**Hospital at Home**

**Background**
Hospital at Home (HaH) is an innovative model that provides hospital-level care in a patient's home as a full substitute for acute hospital care. The program was developed by researchers at the Johns Hopkins Schools of Medicine and Public Health and has been implemented across the country, including at Presbyterian Healthcare Services, the largest integrated multi-specialty group practice and health plan based in New Mexico.

**Goal**
Cost-effectively treat acutely ill older adults, while improving patient safety, quality and satisfaction.

**Target population**
HaH is open to commercial, Medicare Advantage and Medicaid members covered through Presbyterian Health Plan. The program is offered to patients who require hospital admission for certain diseases, such as community-acquired pneumonia, congestive heart failure, and cellulitis.

**Intervention**
Patients who meet specific medical eligibility criteria (i.e. age, diagnosis, proximity to hospital, diagnosis) are given the choice of a traditional hospital stay or receiving hospital-level care – including diagnostic tests and treatment from doctors and nurses – in their own homes.

Key components of the HaH model include daily visits by physicians, nurses and pharmacists who coordinate the medical care plan, administer and monitor medications, check vital signs, conduct diagnostic tests, manage the patient’s pain and working with family caregivers. Telehealth nurses provide additional support remotely.

**Payment model**
Bundled payment designed in cooperation with Presbyterian Health Plan.

**Results**
A 4-year study of 582 HaH patients showed the same or better clinical outcomes and higher satisfaction levels when compared with similar hospitalized patients. HaH costs were 19 percent less, most likely because of a lower length of stay and fewer diagnostic tests.

**Recommendations/Observations**
HaH is an innovative care delivery model that delivers high quality, patient centered care at lower costs.

Reference: