



## The Future of Acute Care: Treating Patients at Home

By **Travis Messina**, Founder and CEO, *Contessa*

**The future is now for acute care providers.** The so-called emerging trends the industry has watched for years—telemedicine, alternative sites of care, biometric monitoring, and others—have now fully emerged. Due to the pandemic, these offerings have gone from futuristic novelty to essential service nearly overnight for providers, in an industry unaccustomed to rapid, large-scale change.

But there's a reason these ideas were gaining attention even before COVID. For more than a decade now, payers and providers have felt increasing pressure to provide better care at a lower cost, without sacrificing patient satisfaction or risking provider burnout. And, perhaps most notably, patients continue to play a more active role in their care than ever before, starting a new race among competing providers for who can build a more consumer-centric model.

By now, most provider organizations have realized their traditional volume strategy—which can be flippantly characterized as “heads in beds”—is no longer the most efficient or effective way to meet most patients' needs. For hospital leaders who couldn't see the writing on the wall before 2020, the COVID-19 pandemic has made it plainly clear that the established model for providing acute care must, and will, change.

While there are dozens of reasons hospitals and health systems will increasingly focus on at-home care solutions, the most important reason may be the simplest: it's what patients want. In fact, 80 percent of American patients say they would likely use home-based hospital care—that is, acute care delivered inside their home—if it was covered

by their insurance, according to a 2020 survey by Jarrard Inc. and Public Opinion Strategies.<sup>1</sup>

And why wouldn't they? Americans have shifted many of their activities to their homes over the past 18 months. We have adapted (or, for some of us, are still trying to adapt) to working, learning, and socializing remotely.

Hospitals can't undo the momentum building behind today's innovative approaches to acute care. But they can adapt their delivery models to offer acute care in a way that

### → Key Board Takeaways

Questions to ask when determining if your organization is ready to deliver acute care at home include:

1. **What competition exists?** Assess the competitive landscape of high-acuity homecare services in your community. Are others (health systems or independent providers) offering services in the home? If not, there is an opportunity to be the first mover. If so, should you defend your market share?
2. **Are we already in patients' homes?** Do you have at-home care capabilities in place that can be leveraged to expand into a high-acuity homecare program?
3. **What resources do we have?** If you are unsure of the team's ability to expand to higher acuity homecare, do you have an expansive team that can dedicate sufficient time to design this service line or the capital needed to fund building out the clinical capabilities needed for this service line? If not, are there partners that you should evaluate as part of a "buy vs. build" exercise?
4. **How are our contracts structured?** Do you have a managed care strategy in place that incentivizes you to divert patients away from the inpatient setting while still being financially viable to the overall enterprise and not simply the P&L owner of this new service line?
5. **What can our tech platforms handle?** What technological capabilities will you need to replicate the services, monitoring, and turnaround times that a patient would experience on the floor of the hospital?

1 Jarrard Inc. and Public Opinion Strategies, [Coronavirus and Its Impact on U.S. Healthcare Providers](#), April 2020.

meets patients' care needs, lowers costs, prevents readmissions, and creates a better overall experience for patient and provider alike—all by treating patients in the home.

## How It Works

The traditional hospital model is something we are all familiar with. A patient presents in the ER, gets admitted to the hospital and transferred to a quieter room, then is discharged to a post-acute setting (either the home or another post-acute facility). Multiple, confusing bills and a high rate of hospital-acquired infections typically follow.

Using a hospital-at-home model, the episode starts the same, but diverges dramatically from there. Once care in the ER is done, patients are evaluated and given the opportunity to spend the rest of their recovery time safely at home with their loved ones and creature comforts like pets and home-cooked meals. In our experience across multiple markets, more than 90 percent of eligible patients opt for this type of care when given the chance. And, on average, this significantly reduces the cost of the stay, the length of the stay, and the likelihood of readmission.

Modern hospital-level care delivered at home is not new—the idea has been around for at least 30 years—but it is becoming increasingly advanced. Contemporary hospital-at-home models combine all the critical elements of inpatient care, the comfort and convenience of the home, and the latest technology and monitoring capabilities.

Supported by modern health informatics platforms, these models enable provider organizations and health plans to deliver excellent care to patients with non-life-threatening conditions—anything from urinary tract infections to pneumonia to dehydration.

With hospital-at-home, patients receive:

- Remote health monitoring
- A custom treatment plan
- Screenings and treatment
- Daily nurse visits
- Physician telehealth consultations

All this means providers achieve cost savings, improve patient outcomes and satisfaction, and set a new standard for alternative site acute care delivery.

## How It's Evolving

While the hospital-at-home model has been in the works for some time, its capabilities have shifted significantly in recent years. Companies providing hospital-at-home services responded to the pandemic in kind. For example, amid a looming capacity crisis, Mount Sinai Health System knew it needed to act fast to avoid a catastrophic situation. Third-party partner Contessa Health helped Mount Sinai rapidly adjust its at-home care model—which typically helps patients avoid hospital admissions altogether—into a model that could also provide coordinated, at-home health services for patients who had already begun treatment inside the walls of the hospital. Mount Sinai patients were moved out of the hospital and into their homes within 10 days of the first call, and they continued to receive the care they needed in a much safer, calmer environment: their homes.

Giving providers the capability to deliver care more broadly through alternative care sites is essential to evolving our health system. Data show that risk of infection decreases, patient comfort and satisfaction increases, and the costs to the patients, providers, and payers decrease when appropriately treating patients virtually in their home. Not to mention the contingencies allowed by freeing up bed space in the event of a public health emergency.

Taking care of patients from their location of choice is highly effective in normal times, but it's even more important under today's unique circumstances.

## How It's Scaled

In order for hospital-at-home to truly revolutionize healthcare, it must be widely adopted. For that to happen, hospitals need to clear several hurdles, a few of which are listed below.

### ***Managed Care Contracting***

While some administrators may see fewer “heads in beds” and assume lost revenue, hospital-at-home models have proven that's simply not the case, thanks to their ability to contract with managed care organizations (MCOs). Finally, providers of at-home care can offer hospitals and health systems a means for receiving reimbursement for this care where previously there was none. Contracting also introduces opportunities to refer a broader range of patients into the program, rather than just traditional Medicare patients, ultimately increasing the organization's capacity. As MCOs prove

more receptive to this type of contract, providers will continue to see the value these programs can deliver, while also improving patient satisfaction and outcomes.

### ***The Right Technology***

In order to receive full reimbursement, hospitals and health systems need to provide care to patients who meet the criteria to be admitted into their facility. That means patients need to receive the same level of service as they would receive on the general medicine floor—including 30-minute turnaround times and high-quality care. This requires specialized technological solutions to pull off.

### ***Needed Resources***

Whether you build from the ground up or form a partnership such as a joint venture, home hospital care requires a significant commitment of financial and organizational resources. Hospitals and health systems across the country are playing out this decision right now: whether to spend tens of millions of dollars to create and control a hospital-at-home program, or spend hundreds of thousands of dollars with a partner and still retain a decent majority of the revenue generated. The right upfront investments—in technology, credentialing, education, and more—can easily (and quickly) provide good returns when leadership is bought in and determined to make this work.

### **What's Next**

The COVID-19 pandemic forced hospitals and health systems to embrace hospital-at-home purely out of necessity. But now that we know it can be done, and that hospitals and health systems aren't confined to physical buildings, the possibilities are expanding rapidly.

Instead of just moving the general medicine floor to the home, more hospitals are looking at other services that can be provided there, like skilled nursing and palliative care. They can become much less sensitive to patient fluctuations, able to expand and decrease capacity with ease. And, in the long run, they can avoid high-cost projects like building additions or facility acquisitions.

All of this adds up to an extremely optimistic view of healthcare delivered in the home. As I said, the future is now for providers—it's becoming less a question of "if" and more about "when." But developing a home hospital care program is an organizational shift that comes with a significant set of challenges that require time,

resources, and expertise to solve. When considering integrating a home hospital care component into a hospital or health system, the primary question board members should think through as they consider their specific needs and resources is whether it makes more sense to build from scratch or partner with a proven company that has shown the ability to scale this type of care.

Either way, when done properly, hospitals and health systems can save money while still providing the highest levels of care. And patients enjoy their experience more, spending less time in the hospital and more time at home with their families. Hospital-level care at home is a win-win across the board, and it's no longer a futuristic fantasy. It's a reality that's here to stay.

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