



Hospital at Home: Pharmacy Considerations

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DRIVERS FOR IMPLEMENTATION OF ALTERNATIVE SITES OF CARE

Hospital bed
shortage



Lowest cost, high-
quality services need



Workforce
management



Payer reimbursement
shifts



Consumer
preferences

Hospital at Home (HaH) - Background

- First developed at Johns Hopkins in 1995
- Initial trials in 1996-2002 concluded HaH was feasible, safe, cost-effective and met disease-specific quality standards at rates similar to acute hospital
 - Shorter average stays
 - Lower overall costs
 - Higher patient satisfaction

HOME HOSPITAL U.S. TRIAL RESULTS

① DECREASED UTILIZATION



3 vs 15
lab orders per
admission



14% vs 44%
receipt of imaging
during admission



2% vs 31%
receipt of
consultation
during admission

② IMPROVED PHYSICAL ACTIVITY



32% vs 66%
of the day
lying down

③ LOWER COST



38%
cost reduction,
acute episode



④ UNCHANGED SAFETY & QUALITY

- Similar rates of HACs, pain scores, high-value care, and low-value care
- **ZERO PATIENTS** transferred back to hospital

Source: David M. Levine, Brigham and Women's Hospital (BWH) and Harvard Medical School

Hospital at Home (HaH) - Background

- 2000s: Veterans Affairs Hospitals in 5 states launch HaH programs
- 2010s: HaH models begin utilizing audio-video physician consults to compliment home-based nursing care
- 2015: First CMS Innovation Center grants to testing HaH model in Medicare

Typical HaH Patient Experience

- Patient is identified as a HaH candidate in the emergency department, inpatient hospital bed or ambulatory site
- Patient consents to HaH and receives medical transport to home
- Extended care for the initial portion of admission, then at least daily visits according to clinical need
- Daily physician evaluation and assessment

Typical HaH Patient Experience (Cont)

- Ideal candidates are patients most likely to only require diagnostic studies and therapies that can be practicably delivered in-home
- Brief visits to acute hospital for diagnostics and therapeutics not available in-home (if necessary)
- Patient is treated until stable for discharge
- After discharge care reverts to primary care team

HaH in Medicare Program

- March 2020 – CMS launches “Hospitals Without Walls”
- November 2020 – Acute Hospital Care at Home program launches
- Over 60 acute conditions eligible including:
 - Heart failure
 - Pneumonia
 - COPD

Medicare Acute Hospital at Home Waiver

- Eligible patients must be admitted directly from an emergency department or inpatient hospital bed
- In-person physician evaluation required prior to initiating at-home care
- Minimum 2 in-person vital assessments daily
- As of April 2022, 93 health systems and 210 hospitals in 34 states

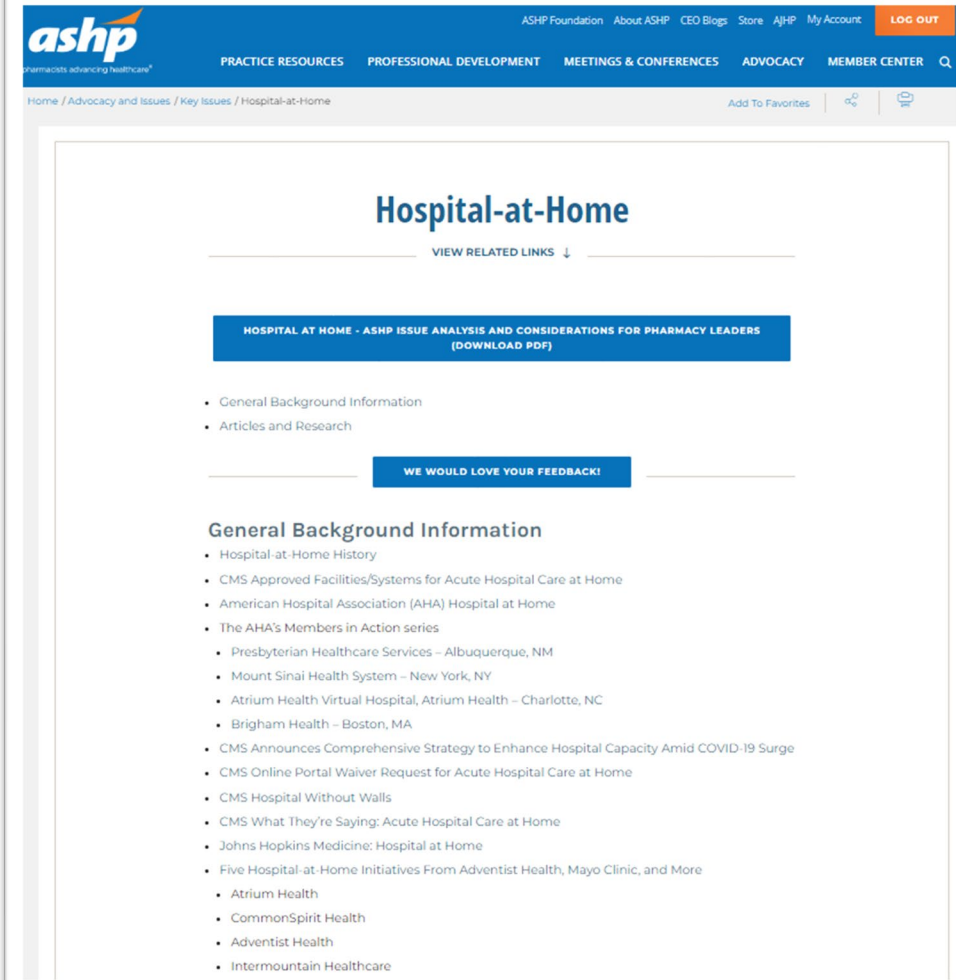
Hospital at Home – Opportunities for Pharmacy



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**HOSPITAL AT HOME - ASHP ISSUE ANALYSIS AND CONSIDERATIONS FOR PHARMACY LEADERS
(DOWNLOAD PDF)**

- General Background Information
- Articles and Research

WE WOULD LOVE YOUR FEEDBACK!

General Background Information

- Hospital-at-Home History
- CMS Approved Facilities/Systems for Acute Hospital Care at Home
- American Hospital Association (AHA) Hospital at Home
- The AHA's Members in Action series
 - Presbyterian Healthcare Services – Albuquerque, NM
 - Mount Sinai Health System – New York, NY
 - Atrium Health Virtual Hospital, Atrium Health – Charlotte, NC
 - Brigham Health – Boston, MA
- CMS Announces Comprehensive Strategy to Enhance Hospital Capacity Amid COVID-19 Surge
- CMS Online Portal Waiver Request for Acute Hospital Care at Home
- CMS Hospital Without Walls
- CMS What They're Saying: Acute Hospital Care at Home
- Johns Hopkins Medicine: Hospital at Home
- Five Hospital-at-Home Initiatives From Adventist Health, Mayo Clinic, and More
 - Atrium Health
 - CommonSpirit Health
 - Adventist Health
 - Intermountain Healthcare

COMMON CONSIDERATIONS FOR HOSPITAL-AT-HOME PHARMACY IMPLEMENTATION

1



PATIENT SELECTION AND TRIAGE

2

MEDICATION HANDLING



3

INFUSION POLICIES



4

TECHNOLOGY AND PATIENT INFORMATION MANAGEMENT



5

HOME STORAGE AND WASTE DISPOSAL



6

WORKFORCE



7

PROVISION OF CLINICAL SERVICES



8

BILLING, LEGAL, AND REGULATORY REQUIREMENTS



HaH Pharmacy Considerations

- Full integration of and patient access to clinical pharmacy services
- Medication distribution model which retains provider's authority over the medication-use process
- Electronic Health Record (EHR) integration and full interoperability

Medication Storage and Administration

- What is ideal timing and quantity for delivery of medications?
- How are missing medications handled?
- Who is providing medications? (hospital inpatient pharmacy or outpatient partner)
- What emergency medications must be available?

Medication Storage and Administration

- How can medications, including controlled substances, be properly secured and stored in the home setting?
- How will hazardous drug waste be managed?
- How will other discontinued or unused medications be discarded?

Technology & Information Management

- How is information integrated into the EHR?
- How is medication administration documented?
- How will patients with limited broadband access be connected to the care team?

Provision of Clinical Pharmacy Services

- What process is used to teach patients and validate they are taking medications as scheduled?
- When and who will complete medication reconciliation?
- Who will provide medication management services?
- Will 24/7 pharmacy coverage be provided?

ASHP HaH Pharmacy Future Considerations

- Pharmacists should be included in planning, implementation and maintenance of HaH programs
- Legislative and regulatory framework to promote safe and effective medication use in HaH setting
- Education, training and resources to empower pharmacy workforce to care for HaH patients
- Additional research on HaH care models

Discussion