

# Primary Care-Led Hospital at Home for Successful Aging in Place

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## INTRODUCTION

Receiving hospital-level care at home is a creative care model currently gaining recognition in the US. It enables patients to recover from certain conditions in the comfort of their homes and provides safe, efficient, and cost-effective healing.

Our study focuses on enabling healing at home for a patient with exacerbation of chronic conditions by substituting hospital admissions with inpatient-level care at home from the primary care office, rather than a facility-based setting, to reduce the cost of care and support the patient and their physician in the ambulatory setting.

## OBJECTIVES

1. To recognize and assess the relevance, effectiveness, and benefits of Hospital at Home (HaH) for patients with exacerbation of chronic conditions from the primary care office rather than a facility.
2. To assess the effect of efficient, fast, precise, and seamless coordination of care services in the home to prevent complications, avoid facility-based hospitalization, heal safely and successfully at home, and reduce the cost of care directly from the ambulatory setting.

## METHODS

A hospitalist attending visit was conducted via telemedicine, along with an infectious disease evaluation.

An in-home PICC line placement was done immediately and treatment at home began for the acute phase of the patient's episode of care. Her urine culture was positive for several resistant organisms, so Gentamicin IV 100mg was recommended by the specialists. Medications were adjusted by the hospitalist attending.

Comprehensive 24/7 Hospital at Home services were provided along with monitoring devices in the home.

A repeat urine culture was negative, and her labs showed improvement. The patient was transitioned into a 30-day post-acute episode for a seamless transition back to her primary care physician, urologist, and neurologist.

All providers were receiving summary reports and communication via the Hospital at Home attending and care coordination care team.

## CASE PRESENTATION

An 84-year-old female with a history of multiple sclerosis was referred to our Hospital at Home program by her primary care physician with a urinary tract infection (UTI) and multiple sclerosis (MS) exacerbation. She had already gone through several hospitalizations in previous months, and her family was looking for an alternative that would allow avoidance of hospital-acquired deconditioning and accumulation of insurance copayments.

## RESULTS

Her insurance covered 10 days' worth of in-home nursing, pharmacy, labs, and physician fees. The cost was less than a traditional hospital stay for the insurance company and the family's out-of-pocket expenses.

Her family was grateful for the quality of care afforded to her in the comfort of her home.

With ED costs, physician fees, nursing, labs, and ancillary expenses, the cost of a similar hospital admission would have been 5-10 times more.

This HaH episode prevented functional deterioration and significantly cut medical expenses.

## CONCLUSION

This patient's well-managed and successful treatment plan allowed her the opportunity to heal safely and completely at home and prevented a hospitalization that would have been traumatic and more expensive.

We were able to provide hospital-level care directly from the PCP ambulatory setting rather than a facility-based setting such as an ED or Hospital. Empowering patients and their families to take responsibility for their medical needs through guidance is essential for a successful healing journey.

## REFERENCES

Hospital-Level Care at Home for Acutely Ill Adults: A Randomized Controlled Trial. Levine 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