

Understanding the Hospital At Home Program

The hospital-at-home (H@H) model — where patients receive acute level care in their homes, rather than in a hospital — has emerged as an innovative and promising approach to provide high quality care to patients in the comfort of their homes.

How was H@H established?

- H@H programs started with approximately 20 hospitals and health systems from around the country, establishing over 25 years a model to advance the program more broadly.
- Congressional action is needed to extend H@H beyond Sept. 30, 2025. The AHA supports the extension of H@H.

How does H@H work?



Using the hospital's eligibility criteria for H@H, the admitting physician identifies a patient sick enough to require hospital-level care but stable enough to be treated at home. The patient must accept admission to the H@H program.



The H@H team meets with the patient and family to discuss the program and assess the suitability of the patient's home for H@H (e.g., must have working utilities including electricity and running water.)



Responsibility for the patient's care is assigned to a physician from the hospital, and other care team members are identified based on the patient's needs.



A care team member meets the patient at home and a physician meets with the patient either in person or via telemedicine to discuss diagnosis, prognosis and treatment plans. In addition, patients and family members will learn about equipment and communication devices.



When the patient is stabilized and well enough to be "discharged," the patient is discharged.



Between scheduled daily visits by the care team, patients and family can reach the care team at any time for questions, concerns or changes in the patient's condition.



Health care providers conduct scheduled in-home or virtual care visits, answer questions and provide additional care as needed. The patient's vital signs are monitored electronically by the care team.

What kinds of patients meet the H@H criteria?

- 1. Hospitalized patients stable enough to be safely monitored at home.
- 2. Patients with conditions with defined treatment plans (i.e., pneumonia, congestive heart failure, chronic obstructive pulmonary disease, diabetes or cellulitis).

Examples of services that can be done in the home setting:



Diagnostic studies such as electrocardiograms, echocardiograms and x-rays.



Treatments such as oxygen therapy, infusions, physical and occupational therapy, laboratory tests, and more.



Services such as respiratory therapy or pharmacy.

How does H@H promote safe care for patients?

Providers can use the H@H program to identify additional support programs to assist patients in their recovery and ongoing care.

- Best suited for homes with adequate internet, cooling/heating and social support.
- Providers may determine additional services to meet patient's social needs.
- Referrals can be given for additional health care needs or community support programs.