

# Telehealth, Remote Patient Monitoring, and the Hospital at Home Model

Health systems across the country are launching Hospital at Home programs to provide high-quality, safe, hospital-level care to patients in the comfort of their own home.

## HOSPITAL AT HOME

### Factors Driving Hospital at Home Adoption

**\$11.7K**

Average cost per hospital stay in the U.S., making hospitalization one of the most expensive types of healthcare utilization

**1 in 31**

Number of hospital patients who have at least one healthcare-associated infection on any given day

**68%**

Of hospital-based healthcare costs go towards brick-and-mortar overhead

- ✓ Shift to consumer-centric healthcare and focus on patient experience
- ✓ CMS launch of the Acute Care at Home Model
- ✓ Transition from volume under fee-for-service (FFS) to outcomes under value-based care
- ✓ Enormous strides in technology innovation allowing for easier and safer in-home care

### Proven Outcomes with Hospital at Home



Reduced Readmissions



Decreased Length of Stay



Reduced Cost of Care



Improved Patient Satisfaction and Experience



Diminished Hospital Acquired Infections



Increased Revenue from RPM/CCM Reimbursement

### Examples of Hospital at Home Models with RPM

**1**

#### Model 1: Emergency Department Diversion

**Goal: Increase hospital capacity**

Patient qualifies for admission for one of the targeted illnesses and is identified in the ED or inpatient hospital bed

**2**

#### Model 2: Early Discharge

**Goal: Reduce length of stay (LOS) in the hospital**

Patient is already being treated in the acute care setting for condition and qualifies for early discharge to home

- ✓ Patient receives in-person physician evaluation to assess program eligibility
- ✓ If eligible, patient is provided with RPM technology in the hospital—or the technology is sent directly to the patient's home via mail or in-person delivery from the Hospital at Home program staff
- ✓ Patient is transferred home for care
- ✓ At home, patient receives nursing care once daily (either in-person or remotely), and two in-person visits daily via RNs or mobile integrated health paramedics
- ✓ Every day, patient engages with telehealth and RPM tools to stay in communication with providers and to monitor symptoms\*
- ✓ The patient is treated until stable for discharge as determined by pre-set discharge criteria

*\*Minimum of two sets of in-person vital signs required daily. Remote monitoring should be consistent with existing hospital policies and standards of care. Remote monitoring can be continuous or intermittent, and the intensity should be appropriate to each patient's needs.*

### Common Targeted Illnesses for Hospital at Home Programs

- ✓ Acute pneumonia
- ✓ Cellulitis
- ✓ COVID-19
- ✓ UTI
- ✓ Dehydration
- ✓ Heart failure
- ✓ COPD
- ✓ Sepsis
- ✓ Post-Surgical
- ✓ High or Rising Risk