Technology, Cost Shift Hospital Care to Home

BY M. ALEXANDER OTTO

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SEATTLE – Home health care will increasingly replace hospital care, panelists said during a discussion of the phenomenon at the symposium.

They weren't just talking about lower-intensity care, either. Consider the work of panelist Dr. Bruce Leff and his colleagues at Johns Hopkins University in Baltimore, who are among those developing and disseminating the "Hospital at Home" care model. It's about "true acute care," he said, "taking someone from the emergency department [where a] physician has said 'this person needs to be admitted' " and treating that person at home. The "best way this works is when the 'Hospital at Home' is thought of as a virtual unit of the acute hospital. Recently, we've been partnering with proto-ACOs [accountable care organizations] that are very interested in this model," said Dr. Leff, a Hopkins geriatrician.

Several things are driving the trend. First, payers are looking to cut costs by cutting hospital admissions. Also, hospital executives want to empty their beds of patients on whom they lose money; patients generally prefer treatment at home; elderly patients usually do better there; and technology increasingly enables hospital-level home care, panelists said. Hospitals are already being built with fewer beds than they might have had a decade ago. A $1 billion high-tech tower being built at Johns Hopkins won't add any more beds to the campus, Dr. Leff noted.

Given the trend, if hospitals aren't thinking about how to focus on high-margin patients and effectively treat others in lower-cost settings, "they're dead; they're gone," he said.

The trend toward home care has been embraced by one of the nation's largest health care companies, Louisville, Ky.–based Kindred Healthcare Inc., according to CEO Paul Diaz, also a panelist. "We are increasingly investing in home care because 40% of our discharges are going to home care" already.

The 'Hospital at Home' works best when it's thought of as a virtual unit of the acute hospital.

DR. LEFF

He and others said they think technology will further the trend. Diane Cook, Ph.D., a professor of electrical engineering who was also a panelist, gave an example of what could be coming soon. She and her colleagues at Washington State University, Pullman, have rigged an apartment on campus with sensors (motion detectors, for instance, and stove-burner monitors) to see if the feedback accurately indicates how well patients – especially the elderly – perform day-to-day tasks, and if they need intervention. If the technology proves itself, it could reduce unnecessary home-health visits, saving providers time and money.

Dr. Cook and her colleagues ultimately envision "a lightweight, simple package caregivers can purchase from Home Depot or Lowe's" that would be capable of remote, hospital-level monitoring. The idea is to empower patients to "do as much as they can at home," she said.

Meanwhile, Dr. Leff and his colleagues are planning to pilot an adhesive strip–like sensor that could be used in the home. It "gives you everything you get in the ICU now, with 14 different probes and needles," he said. "Hospital at Home" is already "a pretty intense intervention" that can include IV medications; oxygen and respiratory therapy; and x-rays, ultrasounds, and diagnostic labs, among other things, Dr. Leff said.

Dr. Leff said he has no personal conflicts of interest. His research is supported in part by fees paid to Johns Hopkins for his consulting services. Dr. Cook said she did not currently have any disclosures. ■

For more information about "Hospital at Home," visit www.hospitalathome.org/DGM/hah.