

## Learning from Hospitalists: A Path for Hospital at Home to Thrive



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In 1996, two groundbreaking models emerged in acute care: the hospitalist concept and Hospital at Home (HaH). Both promised high-quality care at lower costs, but while hospitalists became a cornerstone of inpatient care, HaH struggled for traction. Fast forward to the COVID-19 pandemic, HaH faced a resurgence due to regulatory changes and investments. However, challenges persist. Learning from the trajectory of hospitalists could provide invaluable insights for HaH to realise its full potential.

### Pioneering Site-Defined Specialisation: Lessons for Hospital at Home Providers

Hospitalists pioneered the concept of a "site-defined generalist specialist," emphasising around-the-clock presence and expertise in hospital care. They strategically defined their roles, developed core competencies, and established themselves as a specialty. This clarity facilitated their integration into healthcare systems. HaH providers can adopt a similar approach, positioning themselves as home-based specialists with focused competencies in acute care and geriatrics.

### Building the Business Case for Hospital at Home

Critical to HaH's success is acknowledging the complexities of delivering care in the home. Multidisciplinary teams must navigate remote monitoring, care coordination, and logistics unique to home-based care. The pandemic spurred investments in the necessary infrastructure, overcoming supply-chain constraints. By leveraging these advancements, HaH can offer high-quality care while reducing the strain on traditional hospital resources. Similar to hospitalists, HaH advocates must make a compelling business case. Demonstrating value to investors and stakeholders is paramount. While initial investments may be daunting, HaH's potential for cost savings and improved outcomes is significant. By reallocating resources from traditional inpatient care to HaH, health systems can achieve financial benefits through bed arbitrage and higher-acuity patient admissions.

### Evidencing the Value Proposition: Lessons from Hospital Medicine for Hospital at Home Adoption

Addressing skepticism requires robust research and evidence. Clinical and economic studies must quantify the benefits of HaH, considering all operational costs and outcomes. By de-risking the decision to implement HaH programmes, providers can garner support and investment from hesitant stakeholders. Reflecting on the growth of hospital medicine, HaH can learn valuable lessons. Clear definition of roles, emphasis on core competencies, and compelling business cases were pivotal for hospitalists' success. HaH providers must follow suit, positioning themselves as indispensable players in acute care delivery.

While hospitalists benefited from conducive circumstances, HaH's time is now. Regulatory changes and pandemic-induced investments create an opportune environment for HaH to thrive. By embracing lessons from hospitalists' journey, HaH can transition from an insurgent model to an indispensable component of acute care delivery.

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