The COVID-19 pandemic has caused hospitals and health systems to explore new and innovative care models, including a heightened focus on remote care. Hospital-at-home care, or the Acute Hospital Care at Home program, is a patient care model that provides acute-level care to patients in their own homes. The program was originally developed by the Johns Hopkins Schools of Medicine and Public Health over 25 years ago and has seen broader adoption by other hospitals and health systems in recent years. In March 2020, the Centers for Medicare & Medicaid Services (CMS) announced their Hospitals Without Walls program, which resulted in broader regulatory flexibility in providing services beyond hospital walls. This was later expanded in November 2020 to include the Acute Hospital Care at Home program, which allows eligible patients to be treated for acute illnesses in the comfort of their homes.

CMS has outlined more than 60 acute conditions such as heart failure, asthma, pneumonia, and chronic obstructive pulmonary disease (COPD) that can be safely managed from a patient’s home with proper monitoring and treatment protocols. For a patient to be eligible, they must be admitted directly from the emergency department and inpatient hospital bed. An in-person physician evaluation is also required to evaluate the patient prior to initiating at-home care. A patient must be monitored by a registered nurse daily and have a nurse or mobile integrated health paramedic check on them in-person twice daily.

As of June 4, 2021, there are 59 health systems and 133 hospitals in 32 different states that are participating in the Acute Hospital Care at Home program. To participate in the program, hospitals must meet all requirements.

AREAS FOR CONSIDERATION FOR PHARMACY

1. Engage organization’s leadership to determine if there are plans to pursue the CMS waiver for the Acute Hospital Care at Home program.

2. Evaluate and determine, early in planning processes, the in-person, virtual, and electronic patient assessment role for pharmacists in the hospital-at-home program (Note: Current CMS requirements only define physician, advanced practice provider, registered nurse, and mobile integrated health paramedics).

3. Assess electronic healthcare record platform capabilities to support hospital at home, and include an assessment of any ancillary electronic records/platforms that will need integration to support medication use documentation and pharmacists’ consultations.

4. Proactively assess the pharmacy clinical services necessary to care for the currently approved acute care conditions and the competencies and training that may be necessary to meet expected demands.

5. Evaluate and determine how medications will be provided and stored for patients with an emphasis on controlled substance management (i.e., will medications be supplied by a hospital or health-system owned pharmacy; how will pharmacists and pharmacy technicians provide oversight of the medication supply chain process).

6. Evaluate and determine how medication administration will be documented, including waste management.

7. Develop processes to integrate telemedicine services for patients to receive education from pharmacists.

8. Establish standards for temperature-sensitive storage of medications and processes to ensure proper conditions are monitored and maintained.
EVALUATING ORGANIZATIONS’ PREPAREDNESS

- Do hospitals and health systems have existing policies that are sufficient to allow for hospital-at-home care?
- What policies and procedures need to be developed to use pharmacists and integrate them into direct patient-care services in the hospital-at-home setting?
- Will state and federal regulations and licensure require interpretation to support practice and supply chain models necessary to support hospital at home?
- What additional policies, advocacy, and education are needed from hospital and health-system leaders to ensure optimal patient care is provided in the Acute Hospital Care at Home program?
- How can hospitals and health systems help ensure patients have direct access to clinical pharmacy services when participating in the Acute Hospital Care at Home program?
- What perceived barriers might hospitals and health systems encounter while adopting hospital-at-home care?
- What policies, advocacy, and education are needed to address compensation from private insurers for services provided in the Acute Hospital Care at Home program?
- What policies, advocacy, and education are needed to broadly adopt telehealth and digital innovation technologies in Acute Hospital Care at Home programs?

CONCLUSION

The Acute Hospital Care at Home Program is a patient care model that expands acute-level care beyond hospital walls. As the healthcare landscape evolves, it is imperative to integrate pharmacy leadership and workforce into planning, implementation, and patient care management for hospital-at-home services. With increased adoption of telehealth and other innovative digital health capabilities, pharmacists will remain at the forefront of providing timely and essential direct patient care services on interprofessional teams.

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For additional questions, please contact sections@ashp.org.
GENERAL BACKGROUND INFORMATION

- Hospital-at-Home History
- CMS Approved Facilities/Systems for Acute Hospital Care at Home
- American Hospital Association (AHA) Hospital at Home
- The AHA’s Members in Action series
  » Presbyterian Healthcare Services – Albuquerque, NM
  » Mount Sinai Health System – New York, NY
  » Atrium Health Virtual Hospital, Atrium Health – Charlotte, NC
  » Brigham Health – Boston, MA
- CMS Announces Comprehensive Strategy to Enhance Hospital Capacity Amid COVID-19 Surge
- CMS Online Portal Waiver Request for Acute Hospital Care at Home
- CMS Hospital Without Walls
- CMS What They’re Saying: Acute Hospital Care at Home
- Johns Hopkins Medicine: Hospital at Home
- Five Hospital-at-Home Initiatives from Adventist Health, Mayo Clinic and More
  » Atrium Health
  » CommonSpirit Health
  » Adventist Health
  » Intermountain Healthcare
  » Mayo Clinic
- Amwell Joins Hospital-at-Home Care Initiative Backed by Amazon, Intermountain, Ascension

ARTICLES AND RESEARCH

- Hospital at Home: Feasibility and Outcomes of a Program To Provide Hospital-Level Care at Home for Acutely Ill Older Patients
- Hospital-Level Care at Home for Acutely Ill Adults: A Randomized Controlled Trial
- A Meta-Analysis of “Hospital in the Home”
- Comparison of Stress Experienced by Family Members of Patients Treated in Hospital at Home with That of Those Receiving Traditional Acute Hospital Care
- Satisfaction with Hospital-at-Home Care
- Admission Avoidance Hospital at Home
- Costs For ‘Hospital-at-Home’ Patients Were 19 Percent Lower, With Equal or Better Outcomes Compared To Similar Inpatients

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