Hospital at Home: Feasibility and Outcomes of a Program To Provide Hospital-Level Care at Home for Acutely Ill Older Patients

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Background: Acutely ill older persons often experience adverse events when cared for in the acute care hospital.

Objective: To assess the clinical feasibility and efficacy of providing acute hospital-level care in a patient’s home in a hospital at home.

Design: Prospective quasi-experiment.

Setting: 3 Medicare-managed care (Medicare + Choice) health systems at 2 sites and a Veterans Administration medical center.

Participants: 455 community-dwelling elderly patients who required admission to an acute care hospital for community-acquired pneumonia, exacerbation of chronic heart failure, exacerbation of chronic obstructive pulmonary disease, or cellulitis.

Intervention: Treatment in a hospital-at-home model of care that substitutes for treatment in an acute care hospital.

Measurements: Clinical process measures, standards of care, clinical complications, satisfaction with care, functional status, and costs of care.

Results: Hospital-at-home care was feasible and efficacious in delivering hospital-level care to patients at home. In 2 of 3 sites studied, 69% of patients who were offered hospital-at-home care chose it over acute hospital care; in the third site, 29% of patients chose hospital-at-home care. Although less procedurally oriented than acute hospital care, hospital-at-home care met quality...
standards at rates similar to those of acute hospital care. On an intention-to-treat basis, patients treated in hospital-at-home had a shorter length of stay (3.2 vs. 4.9 days) ($P = 0.004$), and there was some evidence that they also had fewer complications. The mean cost was lower for hospital-at-home care than for acute hospital care ($5081 vs. $7480) ($P < 0.001$).

**Limitations:** Possible selection bias because of the quasi-experimental design and missing data, modest sample size, and study site differences.

**Conclusions:** The hospital-at-home care model is feasible, safe, and efficacious for certain older patients with selected acute medical illnesses who require acute hospital-level care.
Editors' Notes

Context

- Hospital care for older people often means iatrogenic complications and a decline in function. Home hospital care might reduce these adverse outcomes.

Content

- Patients were 65 years of age or older and required hospital care for pneumonia, heart failure, chronic obstructive pulmonary disease, or cellulitis. In phase I, they were hospitalized. In phase II, they could choose home hospital care (continuous nursing care followed by at least daily visits from a nurse and a physician). Sixty percent of patients chose home hospital care. Patients who received this type of care had shorter stays; fewer procedures, consultations, and indwelling devices; less delirium; greater satisfaction; and similar functional outcomes.

Cautions

- The study was nonrandomized, and data were missing.

Conclusion

- Home hospital care may be a good alternative for selected patients.

—The Editors
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