

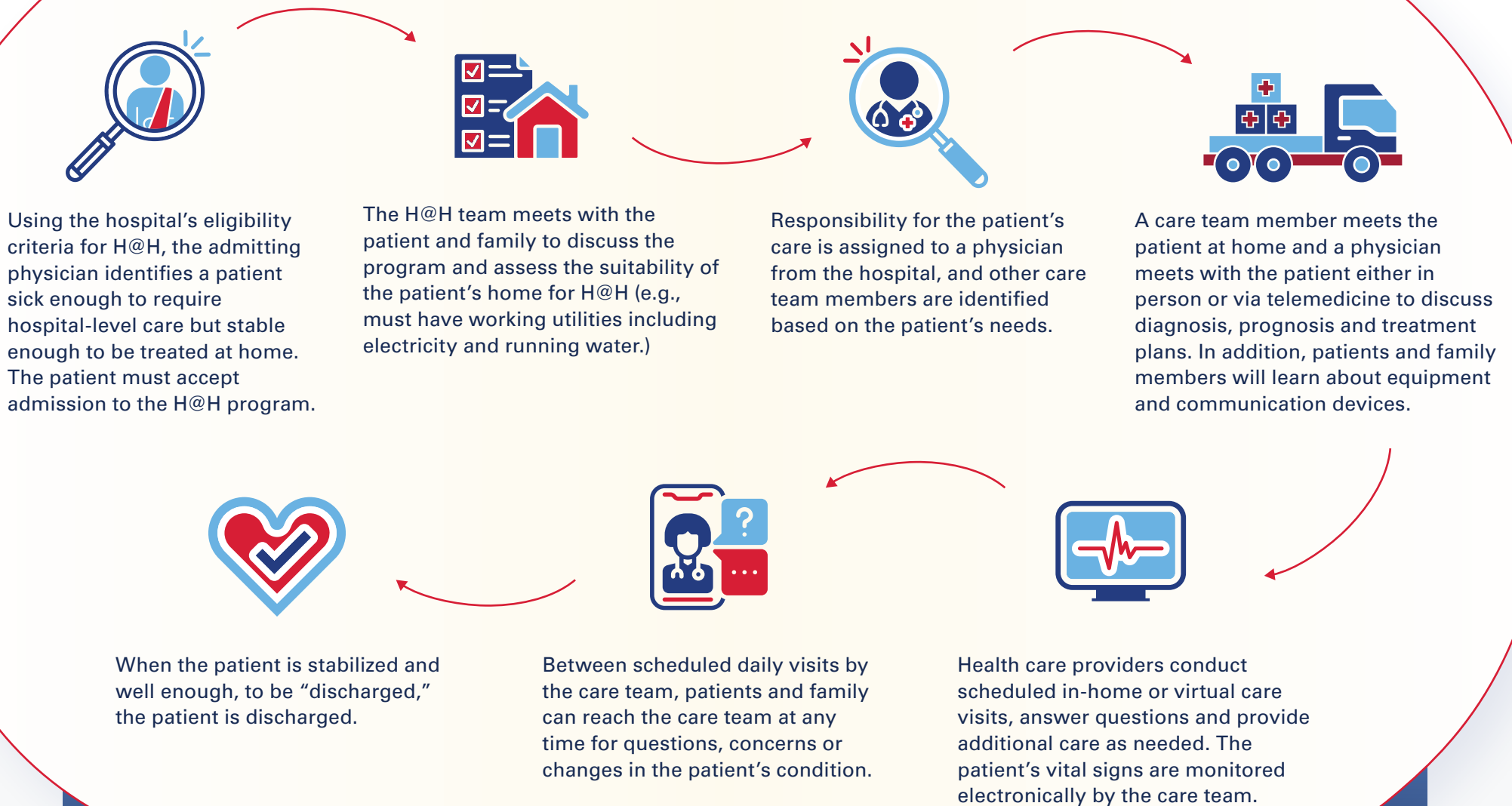
Understanding the Hospital At Home Program

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.

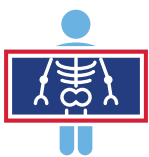
How does H@H work?



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 (i.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.