Frequently Asked Questions

1. What resources are available to organizations interested in treating acute hospital care at home patients?
   - CMS has created a document with links to a large current group of health systems which currently provide this care as well as the information of three of the largest private firms which could be used to support your program.
   - CMS expects to host a series of webinars with both academic and private industry leaders the week of November 30th, 2020. These are intended to disseminate best practices and answer questions, as well as to help organizations decide whether they are ready to treat patients with this level of care.
   - CMS will host an orientation phone call for all participating programs during the week of November 30, 2020.

2. Does my organization have to report to OASIS to participate in the Acute Hospital Care at Home initiative?
   - No, this program is designed for patients who meet acute inpatient or overnight observation admission criteria for hospital-level care. The patient’s home is considered part of the hospital during the admission.

3. If my hospital system has multiple hospitals providing acute hospital care at home, should I submit a waiver request for each hospital?
   - Yes. CMS monitors inpatient care at the hospital level, and a separate waiver request is required for each facility. However, if the services are run by the same group within a health system, CMS understands that each request could appear very similar.

4. If our acute hospital care at home program provides services to more than one hospital, are we required to report our quality metrics separately?
   - Yes, similar to above, each hospital is required to report its required data at the hospital level. The hospital is legally responsible for care of the patient, regardless of contractual arrangement.

5. Is the acute hospital care at home program required to be part of a hospital?
   - A program does not have to be physically administrated within a hospital, but a hospital must accept responsibility for the program in order to satisfy the Conditions of Participations for this level of patient care. Additionally, the program must be integrated within a hospital to a sufficient degree to ensure that rapid escalation of care is seamless.

6. Who can I contact with questions?
   - We encourage our partners to take advantage of the list of resources compiled by CMS and found below.

Resources for Programs

While numerous organizations have experience with providing acute hospital care at home, most hospitals do not. However, CMS believes there are innovative systems which currently have the infrastructure and teams to take part in this initiative and seeks to provide resources to assist if needed. This will be updated as needed.
Implementation assistance can be separated into those based in academia vs the private sector. CMS does not endorse any of the organizations providing these resources; this listing is for informational purposes only.

**Academia and Health System based work.**

**Hospital at Home Users Group: [https://hahusersgroup.org/sites/](https://hahusersgroup.org/sites/)**

Support for Hospital at Home (and similar) groups aimed at sharing resources, disseminating best practices, and expanding the reach of programs.

**Hospital at Home consulting group through Johns Hopkins Medicine - [http://www.hospitalathome.org/develop-your-program/toolkit.php](http://www.hospitalathome.org/develop-your-program/toolkit.php)**

Hospital at Home offers expertise and technical assistance to help institutions evaluate whether they should adopt the program as well as to support the implementation and reduce start up timelines.

**Detailed research publications**

Randomized Controlled Trial describing the Brigham and Women’s Hospital model:


Case-control study showing decreased ED visits, readmissions, SNF admissions in 30-day post-acute period with improved patient experience and no difference in death rates:


Publication by Johns Hopkins School of Medicine regarding acute hospital care at home for selected patients:


**Private Sector (Listed Alphabetically).**

**Contessa Health** – [https://contessahealth.com/solutions/health-systems/](https://contessahealth.com/solutions/health-systems/)

Contessa offers a Home Recovery Care program which claims a “turnkey solution” to assist health systems provide acute hospital care at home.

**Dispatch Health** - [https://www.dispatchhealth.com/](https://www.dispatchhealth.com/)

Dispatch Health advertises that it can hire, schedule, supply and manage Emergency Room trained practitioners that can work with existing clinical models to address high acuity medical needs.

**Medically Home** - [https://www.medicallyhome.com/](https://www.medicallyhome.com/)
Medically Home advertises that it works with leading health systems that are looking to develop a new care model by shifting volume out of the brick-and-mortar hospital and creating additional bed capacity.

**Example of published Inclusion and Exclusion criteria.**


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**Inclusion**

Clinical
- Aged ≥18 y
- Primary or possible diagnosis of any infection, heart failure exacerbation, COPD exacerbation, asthma exacerbation, chronic kidney disease requiring dialysis, diabetes and its complications, gout exacerbation, hypertensive urgency, previously diagnosed atrial fibrillation with rapid ventricular response, anticoagulation needs (e.g., venous thromboembolism), or a patient at the end of life who desires only medical management.

**Exclusion**

Clinical
- Acute delirium, as determined by the Confusion Assessment Method
- Cannot establish peripheral access in ED
- Secondary condition: active neoplasia/prostate cancer, end-stage renal disease, acute myocardial infarction, acute cerebrovascular accident, or acute hemorrhage

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ADHERE = Acute Decompensated Heart Failure National Registry; BAP-65 = elevated Blood urea nitrogen, Altered mental status, Pulse >109 beats/min, and age >65 y; COPD = chronic obstructive pulmonary disease; CURB-65 = Confusion, Urea, Respiratory rate, Blood pressure, and age >65 y; ED = emergency department; GWTG-HF = American Heart Association Get With the (Guidelines-HF): HR = heart rate; IV = intravenous; qSOFA = quick Sequential [Sepsis-related] Organ Failure Assessment; SMRT-CO = Systolic blood pressure, Multi-lobe chest radiography involvement, Respiratory rate, Tachycardia, Confusion, and Oxygenation.