Horizon2030

Research Brief

Hospital-at-Home in 2030: Predictions and Planning

Leading Health Systems (LHS) anticipate significant growth of their hospital-at-home (HaH) programs in coming years. This growth is contingent on other factors, including patient and provider acceptance and evolving technologies (e.g., artificial intelligence, clinical decision support) and advanced data analytics. As LHS prepare to scale and grow their HaH programs, they will have to plan accordingly to address the key trends and predictions below.

Barriers to LHS HaH Scalability

Staffing challenges

- Finding the right mix of skills and experience adds complexity amid shortages.

Provider support

- Concerns around safety, broad distribution, and tech issues add stress to HCPs.

Logistics

- Transporting providers and equipment in a timely manner adds complexity; similarly, significant variability exists for requirements across state lines.

Reimbursement landscape

- Lack of private payer interest and the uncertainty around the CMS waiver, despite extension until 2024, raise concerns around financial viability.

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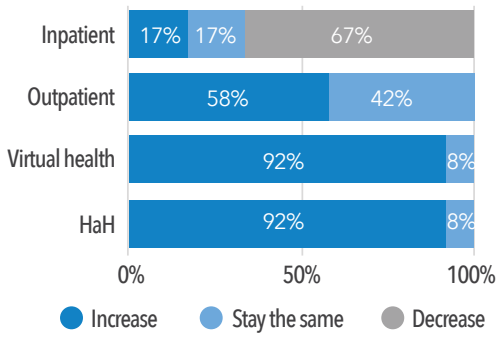
1 Majority of LHS predict they will move geriatrics care into the home by 2030; the "silver tsunami" raises the urgency of advancing and growing HaH programs.

- As LHS anticipate geriatrics will move into the home by 2030, the looming burden of a large aging population raises the criticality of preparing HaH programs for success to avoid complete overwhelm of the healthcare system.
- Similarly, LHS see opportunity to expand home health services for cardiovascular conditions, such as congestive heart failure and COPD, and chronic conditions across service lines.

Shifting Capital Investment Predictions in 5-7 Years



2 LHS approaches to HaH are likely to shift from reliance on partnerships to building in-house capabilities in order to promote long-term financial viability.

- Currently, 45% of LHS rely on partnerships to support their HaH capabilities, due in part to lack of resources and expertise to support building out in-house functions. However, many LHS indicate interest in moving functions in-house in the future.
- Certain competencies must be in place before LHS begin to move HaH capabilities in-house, including an optimized technology platform and analytics, careful coordination of logistics, and an emphasis on risk-based lives (e.g., through partnerships or Accountable Care Organizations).

3 While a majority of LHS have HaH programs, they are largely small pilots; achieving 2030 goals will require scaling and growth.

- LHS anticipate significant growth, with some executives expecting that HaH volumes will grow to rival that of current inpatient volumes.
- To attain this vision, currently small HaH programs will have to grow to accommodate more patients and types of care. LHS should prioritize:
  - Improving supporting infrastructures (e.g., improving monitoring, logistics)
  - Physician and patient education (e.g., trainings on advantages of HaH)
  - Improving payment options (e.g., developing bundled payments for HaH)
  - Promoting use of HaH for specific disease states (e.g., pilots around congestive heart failure and COPD)

"We believe that [hospital-at-home] will grow to rival the volume of at least one of our hospitals, if not all of them over time."
– Chief Clinical Officer, LHS

Source: The Academy research and analysis.; The Academy's Strategy Catalyst. Hospital at Home Partnerships. 2022.

Roadmap to 2030: Scaling LHS Hospital-at-Home Programs In-House

In coming years, LHS approaches to HaH (e.g., partnerships, vendors, service lines) are likely to shift; they may move the program in-house, shift the vendor to a logistics-only role, consider new markets and service lines with their partners, or double up with multiple vendors to meet different needs.

Certain competencies should be in place prior to LHS moving programs in-house to ensure a successful transition.

Pillars of the Advanced In-House HaH Program

Strong internal home health footprint

- When taking out the largest nationwide players, "build" LHS have more in-house home health/ hospice facilities
- Available home health staff who can be flexed into the program

Tech platform and analytics

- Remote patient monitoring partner, ideally existing
- IT ability to build or add on new EHR features

Logistics

- 24/7 virtual connectivity platforms, ability to support wifi or hotspot needs

Risk-based lives

- Processes in place to address consumer needs, particularly within the home environment, to support HaH (e.g., reliable housing, internet access, family support)
- Partnerships with Medicare Advantage or commercial payers
- Center for Medicare and Medicaid Innovation demonstration projects

Leader champion

- C-suite or service line leader passionate about devoting substantial time to building it

Key Considerations for Scaling HaH

- ❑ How can LHS make HaH particularly geriatrics-friendly as they prepare for the "silver tsunami"?
- ❑ How can LHS leverage existing home health capabilities to advance HaH pilots (e.g., home health staff, existing technologies)?
- ❑ How should existing monitoring technologies be updated to support a scaled HaH program (e.g., increased training, better integration)?
- ❑ How can LHS improve logistics such that provider concerns are lessened and program operations are standardized?
- ❑ How can LHS partner with payers to innovate around HaH?
- ❑ Who should be in charge of championing the scaled, advanced HaH program within the system (e.g., C-Suite, service line leader passionate about the program)?

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"[Hospital-at-home] will become more prevalent for recovery as more procedures move to the ambulatory settings. It will become more prevalent as acceptance from all stakeholders improves."

– Chief Medical Officer, LHS

Source: The Academy research and analysis.; The Academy's Strategy Catalyst. Hospital at Home Partnerships. 2022.

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Catalyzing the Future of Healthcare

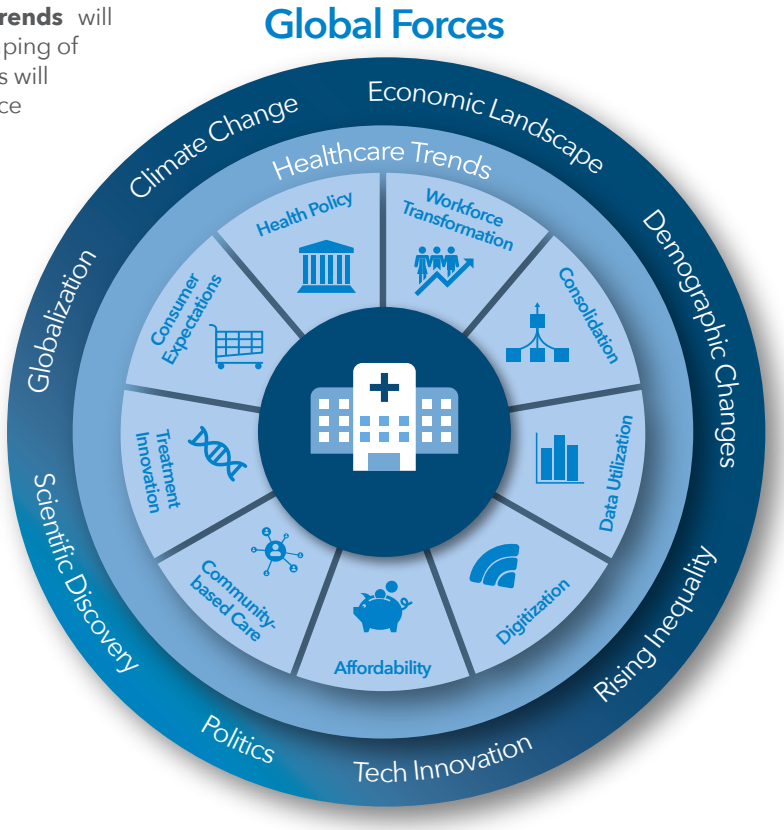
Forces Shaping an Evolving Industry

As provider health systems look toward the next decade, much of the trajectory of healthcare will be defined by broader **global forces** that will shape the way we work and live. These global forces, either independently or collectively, will influence healthcare and the next decade of innovation that will shape the industry.

Driven by global forces, the more localized **healthcare trends** will transform the industry over the next decade and require a reshaping of the LHS business model. All of these global and local influences will collectively play a role in defining the sustainability and relevance of LHS in the coming decade.

How LHS respond to these changes will dictate their long-term success by 2030 and beyond.

LHS will move toward new business models that account for the growing risk and capitalize on the opportunities of the shifting market. The next decade will give rise to new archetypes of LHS, and each organization will have to determine which model(s) work best for their system and communities.



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Horizon 2030 is a program developed in partnership between The Health Management Academy, Pfizer, and Leading Health Systems (LHS) focused on discussing the trends that will shape healthcare in the next decade, identifying how LHS can redefine their strategies to accelerate business model transformation, and creating a roadmap for the future of care delivery.

To support this focus, The Health Management Academy conducts strategic research to analyze these healthcare trends, understand LHS CXO perspectives on key issues and the impact to their organizations, and highlight successful strategies and frameworks that LHS can apply to support business model transformation.