



Providence Telehealth Presents

# Providence Hospital at Home

Program Overview 11.14.22

## SPEAKERS

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# CMS Acute Hospital Care at Home Waiver

- The waiver allows hospital level care for eligible patients in their homes, referred to as “Acute Hospital Care at Home,” building on the Hospital Without Walls program announced in March 2020.
- This program explicitly differentiates acute hospital care at home from home health care, for patients who require acute inpatient admission.
- CMS will be monitoring these programs within a standard set of [safety and quality measures](#).
- [What initial participants are saying about impact on their hospital capacity](#)

## Current approved list (as of 10/31/22):

- 114 systems
- 256 hospitals
- 37 states

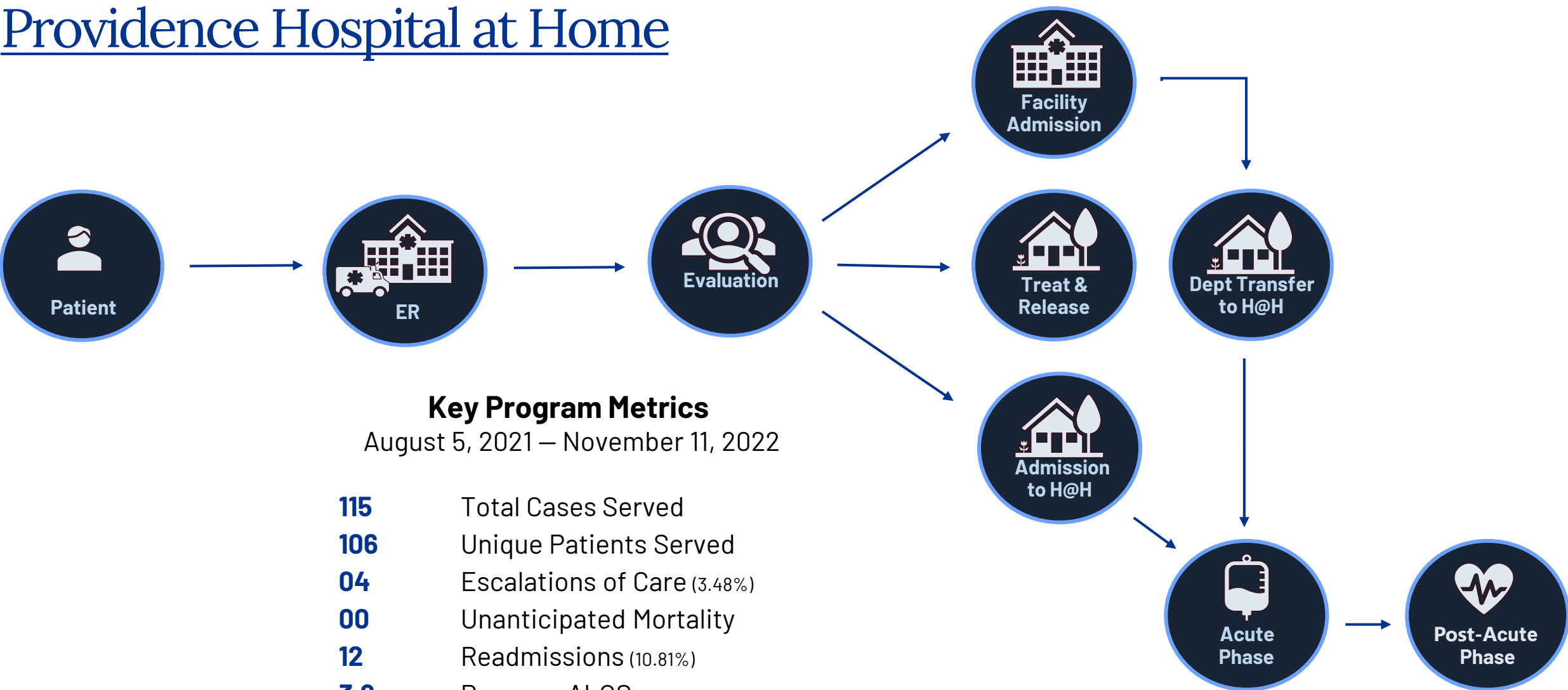
## Initial Waiver Participants



## Sample of Applicants Since Press Release



# Providence Hospital at Home



## Key Program Metrics

August 5, 2021 – November 11, 2022

|     |                                       |
|-----|---------------------------------------|
| 115 | Total Cases Served                    |
| 106 | Unique Patients Served                |
| 04  | Escalations of Care (3.48%)           |
| 00  | Unanticipated Mortality               |
| 12  | Readmissions (10.81%)                 |
| 3.9 | Program ALOS                          |
| 04  | Peak Census                           |
| 01  | CMS Waivers Active                    |
| 09  | Non-CMS Payors (18 lines of business) |

# Case Scenario

## Chief Complaint upon admission:

- Altered Mental Status secondary to Dehydration
- Admitted for hypovolemia, ARF d/t high output from recent ostomy

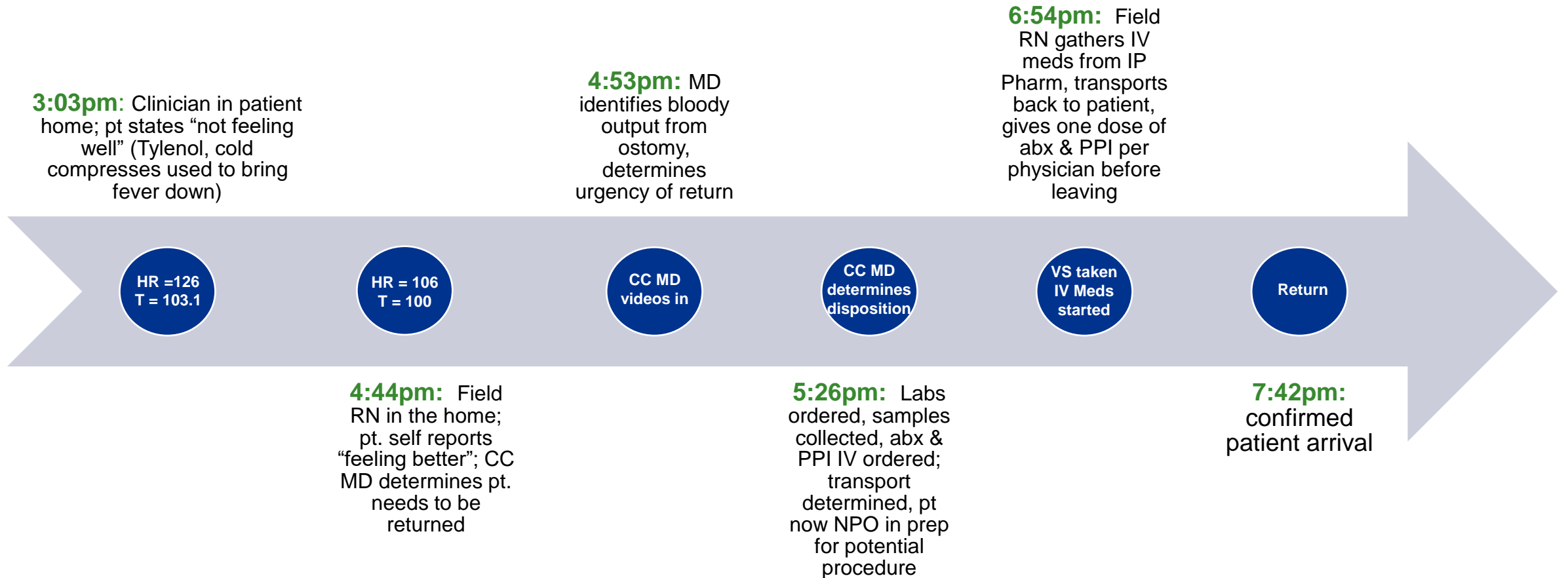
## Initial course of treatment:

- Course of Care (Tower)
- IV fluids (address dehydration, hypotension, creatine) starting to resolve

## Transfer to Providence Hospital at Home:

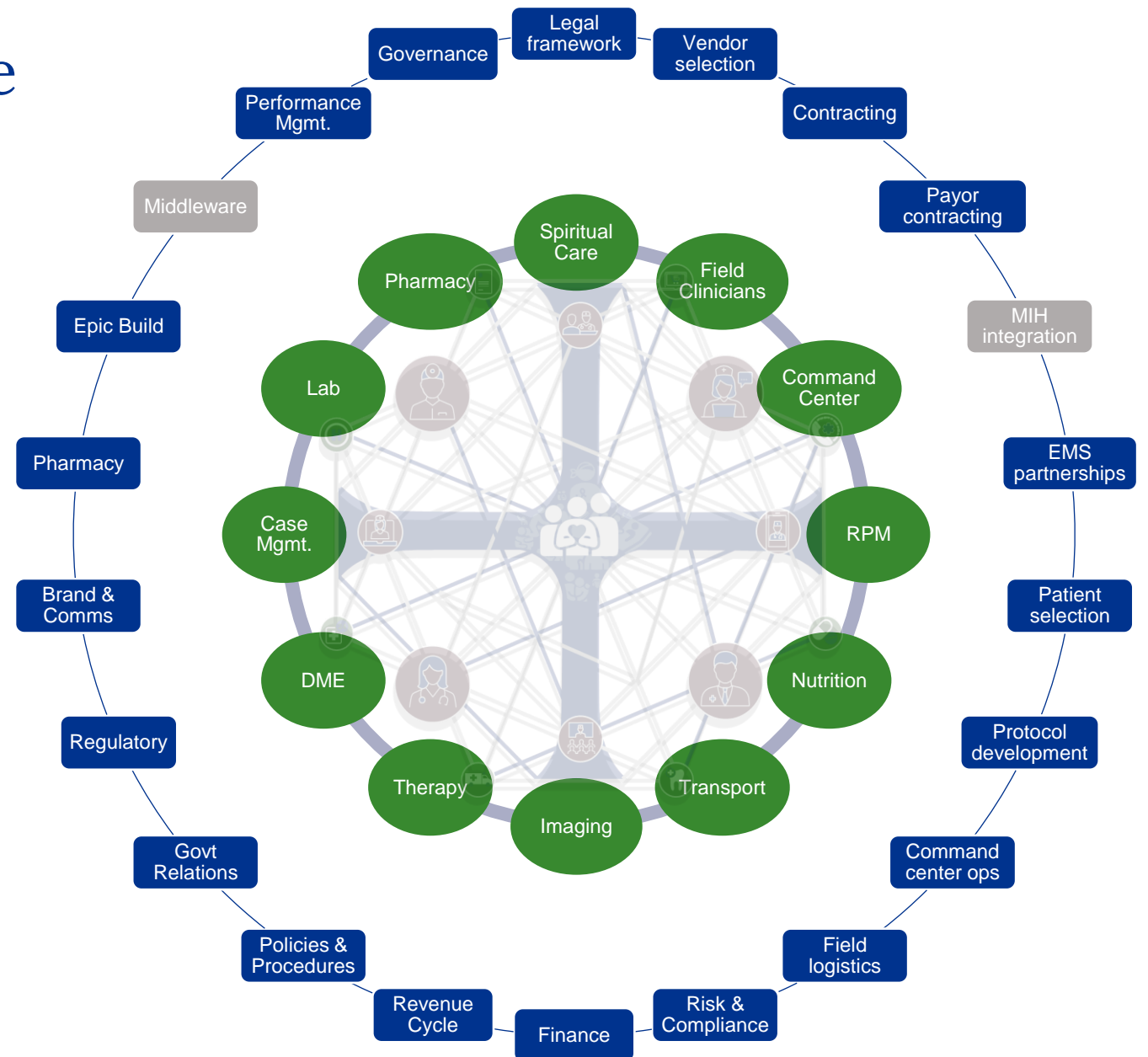
- Ongoing medical oversight for AKI, high output ileostomy, malnutrition, coumadin coagulopathy
- Physician rounding
  - Noted by Field clinician pt. was starting to deteriorate
  - Escalation back to facility
  - Met sepsis bundle metric

# Case Scenario | Escalation Timeline

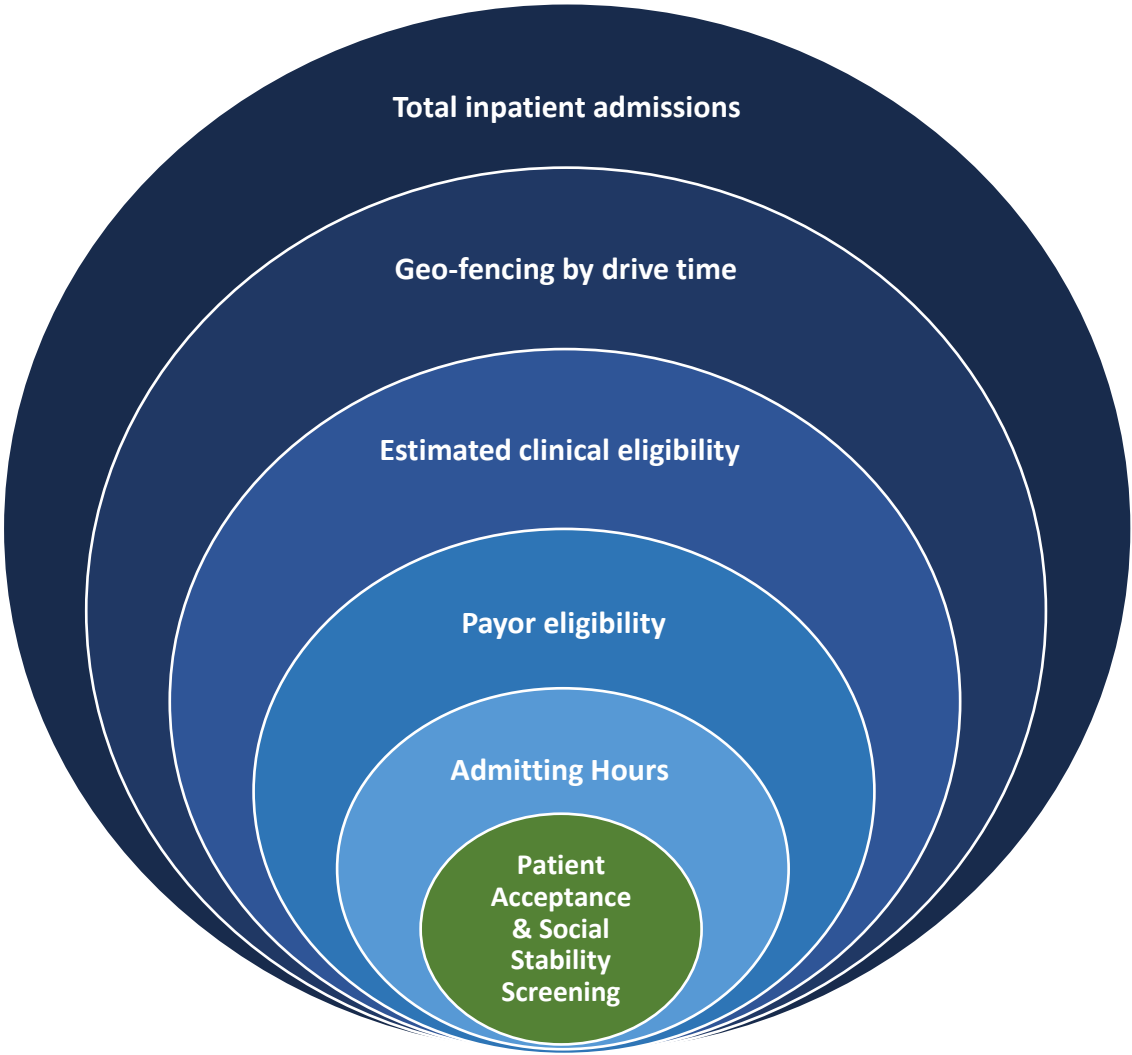


# Providence Hospital at Home Operations

- **Hospital at Home leverages a “team of teams” approach** and seamless management between groups for success.
- The **24/7 virtual MD/RN command center acts as the “orchestra conductor”** in this highly coordinated care model.
- Leveraging strategic service **vendor partnerships** to enable rapid scale across the Providence footprint in areas they can provide more cost-effective options while maintaining high quality care.



# Screening Process



*Selection is the best risk prevention*

# Quality Indicators

## Required CMS metrics are:

- Volume, escalation rate, and unanticipated mortality

## Facility metrics include:

- CMI, Falls, Skin, Med errors, Variances in care, Patient satisfaction

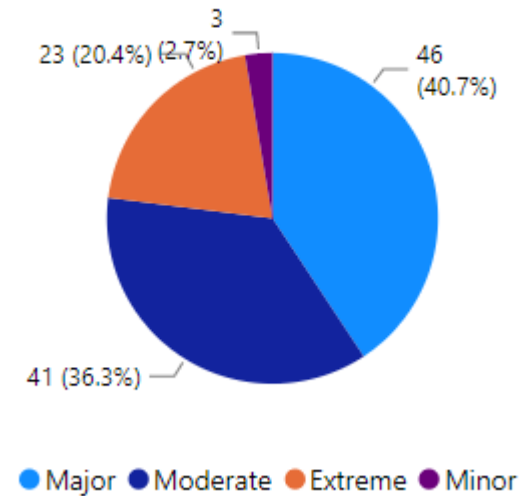
## Quality Oversight

- Case Reviews
- Safety and quality review committees
- Monthly Provider Meetings

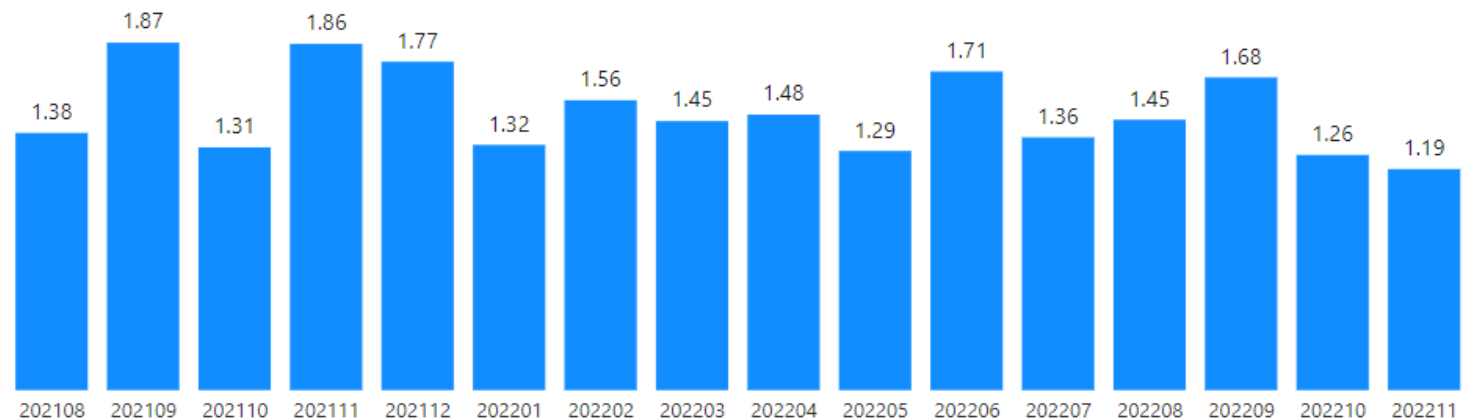
### Top Clinical Dx

- CHF w/ acute exacerbation
- Covid pneumonia w/ hypoxia on Remdesivir
- Acute renal failure
- Cellulitis failed outpatient antibiotics
- COPD w/ acute exacerbation
- UTI requiring iv antibiotics
- Pneumonia

Visits by SOI (Severity of Illness)



Average CMI by Month



# The Providence Hospital at Home Experience

*"This program gave me the best of both worlds. I could drink as much water as I wanted, pet my dog, relax on my comfy couch instead of a hard gurney, watch stupid tv shows, and joke with my husband, all while getting inpatient-level treatment. My Care Team responded more quickly than inpatient nurses can answer a Call Button. Every question I had was immediately answered and everyone was so nice they brought me to tears.*

*I have never felt more supported by a team under any circumstances. It meant more to me (and my family) than you can imagine. [...]*

*I honestly believe I got much better, much faster amidst familiar surroundings while connected to medical staff electronically."*

*- Letter from recent patient*



Graphic Source: [Interprofessional Education // Marquette University](#). Retrieved on 11/7/22.

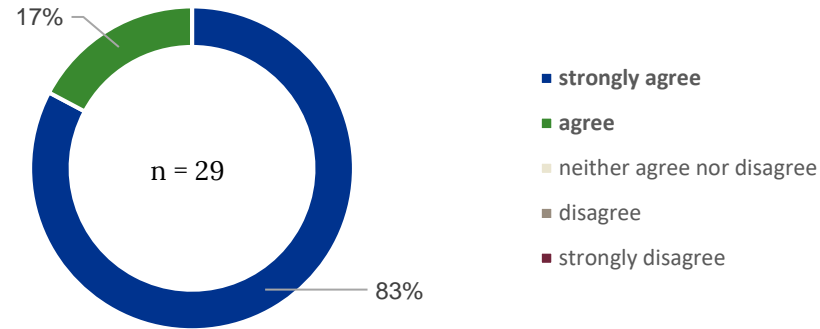
*"I have been a hospitalist for over 20 years, and I have noticed the big difference that treating a patient in their own home makes... This care model works well; patients love it, and as a hospital clinician, it has allowed me to enjoy a more personal and individualized approach to inpatient care in the home, leading to a more rewarding experience for both providers, patients, and their families.*

*Personally, it has rejuvenated my career; I feel like an "old-time family doc" enjoying their work making home visits..."*

*- Command Center Physician*

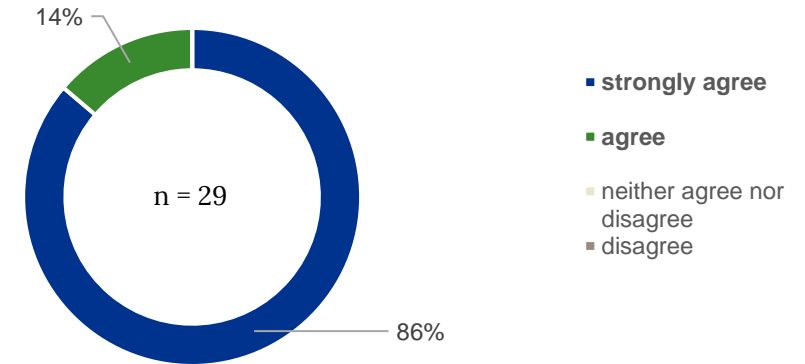
# Providence Hospital at Home | Patient Experience

Overall, I am satisfied with the care I received in my home.



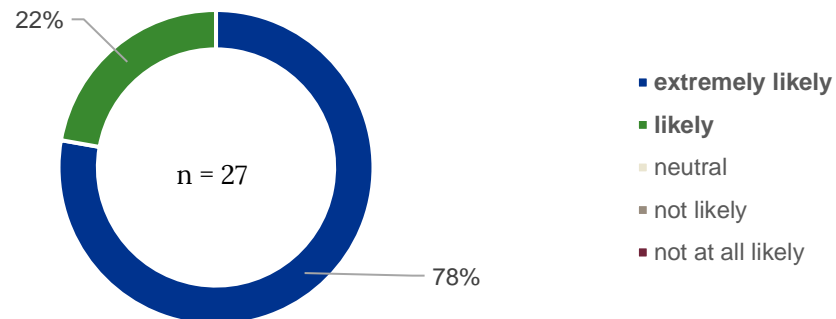
HRS patient reported survey data 8.1.21 - 10.30.22

Overall, I am satisfied with the virtual care I received.



HRS patient reported survey data 8.1.21 - 10.30.22

How likely is it that you would recommend Providence Hospital at Home to a friend or colleague needing hospital care?



HRS patient reported survey data 8.1.21 - 10.30.22

## Press Ganey Pilot Survey Results

- Overall rating of care 100%
- Likelihood of recommending 100%
- Staff worked together to care for you 100%

Data from Press Ganey, 4/2022 - 10/8/22, N = 13

# Providence Hospital at Home | July 2021 – November 2, 2022

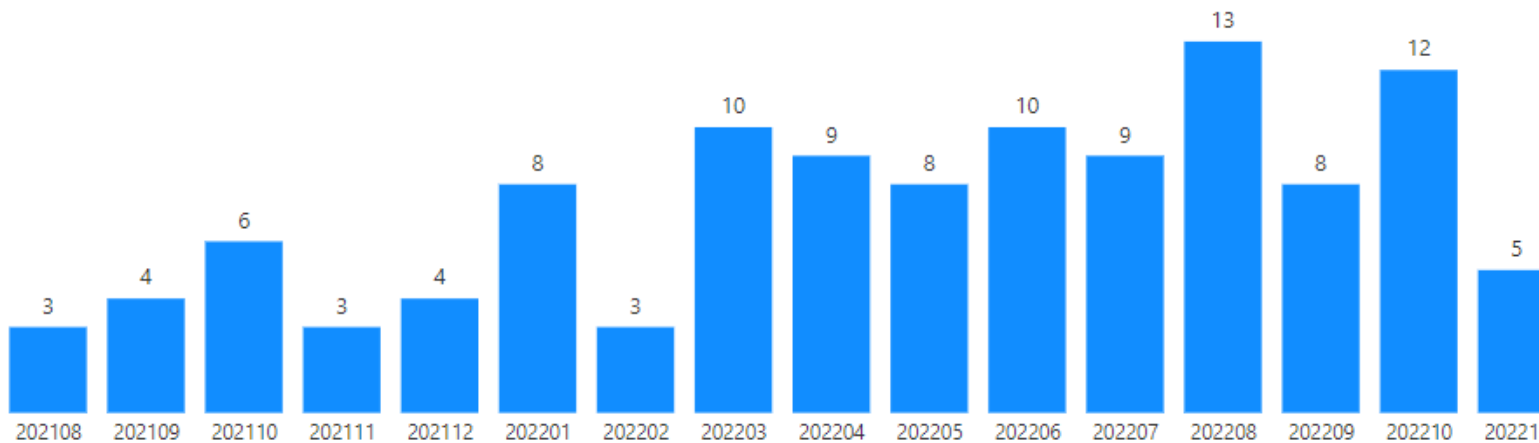
## Key Learnings and Highlights

- **Patients and inpatient care teams are advocates** for this care model
- **Inclusion based on presentation**, matched to model capabilities, yields higher volumes and increased physician engagement (initial inclusion criteria = 36 DRGs)
- Payor expansion strategy yielded **9 additional payors**
- Continued advocacy efforts for **post pandemic reimbursement strategy**
- **Streamlined** vendor contracting to improve speed to market and scalability
- **Potential for growth and expansion beyond the acute episode**

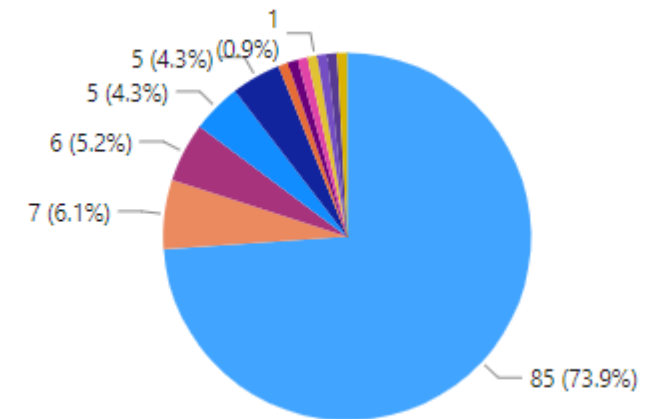
## Constraints for Rapid Scale

- Epic build timelines
- Middleware solution(s) and EMR integrations are >1 year out
- Staffing availability and financial constraints
- Availability of bed licenses
- Regulatory constraints may restrict ideal field staffing model in some states

Visits (transfer in patients) by Month



Visit Count by Primary Payor



Thank you!