The hospital-at-home (H@H) model — where patients receive acute level care in their homes, rather than in a hospital — has emerged as an innovative and promising approach to provide high quality care to patients in the comfort of their homes.

How was H@H established?

- H@H programs started with approximately 20 hospitals and health systems from around the country, establishing over 25 years a model to advance the program more broadly.
- The Centers for Medicare & Medicaid Services launched the Acute Hospital Care at Home program in 2020 to provide hospitals greater flexibility to care for patients during the COVID-19 pandemic.
- Congressional action is needed to extend H@H beyond Dec. 31, 2024. The AHA supports the extension of H@H.



physician identifies a patient sick enough to require hospital-level care but stable enough to be treated at home. The patient must accept admission to the H@H program.

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the patient's home for H@H (e.g., must have working utilities including electricity and running water.)

from the hospital, and other care team members are identified based on the patient's needs.

meets with the patient either in person or via telemedicine to discuss diagnosis, prognosis and treatment plans. In addition, patients and family members will learn about equipment and communication devices.



When the patient is stabilized and well enough, to be "discharged," the patient is discharged.

Between scheduled daily visits by the care team, patients and family can reach the care team at any time for questions, concerns or changes in the patient's condition.



Health care providers conduct scheduled in-home or virtual care visits, answer questions and provide additional care as needed. The patient's vital signs are monitored electronically by the care team.

What kinds of patients meet the H@H criteria?

- 1. Hospitalized patients stable enough to be safely monitored at home.
- 2. Conditions with well-defined treatment plans (l.e., pneumonia, congestive heart failure, chronic obstructive pulmonary disease, diabetes or cellulitis).

Examples of services that can be done in the home setting:



Diagnostic studies such as electrocardiograms, echocardiograms, and x-rays.



Treatments such as oxygen therapy, infusions, physical and occupational therapy, laboratory tests, and more.



Services such as respiratory therapy or pharmacy.

How does H@H promote safe, equitable care for patients?

Providers can use the H@H program to identify additional support programs to assist patients in their recovery and ongoing care.

- Best suited for homes with adequate internet, cooling/heating and social support.
- Providers may determine additional services to meet patient's social needs.
- Referrals for additional health care needs or community support programs.