

THE VIRTUAL HOSPITAL AT HOME QUALITY FRAMEWORK: A FOUNDATION FOR QUALITY IMPROVEMENT

Gregory D Snyder¹, MD, MBA, Jed Colt Cowdell², MD, MBA, Hemali Sudhalkar³, MD, MPH, SFHM, Vasiliki Patsiogiannis¹, MPH, CPH, Ellen Love, MHA², Joe Jeffrey R Hatton³, MBA, Pippa Shulman¹, DO, MPH

¹Medically Home Group Inc., 500 Harrison Ave, Boston, MA, 02116, ²Mayo Clinic, Jacksonville, FL, 32224, ³Permanente Medicine, Oakland, CA, 94612

Acknowledgements: We want to thank Grace Walker for contributing the HaH quality framework Figure.

Background

As Hospital at Home (HaH) programs grow in the United States, the definition of quality and safety standards and indicators has evolved, particularly in the context of federal reimbursement under the Acute Hospital Care at Home (AHCAH) waiver³. This evolution requires HaH programs to develop structured approaches to ensure quality and safety standards are met within the unique elements of Hospital at Home.

Introduction

In partnership with integrated health systems, Medically Home enables Virtual HaH programs by leveraging virtual care technology. This approach requires a unique framework for quality, safety, and measurement.

Medically Home's health system partners Mayo Clinic and Kaiser Permanente, have focused on applying, measuring and improving quality metrics in Hospital at Home (HaH). Our guiding principle is that Virtual HaH should be safer than a brick-and-mortar care facility.

Methodology

We organize our quality framework around four core pillars, adapted from the Institute of Medicine⁶, (Figure 1) - Access & Equity, Safety & Reliability, Engagement & Experience, Cost & Affordability. These pillars provide the foundation for evaluating high-quality care, emphasizing needs for acute home-based care.

Figure 1. Hospital at Home Quality Framework



Quality standards are discussed and integrated with partner systems during HaH program Design, Training, and Implementation to erect quality & safety systems.

The evaluation of these standards against associated quality indicators is critical for quality improvement

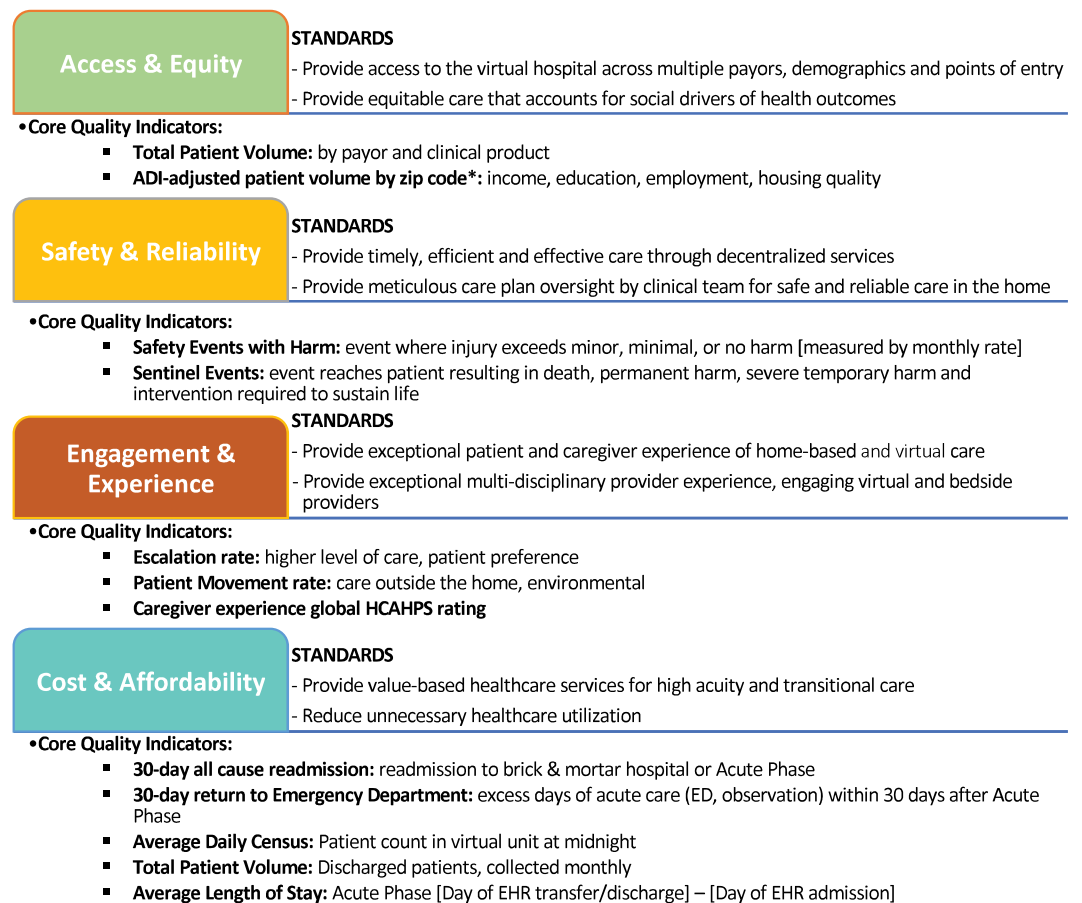
Results

The HaH quality framework allowed distillation of twelve core quality indicators and enabled the framework for virtual HaH program benchmarking for quality improvement, (Figure 2).

Conclusions

Future directions will focus on measuring patient and provider experiences, health equity, establishing benchmarks for future best practices in HaH, risk-adjusting quality indicators, and standardization of practices across rural and urban geographies for Medically Home partners.

Figure 2. Quality Standards and Indicators in HaH



References

a <https://qualitynet.cms.gov/acute-hospital-care-at-home>

b <https://www.ahrq.gov/talkingquality/measures/six-domains.html>