Findings

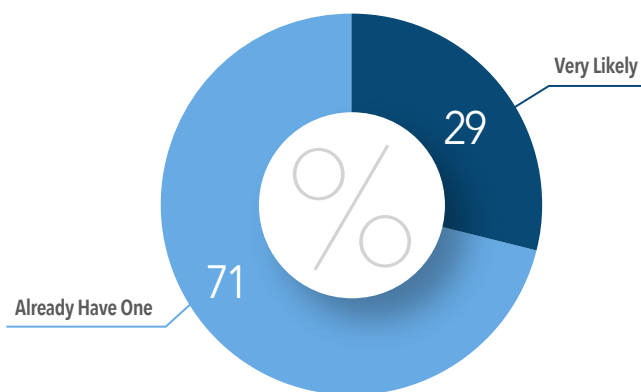
- The majority (71%) of LHS surveyed have a hospital-at-home program today. All executives from the remaining LHS indicated that their health systems are very likely to establish one in the next three years.
- Of those LHS that have already established a hospital-at-home program, 100% of them were built internally as opposed to partnering with a third-party organization.
- The majority of LHS surveyed (93%) offer other home health services outside of a formal hospital-at-home program.

#### Results

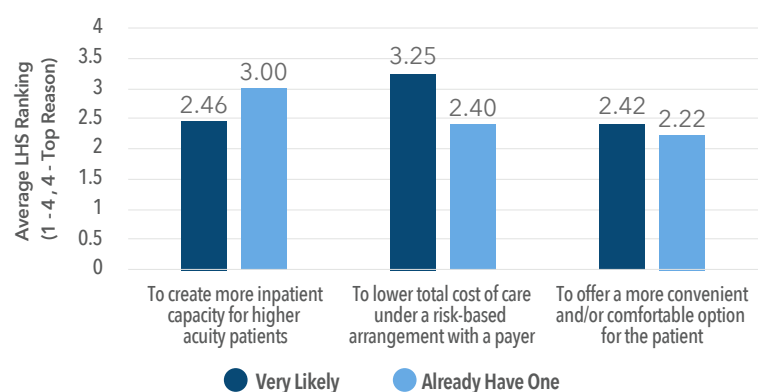
The majority (71%) of LHS surveyed already have a hospital-at-home program (Figure 1). All executives from the remaining LHS indicated that their health systems are very likely to establish one in the next three years.

The top reason for establishing a hospital-at-home program varied between LHS that already have a program and those that are very likely to establish one in the future (Figure 2). Across LHS that already have a hospital-at-home program, creating more inpatient capacity for higher acuity patients was the top reason. Across LHS that are very likely to establish a hospital-at-home program in the next three years, lowering the total cost of care under a risk-based arrangement with a payer was the top reason.

**Figure 1. How likely is your organization to establish a hospital-at-home program within the next 3 years?**



**Figure 2. What are your top reasons for establishing a hospital-at-home program?**



Of LHS that are very likely to establish a hospital-at-home program in the next three years, 50% are more likely to partner and 50% are more likely to build their own program (Figure 3).

Of those LHS that already established their hospital-at-home program, 100% of them were built internally as opposed to partnering with a third-party organization.

Just over half (59%, 53%) of executives were familiar with the hospital-at-home companies Medically Home and Contessa Health (Figure 4). Fewer executives (18%) were familiar with Dispatch Health. LHS executives also reported some familiarity with the hospital-at-home companies Bioformus and OBS at Home.

LHS executives were more likely to recommend Medically Home versus Contessa Health to a colleague (Figure 5). Medically Home received higher ratings than the other hospital-at-home companies due to their protocols and infrastructure. Most of the lower ratings for Medically Home and Contessa were a result of many executives not having experience working directly with either company.

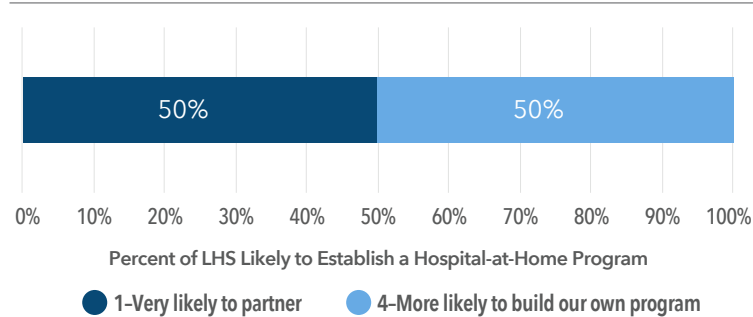
The majority of LHS surveyed (93%) have other home health services outside of a hospital-at-home program (Figure 6). Of the 93% that have other home health capabilities, 87% of those LHS bought or built their own capabilities internally, while the other 13% partnered with a third-party organization.

### Conclusion

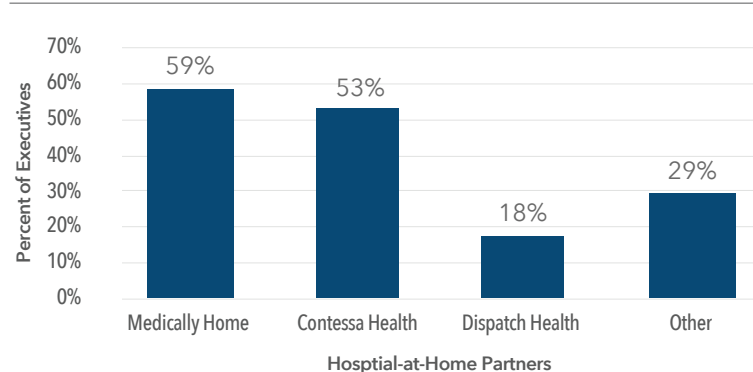
Despite the complex payment regulations associated with acute hospital-at-home services, LHS executives expect an increase in these services over the next 5-10 years. First, LHS executives anticipate that changes to the Centers for Medicare and Medicaid Services (CMS)' 'two midnight' rule for surgical procedures may push LHS to transition many surgical procedures to same-day/ambulatory care, thus sparking an increased need for hospital-at-home services. Second, the COVID-19 pandemic has accelerated the need for hospital-at-home services for many LHS. LHS executives anticipate that demand for hospital-at-home services will increase as demand for senior living facilities decreases in the coming years due to the perception that more caregivers will opt to keep their elderly relatives at home given the high risk for COVID-19 infection associated with these facilities.

Despite the anticipated increase in acute hospital-at-home care programs across the country, several barriers still exist for many LHS, including appropriately staffing home health nurses in accordance with CMS regulations, and addressing the major gaps in patient engagement that are often associated with home care. Some LHS are also hesitant to fully implement formal hospital-at-home programs given a lower acuity patient volume in their markets. As the U.S. enters the post-vaccine phase of the COVID-19 pandemic, more research will be needed in this domain to understand how health systems will continue to implement and scale their hospital-at-home programs.

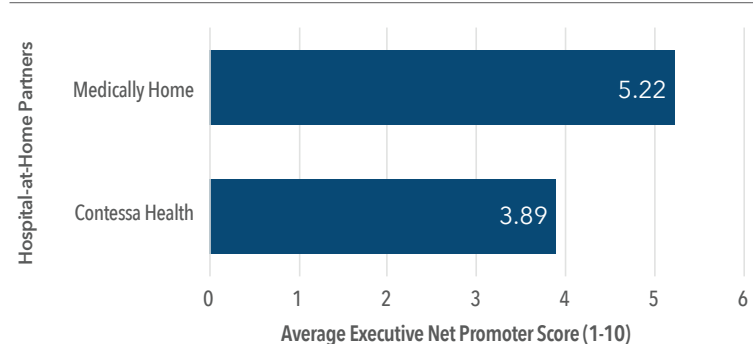
**Figure 3. Are you more likely to partner with a third-party organization focused on hospital-at-home services or build your own program?**



**Figure 4. Which hospital-at-home companies are you familiar with?**



**Figure 5. How likely are you to recommend these hospital-at-home partners to a colleague?**



**Figure 6. Outside of hospital-at-home services, does your organization currently own or plan to own home health service capabilities?**

