

Creating Capacity Through the Atrium Health Hospital at Home Program

Daniel E. Davis, MD

Annual Conference 2024

Building the Future of Health Together

HIMSS NORTH CAROLINA CHAPTER



Presenters



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Learning Objectives

1. Describe the changing healthcare environment that makes hospital at home a viable option for health systems.
2. Articulate the operational, tech and staffing aspects of a successful hospital at home program.
3. Compare operational, quality and patient experience outcomes between traditional inpatient care and hospital at home.

Atrium Health Hospital at Home

Leading the Way with a Swift Launch

In March 2020, Atrium Health launched its Hospital at Home (HaH) program in response to the pandemic-induced inpatient capacity crisis. It took just 10 days from initial concept to admitting the first patient into the program.

Trailblazers in Efficient Expansion


Harnessing existing resources and expertise from across the System, the program was scaled to serve Mecklenburg and 10 surrounding counties. It provided care without issuing a single claim from March 2020 through March 2021.

Significant Growth and Proven Impact

From the CMS Acute Hospital Care at Home Waiver implementation in March 2021 to today, our program has expanded to 10 facilities, **successfully caring for over 11,500 patients.**

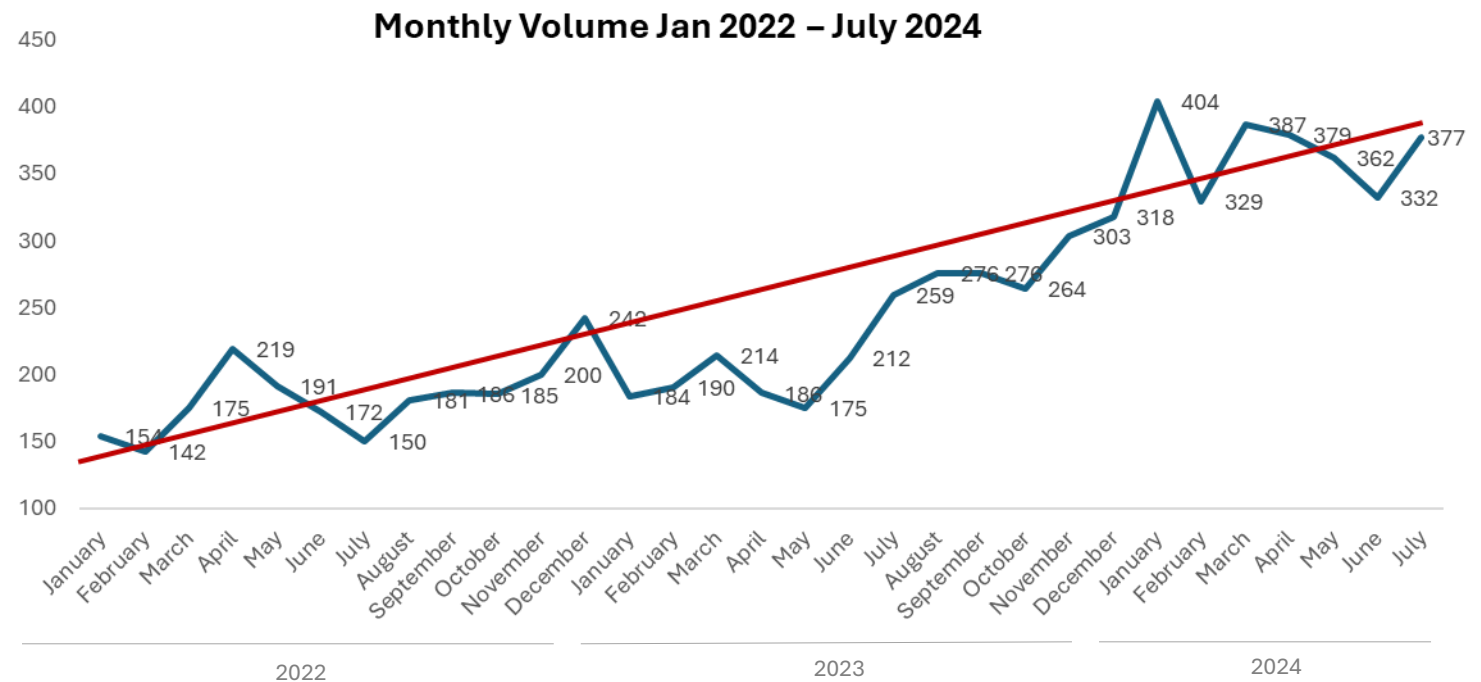


Why Hospital at Home?

Patient Benefits	System Benefits	Population/Community Benefits
<p>Comfort and Familiarity: Patients get care where they prefer... at home... increasing their sense of safety and control.</p>	<p>Capacity Management: Increases capacity at brick-and-mortar facilities by avoiding admissions, readmissions and reducing LOS.</p>	<p>Sicker, Aging Population: Addresses the unique care needs of the growing aging population who are experiencing multiple chronic conditions but wish to “age in place”.</p>
<p>Risk Reduction: Patients face lower risks associated with traditional hospitalization (e.g., falls, infection, delirium, insomnia, etc.)</p>	<p>Cost Savings: Potential for lower direct variable cost of care.</p>	<p>Reducing Health Inequities: Holistic, whole- person care helps to reduce health inequities and improve access.</p>
<p>Addressing Social Needs: Team can assess and address SDOH, which impact 80% of patients’ well-being. in the context of the patient’s real life</p>		

Hospital at Home Eases Strain on Facilities without Cost and Time of New Construction

Facility	Budgeted ADC
CMC	682
Cabarrus	391
Pineville	287
Mercy	183
Cleveland	133
Union	125
Hospital at Home	100
University	98
Lincoln	66
Stanly	57
Kings Mtn	33
Union West	28



“We can’t build enough beds to cover the need in this **growing market.**” (Sr-Level Finance Leader)

New hospital will grow with Cornelius

BY DAVE VIESER

Atrium officials say they expect to be coming back to the state and the Town of Cornelius in a few years for permission to more than triple the size of the \$150 million hospital that will open here 2024.

When completed the first phase of the new Atrium hospital will contain 38 beds.

They could add as many as 100 more beds in the coming years.

“Growth in this area is inevitable and we are poised to move in that direction,” said Bill Leonard, facility executive with Atrium Health University City.

Novant Huntersville has 139 beds and is frequently full. It opened in 2004 with 50 beds on 29 acres at Exit 23.

Hospital need is urgent

Atrium officials emphasized the urgent need for the new medical care facility at the July Town Board



hospitals,” Leonard said. “We need this hospital in Cornelius right away.”

Details

Of the 38 beds planned for Cornelius, eight will be observation beds, four will be designated Intensive

be two operating rooms in the new hospital, along with other rooms for procedures, tests and lab work.

There will also be a helipad on the new hospital property.

Traffic considerations

The property for the new hospital

will be close to the intersection of Hwy 21/25 extension, which will be located near Bailey Road.

Deputy Town Manager Herron said the new hospital will most likely access point near the Bailey Road traffic signal.

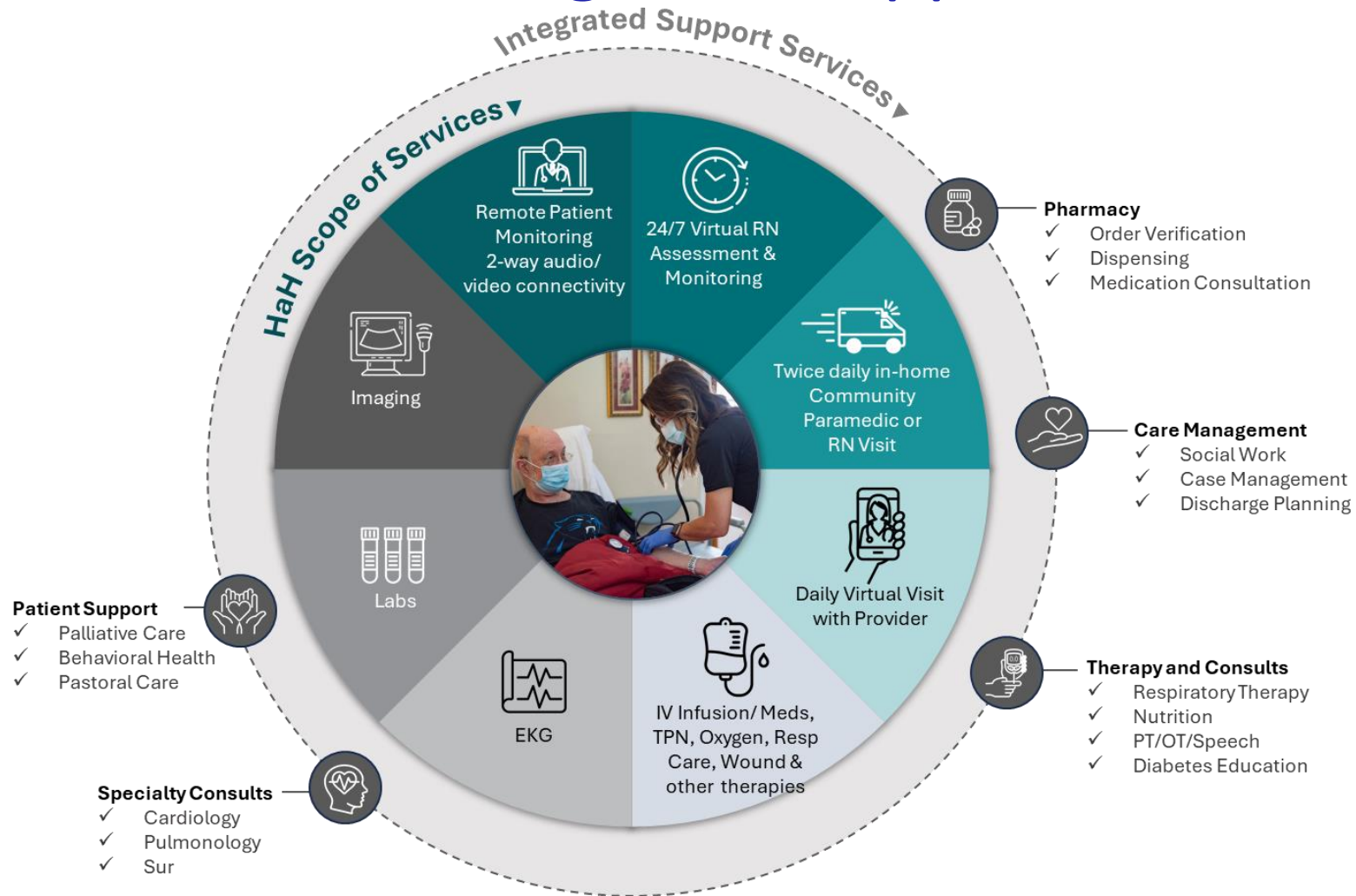
The current site will be in/right out for the hospital.

However, the project will not be an Impact Area, so it is approved.

Town of Cornelius has the need to expand to and from the site to strengthen the area—in the Westmont area.

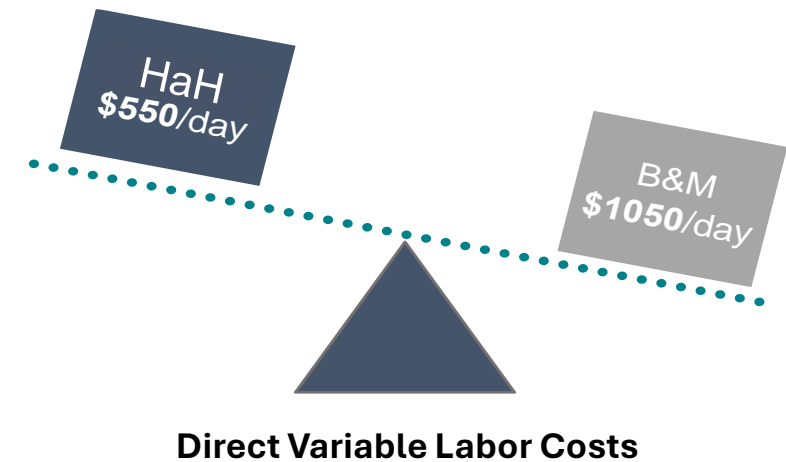
From [Cornelius Today](#)

Patients Receive Seamless, Comprehensive, Inpatient Care at Home with Integrated Support



Capacity Increased While Maintaining Quality, Patient Satisfaction and Value

Operations	Total Patients to Date: Over 11,000 Total B&M Days Avoided: nearly 45,000 ALOS: 4.5
Quality	Readmissions O/E: 0.78 Mortality: <1% Return to B&M: 5.0%
Patient Experience	Overall Rating: 84.7% (B&M: 71.8%) Likely to Recommend: 88.3% (B&M: 75.8%)



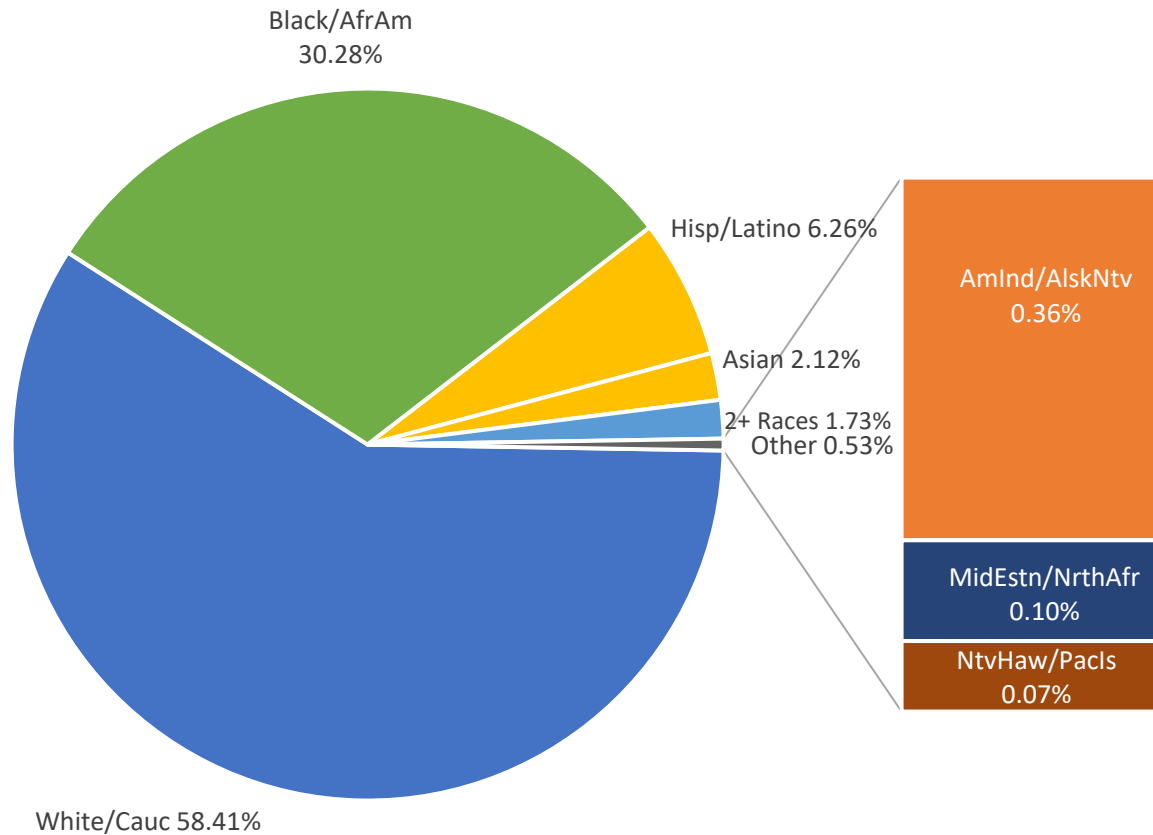
Hospital at Home Case Mix Index is Commensurate with General Medicine in Acute Care Facility

	Hospital at Home	Acute Facility (Gen Med)
2021	1.73	1.36
2022	1.39	1.28
2023	1.28	1.27
Overall	1.42	1.31

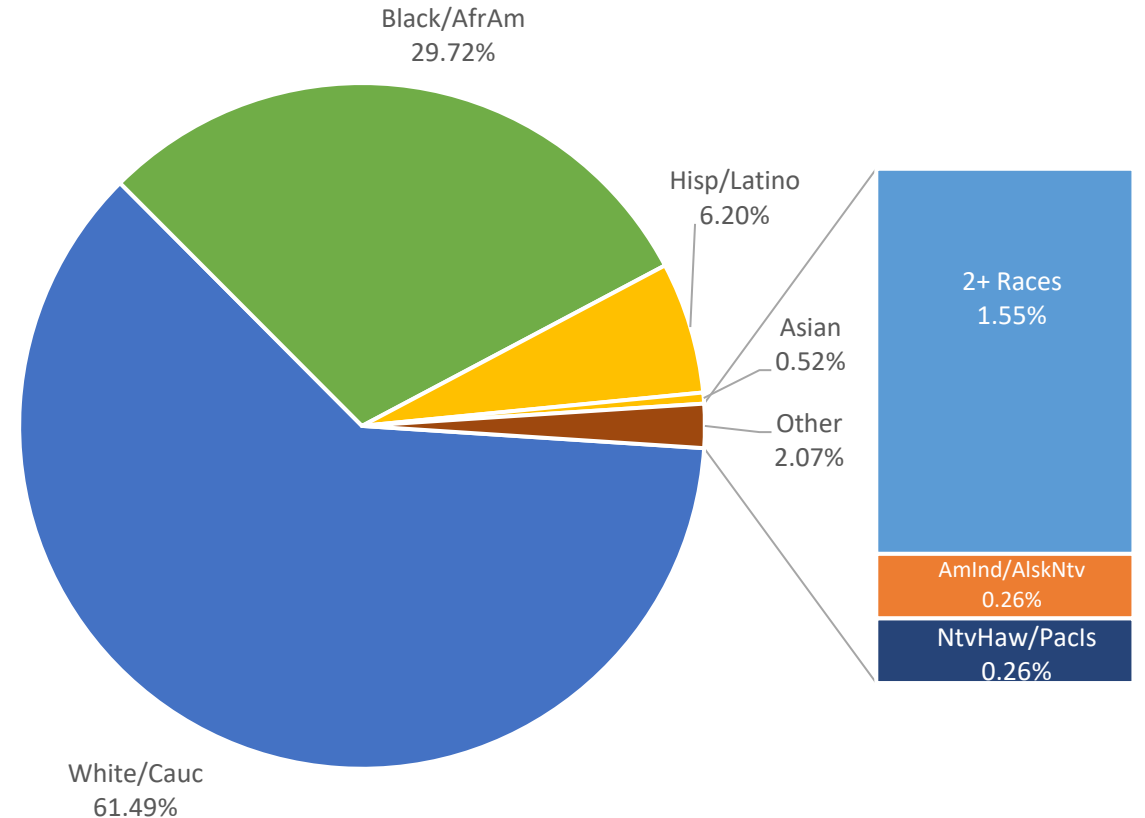


Atrium Hospital at Home Ethnic/Racial Mix Similar to Brick-and-Mortar

B&M Facilities
June 2024

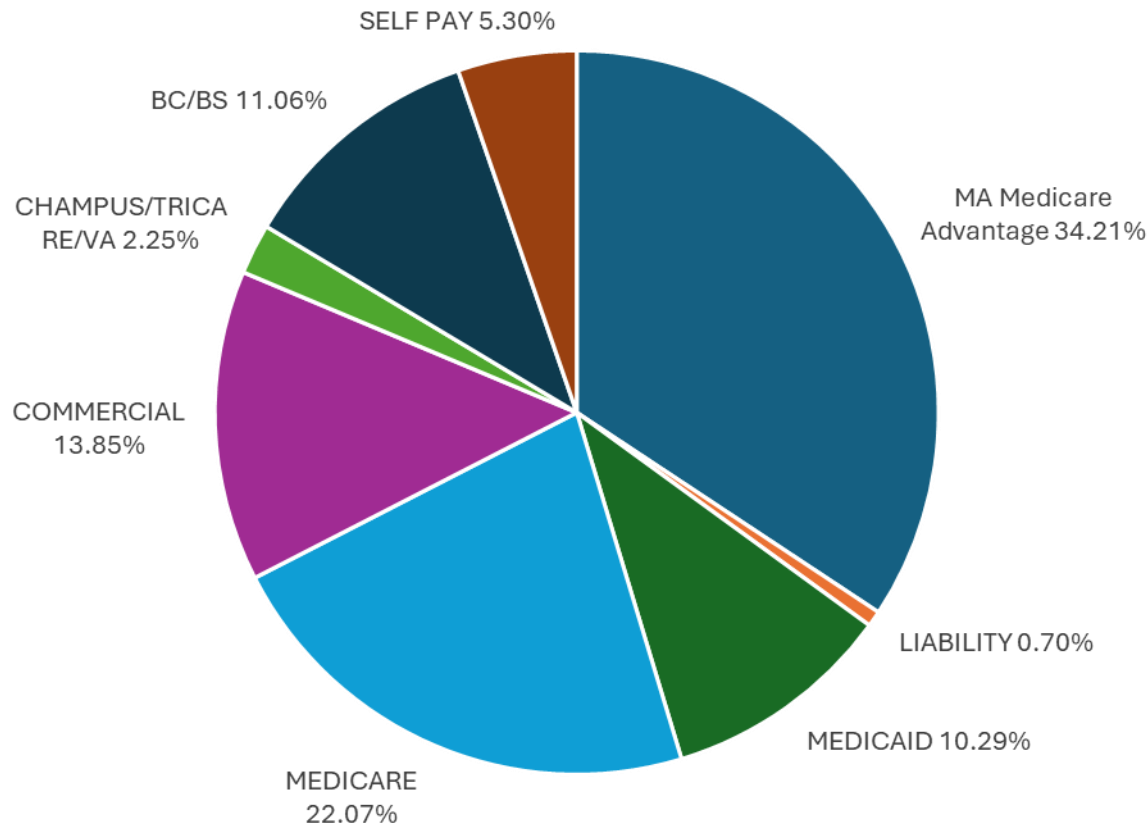


HAH Facilities
June 2024

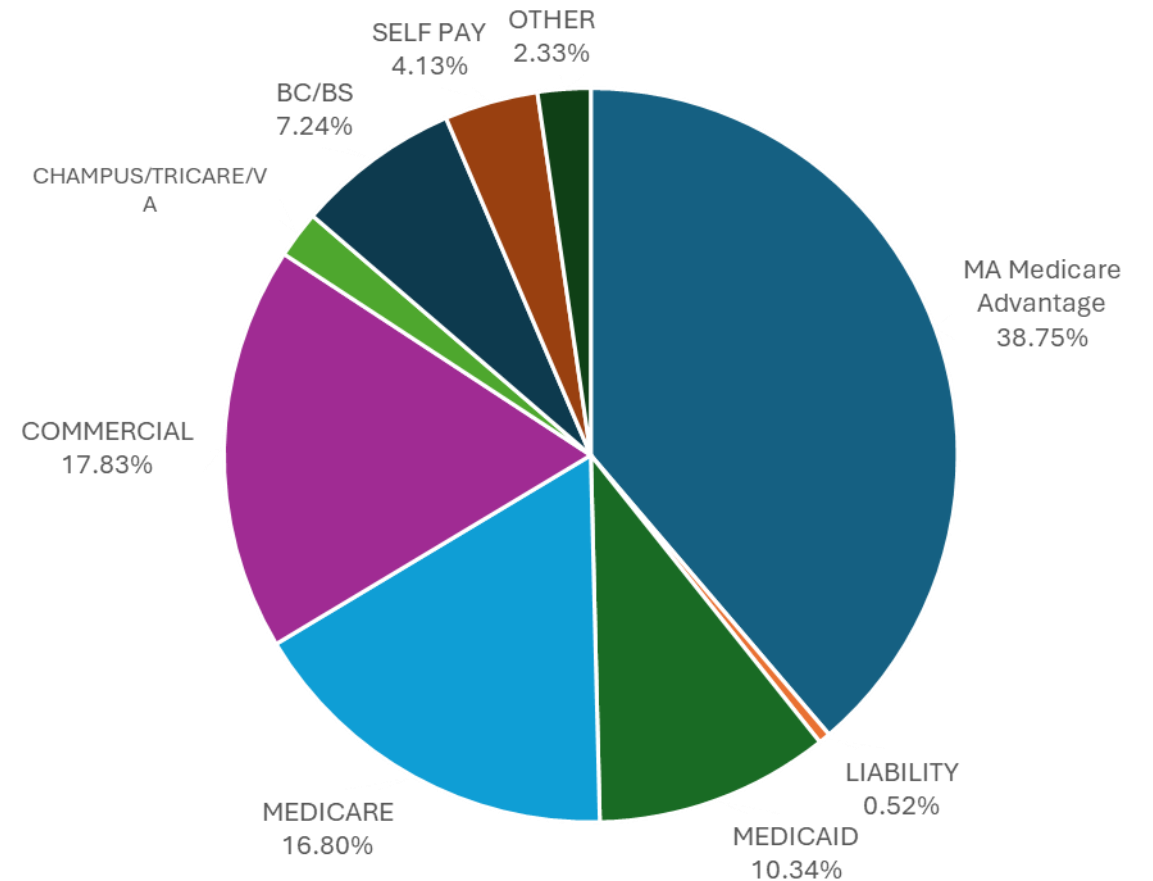


Atrium Hospital at Home Payer Mix Closely Mirrors Brick-and-Mortar

B&M Facilities
June 2024




HAH Facilities
June 2024



Tech-enabled Tools, Clinical Judgement and Dialogue with Patients Used to Identify and Enroll Patients

Sample populations and conditions



Chronic Condition Exacerbation

- Congestive Heart Failure
- COPD/ Asthma
- Diabetes
- Hypertensive Urgency

Acute/Episodic Conditions

- Cellulitis
- Pyelonephritis
- DVT
- CAP
- PE

Covid now approx. 5%

Factors	Eligible	Ineligible (Currently)
Clinical	<ul style="list-style-type: none"> - Requires no more than 4L O² per nasal cannula - Resp <24, Systolic BP >90, O² sat >92 on no more than 4 L O² or decreasing O₂ requirement - Requires VS no more frequently than q6 hrs - Not anticipated to need advanced diagnostics or procedure in next 72 hrs - Patient condition stable enough for RN Virtual monitoring, twice daily in-home paramedic visits and physician virtual visit 	<ul style="list-style-type: none"> - Continuous IV infusion - Parenteral narcotics - Hospice - SNF - LTC - > 20 weeks Pregnant
Patient	<ul style="list-style-type: none"> - Able to comply, Able to transfer from bed to BR, Not confused beyond baseline, Understands the plan of care and consents to receive care at home 	<ul style="list-style-type: none"> - Patient leaving AMA, Patient refusing H@H, < 18 y/o, Lives outside geog. scope, No support in home
SDOH	<ul style="list-style-type: none"> - Working phone, Available Emergency Contact, Safe / Stable living situation 	<ul style="list-style-type: none"> - No working phone, No emergency contact, Unsafe/ unstable living situation

Navigating Uncharted Territory

Key Milestones and Updates

Federal Legislation

In collaboration with various coalitions, advocated for and secured a CMS AHCAH Waiver extension through Dec 2024. Key congressional committees are advocating for a 5-year extension, with at least 2 years expected.

We're collaborating with Advocate Government Affairs to influence state and federal legislation supporting Telehealth, HaH and other home-based care programs.

State DHSR and DHHS

Secured temporary licenses for virtual inpatient beds through new legislation supporting HaH through Dec 2024. As a CON state, permanent HaH IP bed licensure will require legislative action.

Corporate Compliance

We will continue working closely with Compliance regarding CMS rules/regs, billing, scope of practice, etc.

Accreditation

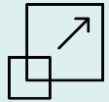
The Joint Commission is not currently surveying HaH programs; new standards are contingent on any revisions to the Hospital C of P, which won't be addressed until Hospital at Home Waiver becomes permanent through legislation.

Medicaid Coverage

NC is one of only 8 states that cover HaH through Medicaid. Dr. Janelle White (formerly with Atrium Health and HaH advocate) has been named the new NC Medicaid Medical Director

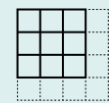


Next Steps: Go Big *and* Go Home!



Scale H@H to make meaningful impact on GCM capacity

- ❑ Scale program to 100 beds (5% of GCM IP beds) over next 12-18 months
- ❑ Launch “Flex Unit” (as an OP service) to provide “hospital-level care” with more operational and billing flexibility



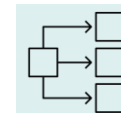
Invest in technology and infrastructure to optimize program

- ❑ Optimize RPM platform and workflows
- ❑ Build enterprise-wide workforce, equipment and supply chain infrastructure



Develop Commercial Payer Strategy

- ❑ Proactively engage payers regarding H@H coverage
- ❑ Develop 30-day Episode of Care/ Bundle payment model among other payer-specific contract options



Define Enterprise Leadership, Structure & Accountability

- ❑ Define Enterprise H@H reporting structure and accountabilities
- ❑ Align and integrate H@H with broader home-based services to create a seamless patient experience and maximize synergies and efficiencies

Questions



Thank You

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