

THE Value Initiative

Members in Action: Improve Quality & Patient Outcomes

Presbyterian Healthcare Services – Albuquerque, NM

Hospital-at-Home Care Improves Value for Patients

The AHA's Members in Action series highlights how hospitals and health systems are implementing new value-based strategies to improve health care affordability. This includes work to redesign the delivery system, manage risk and new payment models, improve quality and outcomes, and implement operational solutions.

Overview

Presbyterian Healthcare Services (PHS) - an integrated delivery system with nine hospitals, a health plan and a large medical group in New Mexico – launched Presbyterian Hospital at Home in 2008 in an effort to provide more patient-centered care and reduce costs. In partnership with Johns Hopkins Medicine, they developed their care model, diagnosis criteria, inclusion and exclusion criteria and care processes.

Patients that are members of PHS's health plan are eligible to participate in the Hospital at Home program. PHS developed extensive inclusion and exclusion criteria to determine which patients were sick enough to need hospital-level care but stable enough to be treated at home. Being able to care for patients in the home is especially important for elderly patients, who often experience distress and declines while in the hospital. PHS found that treating patients at home helps prevent the onset of delirium, reduces fall risk, reduces the risk of infection and allows for increased mobility.



Impact

PHS has demonstrated improved clinical outcomes for Hospital at Home patients since the inception of the program in 2008. Hospital at Home patients have lower readmission rates than those who receive inpatient care within the four walls of the hospital. Falls are close to zero, and there have been no medication errors. In addition, patients do not require post-acute care admissions to facilities.

Patients are also satisfied with their home hospital experience. Elizabeth de Pirro, M.D., medical director of Hospital at Home and Complete Care shared, "People have few things to say that are not glowing about getting hospital care at home... And folks as a whole are so grateful to be able to get the care they need in their home." Nancy Guinn, M.D., medical director of clinical transformation, population health also noted that patients embrace Hospital at Home because it enables them to continue to care for their pets.

PHS has been measuring cost reduction from the program for years. As they learned more about how it worked and got more efficient, the costs have decreased even further. The cost of a hospital at home admission is about 42% lower than an equivalent inpatient hospitalization.

Providers also enjoy providing home hospital care. De Pirro shared, "A lot of folks may think that working with people who are frail, advanced stage, with multiple medical problem is not going to be very satisfactory. But I think it is probably the most rewarding job I've done."

Patients being treated in their home can receive IV medications and other treatments, receive support from doctors and nurses, and have their family members present for the duration of their care. Patients receive in-person visits from a physician or advanced practice clinician daily as part of their hospital care. Patients requiring additional support are transitioned to home health care after their “discharge” from Hospital at Home.



Presbyterian Hospital at Home bolstered the hospital’s response to COVID-19. New Mexico has some of the lowest hospital bed capacity in the country, so having the infrastructure to provide care to patients in their home has been valuable. By improving their efficiency, PHS was able to triple their capacity for at-home admissions and free up hospital beds for those that needed them most. They have expanded the services provided at home to include supportive care for oncology patients who may have normally needed to go to the hospital.

Lessons Learned

The operational delivery system is critically important for a successful hospital-at-home program. Nurses need to feel comfortable responding to emergencies with minimal supervision, and advance practice clinicians and physicians need to be comfortable driving around in a car full of equipment with only a computer and cell phone for backup. Guinn noted that you need the right type of clinicians to operate in the home setting. “It takes a person who has nerves of steel to be comfortable working in that environment.” Furthermore, health system administration and staff need to be comfortable with innovation and willing to try a new approach.

Since the start of COVID-19, many hospitals have come to PHS asking for advice on how to start a hospital-at-home program. Guinn recommends focusing on a specific population, knowing what problem you are looking to solve, and building the solution to solve it. “The first question is, what are you addressing? Is it your bed capacity? Is it your patient satisfaction? Then it is why – why are you pursuing this?” Answering these questions allows hospitals to tailor home hospital to meet their needs.

Future Goals

Presbyterian Hospital at Home is always evolving. Over the past few years, they have developed an advanced illness management program called Complete Care which takes care of 700 medically fragile, frail and usually elderly patients in their homes. PHS provides a spectrum of services in the home setting, including primary care, urgent care, home hospital and case management. Their next step is to implement a robust community palliative program.

Guinn explains the goal of their continued expansion is to “create a seamless network of care for people in the last years of their lives so that they don’t fall into gaps of care.”

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