

Summary of U.S. Evidence on the Hospital at Home (HaH) Model



About the Hospital at Home Model (HaH)

- ① HaH provides hospital-level care in patients' homes, rather than in brick-and-mortar hospitals.
- ② HaH provides patients with what they would have gotten in the hospital - physician care, twice daily nursing/paramedic visits, IV medications, lab and imaging tests, among other services.
- ③ Physicians are on call 24 hours a day/7 days a week.
- ④ A typical HaH program includes a combination of in-person visits, video visits, and telehealth monitoring.

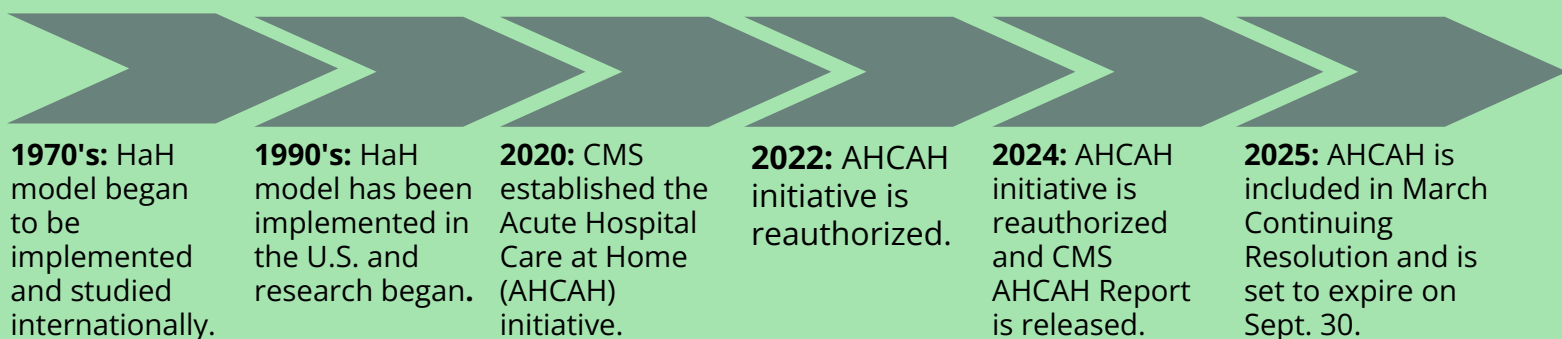
What is the Acute Hospital Care at Home (AHCAH) initiative?

- 📍 Since the mid-1990s in the U.S., the Hospital at Home (HaH) model has served as a substitute for **acute inpatient hospital-level care to patients in their homes**.
- 📍 In 2020, the Centers for Medicare and Medicaid Services established the **AHCAH initiative**. Congress has since extended this program three times—first in 2022, again in 2024, and most recently in 2025. The current authorization is set to expire on September 30, 2025.
- 📍 CMS released a report on the AHCAH initiative in October 2024, demonstrating that **HaH is clinically safe and effective**.¹

Why HaH Matters – In the U.S. and Around the Globe

Beyond CMS findings, a significant body of research conducted across the world has proven through randomized control trials and large-scale implementation in countries like Australia, that **HaH is the future**.² In the U.S. alone for the last 30 years, research has consistently demonstrated that **patients and their caregivers, hospitals, and payers alike benefit from the program**.

HaH Over the Years



1. Fact Sheet: Report on the Study of Acute Hospital Care at Home Initiative. Centers for Medicaid and Medicare Services. September 30, 2024. <https://www.cms.gov/newsroom/fact-sheets/fact-sheet-report-study-acute-hospital-care-home-initiative>

2. Cubitt, M, et al. A Future for the Hospital-in-the-home (HITH) Deteriorating Patient: Shifting the Paradigm. Med J Aust 2025; 222 (4): 168-171. doi: 10.5694/mja2.52588

Why HaH Works: Evidence from U.S. Implementation



HaH Reduces Spending without Sacrificing Quality:

- Lower Costs Through Reduced Utilization:** HaH programs significantly reduce the use of costly services like lab tests, imaging, and specialty consults leading to significantly lower costs during the acute hospitalization and the 30-days post discharge.^{3,4,5}
- Shorter Lengths of Stay and Reduced Post-Acute Care Use:** Patients in HaH programs experience shorter care episodes, lower rates of discharge to a skilled nursing facility, and lower rates of emergency department visits.⁶
- Relieves Hospital Capacity Pressures:** By avoiding the need for brick-and-mortar expansion, Advocate Health has freed up 33,000 hospital bed days by caring for over 9,400 patients at home since 2020.⁷



HaH Expands Access in Rural and Underserved Communities:

Delivers High-Quality Care for Complex Patients:

HaH patients with disabilities and those dually eligible for Medicare and Medicaid experience outcomes comparable to traditional hospital patients across key metrics—including mortality, readmissions, and skilled nursing facility use.⁸

Improves Access for Low-Income Populations: HaH benefits economically disadvantaged patients by allowing clinicians to assess home environments, address unmet needs, and build strong patient-provider relationships.⁹

Works in Rural and Underserved Areas: HaH has been successfully deployed in rural communities, reducing strain on hospital infrastructure and enabling patients to receive safe, high-quality acute care at home.¹⁰



HaH Improves Patient Experience Through Personalized Care:

Enhances Patient Experience: Patients receiving acute care at home report higher satisfaction and stronger relationships with their care teams that support conditions conducive to recovery.¹¹

Improves Clinical Outcomes: Hospital at Home has been associated with a 74% reduction in delirium risk and lower rates of certain clinical complications.¹²

Reduces Caregiver Stress Without Shifting Clinical Burden: Studies show lower levels of caregiver stress and confirm that HaH does not transfer clinical responsibilities from medical professionals to families.¹³

3. Frick KD, et al. Substitutive Hospital at Home for Older Persons: Effects on Costs. *The American Journal of Managed Care*. 2009; 15(1). [Substitutive Hospital at Home for Older Persons: Effects on Costs](#)

4. Levine DM, et al. 2020. Hospital-Level Care at Home for Acutely Ill Adults. *Annals of Internal Medicine* 172 (2): 77-85. <https://doi.org/10.7326/M19-0600>.

5. Saenger PM, et al. Cost of home hospitalization versus inpatient hospitalization inclusive of a 30-day post-acute period. *J Am Geriatr Soc*. 2022 May;70(5):1374-1383. doi: 10.1111/jgs.

6. Federman AD, et al. Association of a Bundled Hospital-at-Home and 30-Day Postacute Transitional Care Program With Clinical Outcomes and Patient Experiences. *JAMA Intern Med*. 2018 Aug 1;178(8):1033-1040. doi: 10.1001/jamainternmed.2018.2562. PMID: 29946693; PMCID: PMC6143103.

7. Rath, David. 2024. "How Atrium Health Scaled Up Hospital at Home." *Healthcare Innovation*. February 12, 2024. <https://www.hcinovationgroup.com/population-health-management/home-based-care/article/53096226/how-atrium-health-scaled-up-hospital-at-home>.

8. Levine DM, et al. Acute Hospital Care at Home in the United States: The Early National Experience. *Ann Intern Med*. 2024 Jan;177(1):109-110. doi: 10.7326/M23-2264.

9. Siu AL, et al. Health equity in Hospital at Home: Outcomes for economically disadvantaged and non-disadvantaged patients. *J Am Geriatr Soc*. 2022 Jul;70(7):2153-2156. doi: 10.1111/jgs.

10. World Hospital at Home Congress, Vienna 2025.

11. Levine, et al. 2021. "Hospital-Level Care at Home for Acutely Ill Adults: A Qualitative Evaluation of a Randomized Controlled Trial." *Journal of General Internal Medicine* 36 (7): 1965-73. <https://doi.org/10.1007/s11606-020-06416-7>.

12. Leff B, et al. Hospital at home: feasibility and outcomes of a program to provide hospital-level care at home for acutely ill older patients. *Ann Intern Med*. 2005 Dec 6;143(11):798-808. doi: 10.7326/0003-4819-143-11-200512060-00008. PMID: 16330791.

13. Leff B, et al. Comparison of stress experienced by family members of patients treated in hospital at home with that of those receiving traditional acute hospital care. *J Am Geriatr Soc*. 2008 Jan;56(1):117-23. <https://doi.org/10.1111/j.1532-5415.2007.01459.x>