

Hospital at Home Checklist

How to Design a Patient-Centric Hospital at Home Program

Hospital at Home programs have been shown to improve outcomes, reduce readmissions, and control costs. But remotely delivering excellent acute-level care in a patient's home requires consideration of numerous clinical and operational processes.

Use this checklist to guide the design of your Hospital at Home program.

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Provider Awareness and Training

Provider engagement has a significant effect on program adoption and patient enrollment.

Consider these strategies for building enthusiasm and adoption:

- Involve clinicians in creating your patient selection protocols
- Develop both patient and provider specific materials that share the benefits of the program and how to enroll
- Integrate the enrollment process into existing EMR workflows
- Regularly share patient success stories once your program is live



Current Health's marketing team works closely with our healthcare partners to design and deliver these programs using our internal marketing playbook.



Hospital at Home Staffing

A variety of clinicians and support staff should be involved in your Hospital at Home program. The size of your team will grow with your program, but to get started you need to cover several core roles.

Suggested Team

- Hospitalist
- Hospital at Home Nurse Manager
- Program Coordinator
- Dedicated nurses
- Dedicated APP
- After-hours support

Third-Party Command Center

Current Health operates a 24/7/365 Clinical Command Center, supported by nurses, advanced practice providers, and physicians.

We can provide first-line clinical triage for all or part of the day, night, or weekend.



Per CMS, ensure you have a safety committee in place to review outcomes data, including patient volumes, escalations, and unexpected deaths.



Patient Selection and Admission

Patient selection criteria will evolve as your program scales. Intentional admission parameters should include both clinical and non-clinical factors.

Clinical inclusion and exclusion criteria will largely depend on the diagnosis related groups (DRGs) you choose to prioritize, but should consider patients':

- Enthusiasm
- Social support
- Technology fluency
- Connectivity
- Care plan predictability
- Insurance requirements



Current Health provides a patient screening tool that can be built into your EHR.



Care Coordination and Delivery

Once the patient has been selected for and consented to the Hospital at Home program, they should be briefed on their care plan and equipped with the appropriate devices, equipment, and medication.

Remote Patient Monitoring (RPM)

Monitoring is a foundational element of Hospital at Home programs. Continuous vital sign monitoring enables superior insight and better supports higher acuity patients.

For the best experience, make sure your RPM solution includes:

- Simple, patient-friendly setup and connectivity
- Configurable alarms
- Flexible escalation protocols
- Seamless integration of patient data
- Actionable dashboard that helps prioritize patients
- Logistic and device reprocessing support



Current Health provides a library of best practice Clinical Pathways for treating specific patient populations at home.



Home and Virtual Visits

The CMS program requires that the patient receive at least two physical visits per day. These may be conducted by mobile integrated health (MIH) teams as long as they are supported by a virtual RN visit.

An MD or APP must conduct a visit at least once a day. This visit may be virtual.

Virtual visits should be conducted, at a minimum, via audio, but best practice is via video.



Current Health recommends twice daily 'dashboard rounds' to determine the clinical necessity of physical or virtual visits. Our dashboard allows clinical teams to prioritize patients, share notes, and coordinate care.

In-Home Services

CMS requires Hospital at Home programs to provide all services available to patients who are hospitalized as inpatients.

This may include:

- Pharmacy
- Infusion
- Respiratory care including oxygen delivery
- Diagnostics (labs, radiology)
- Vital sign monitoring
- Transportation
- Food services including meal availability as needed by the patient
- Durable Medical Equipment
- Physical, Occupational, and Speech Therapy
- Social work and care coordination



The operational integration of these service providers is critical to program success. Current Health has a curated network of partners whose in-home services can be ordered directly through the Current Health platform.



Patient Discharge and Deescalation

As the patient improves, visits and ancillary services are reduced, but monitoring continues until the provider is confident the patient will safely avoid readmission.

- Define discharge eligibility from Hospital at Home program.
- Define the process for stepping down care as a patient's condition improves.
- Determine who collects the equipment and reprocesses it for the next patient.
- If the patient will continue to be monitored in an out-patient status, determine who will monitor the patient and document care.



Current Health provides holistic logistic support for our remote care kits. We can deliver, pickup, reprocess, and store all kits.



Revenue Cycle Management

The CMS Acute Hospital Care at Home Program requires submission of a waiver before you can begin caring for acute patients at home in that program.

- Each of your hospitals must apply for this waiver.
- The waiver requires an explanation of how you will deliver the required services to the patient in the home as well as a description of your prior experience.
- For CMS, all inpatient payment policies, billing requirements and cost reporting requirements are the same.



For your private payer relationships, Current Health's RCM team will collaborate closely with your team to analyze requirements for each payer, as per your local payer contracts, and will help you engage those payers as appropriate.

