



Optimizing Hospital-at-Home Admissions: How Physician Partners Improve Transitions Home and Enhance Cost Savings

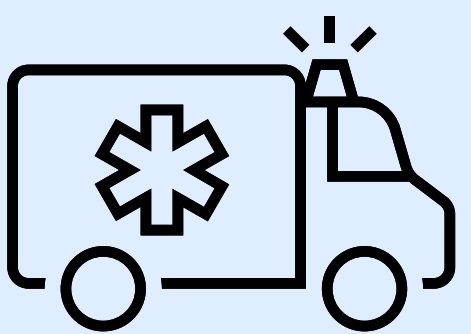
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BACKGROUND

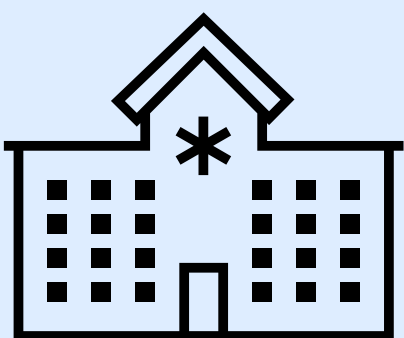
The Advanced Care at Home (ACH) program is a hospital-at-home program implemented at Mayo Clinic in Florida (MCF) in 2020.

ACH patients typically enter the program via one of two routes:

1. The MCF Emergency Department (ED) – referred to as **Acute Substitution** patients
2. A MCF brick-and-mortar (B&M) hospital bed, where the patient is already in an active inpatient encounter – referred to as **Reduced Length of Stay** (RLOS) patients



Acute Substitutions
ED → ACH



Reduced Length of Stay
B&M → ACH

From January to April 2024, the average percentage of ACH patients who came from the ED (Acute Substitutions) was 28.1%. Preliminary research indicates that Acute Substitutions in hospital-at-home programs may reduce costs while improving patient experience.¹

On April 29, 2024, a pilot was introduced to transform the ACH patient acquisition process in the ED to streamline admissions and increase Acute Substitutions. Previously, patients in the ED were directly approached by an ACH Advanced Practice Provider (APP) to explain the program. In order to enable a smoother patient transition from the ED to a home hospital admission, the pilot enabled additional ED and HIM physician support in the following ways:



1. ED physicians began informing patients of their hospital admission and to expect a visit from their hospital care team.

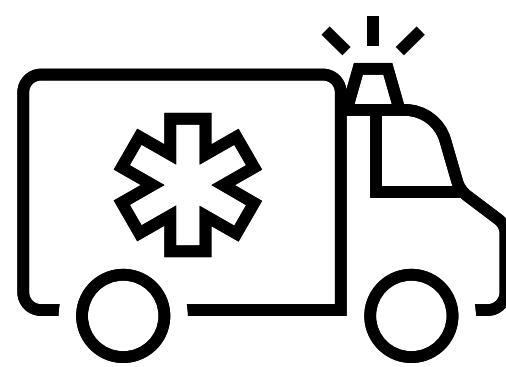


2. A dedicated team of 16 Hospital Internal Medicine (HIM) physicians was established. The HIM physician of the day would then provide ED patients with information about ACH.

OBJECTIVES

1. Improve patient acceptability of ACH
2. Increase Acute Substitutions, with the goal of improving transition of care and reducing overall costs per patient
3. Increase awareness of ACH capabilities and patient appropriateness among ED and HIM partners

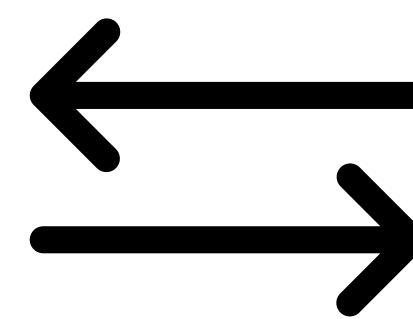
ACH TRANSITION PROCESS (PRE-PILOT)



Patient presents to ED



ACH APP approaches patient to provide information about ACH

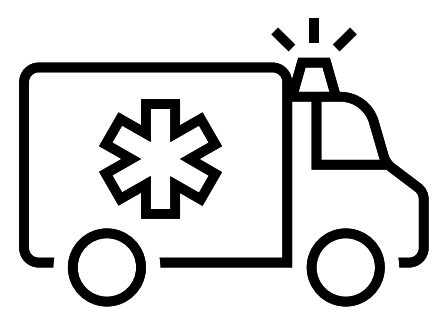


ACH APP transfers patient from ED to home



Patient transported home for ACH care

ACH TRANSITION PROCESS (POST-PILOT)



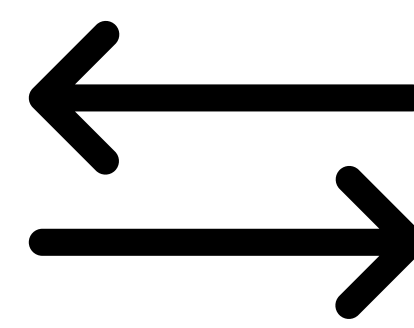
Patient presents to ED



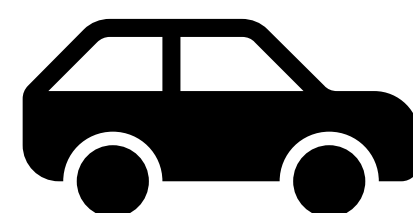
ED provider approaches patient and informs patient of admission and to expect a visit from hospital care team



HIM physician partner approaches patient to provide information about ACH



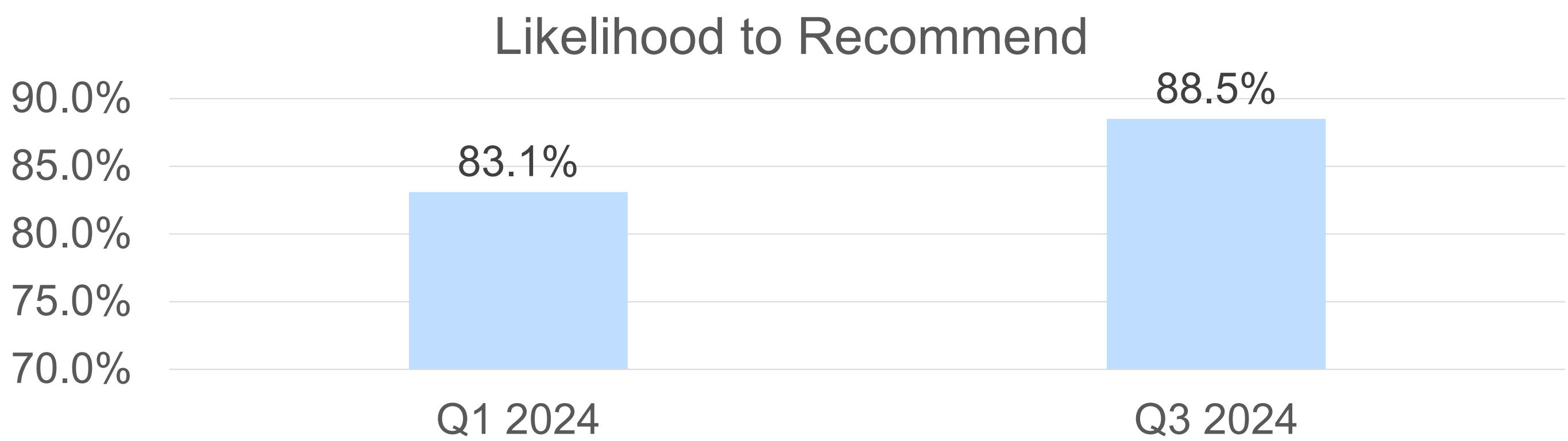
ACH APP transfers patient from ED to home



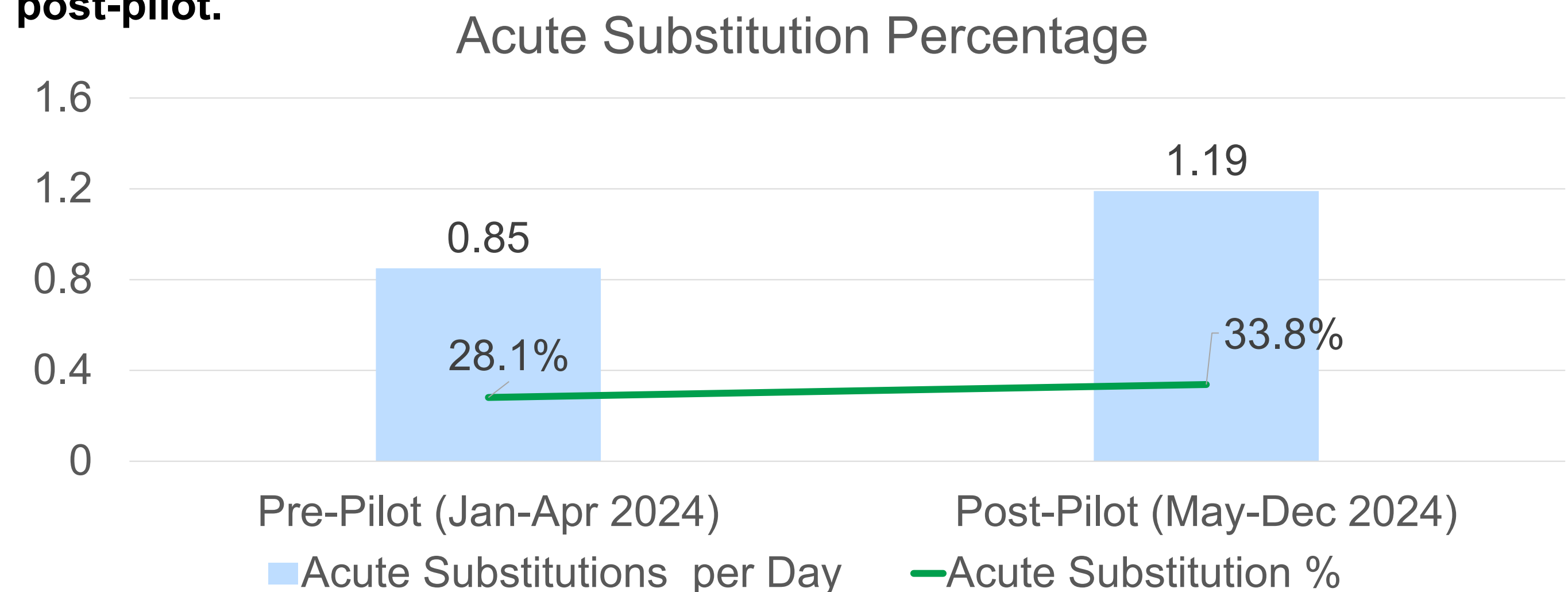
Patient transported home for ACH care

RESULTS

Patient acceptability, as measured by the ACH program Likelihood to Recommend Score, increased from pre- to post-pilot.



Acute Substitution percentage and volume per day increased from pre- to post-pilot.



With Acute Substitution patients accounting for a larger portion of total ACH patients, the average cost per patient decreased by 8.3%.

DISCUSSION

There are multiple benefits to increasing Acute Substitutions. First, increasing Acute Substitutions allows for a more seamless and efficient transition from the hospital ED to home because the patient does not need to transition to a hospital bed before then transitioning home.

Second, Acute Substitution patients have a shorter Average Length of Stay (ALOS) than RLOS patients. In 2024, Acute Substitution patients had an ALOS of 4.2 days, compared to RLOS patients who had an ALOS of 5.7 days. The shorter ALOS is true even when controlling for Diagnosis-Related Groups (DRGs).

Acute Substitution patients may have a shorter ALOS due to the following reasons:

1. Acute Substitution patients transfer to ACH on day one of their hospitalization. As a result, the ACH provider assumes care of the new patient earlier in their hospital stay, when compared to Reduced Length of Stay patients. The ACH provider may feel more comfortable discharging a patient earlier after overseeing their care from start to finish, compared to RLOS patients who may have a complex history of events that occurred in the B&M hospital.
2. Patients experience a greater degree of comfort in the home and reduced exposure to hospital-acquired infections. As a result, patients may have a quicker recovery and a shorter ALOS.

The shorter ALOS translates to a lower cost per patient, primarily due to the reduced amount of Room & Board costs incurred.

REFERENCES

¹Levine DM, Ouchi K, Blanchfield B, Saenz A, Burke K, Paz M, Diamond K, Pu CT, Schnipper JL. Hospital-Level Care at Home for Acutely Ill Adults: A Randomized Controlled Trial. Ann Intern Med. 2020 Jan 21;172(2):77-85. doi: 10.7326/M19-0600. Epub 2019 Dec 17. PMID: 31842232.