Faced with ever-diminishing nationwide inpatient hospital capacity wrought by the COVID-19 pandemic, in March 2020 the Centers for Medicare & Medicaid Services (CMS) announced the Hospitals Without Walls program to allow “hospitals to provide services in locations beyond their existing walls.”1 Examples of applicable outside facilities include ambulatory surgery centers, inpatient rehabilitation hospitals, hotels, and dormitories. Care at home was not an option in that CMS did not waive the 24 hours per day, 7 days per week nursing requirement.1 In November 2020, with the Acute Hospital Care at Home (AHCaH) program in mind—an expansion of the Hospital Without Walls initiative—CMS issued waivers of a select series of service and safety requirements outlined by the Hospital Conditions of Participation regulations (42 CFR § 482).2 In this Viewpoint, we review the genesis of the AHCaH waiver program, appraise its present state of implementation, and assess the legislative odds of the program continuing.

To facilitate the AHCaH program, CMS suspended the requirement for “nursing services to be provided on premises 24 hours a day, 7 days a week,” and for the “immediate availability of a registered nurse for care of any patient.”2 In so doing, CMS made it possible for Medicare-certified hospitals to deliver reimbursable acute inpatient-level care to appropriately selected beneficiaries at their place of residence under the relevant Diagnosis-Related Group codes. Furthermore, CMS stipulated that all transfers of patients to the AHCaH waiver program from either the emergency department or from an inpatient hospital bed were to be cleared by a physician or an advanced practice clinician who had completed the patient’s admission history and a physical examination.2 In addition, a registered nurse was to evaluate the patient twice daily; 1 of the evaluations could be performed by a paramedic as determined by the clinical team.2

Organized low-tech home care likely dates back to the 19th century. In 1978, a randomized clinical trial of home vs hospital case management was conducted.3 A more recent randomized clinical trial of hospital-level care at home for acutely ill adults concluded that “home patients had better experiences with their care team, had more experiences promoting healing such as better sleep and physical activity, and had better experiences with systems factors such as the admission processes.”4 Another recent study concluded that the hospital-at-home paradigm may be effectively applied to patients who are economically disadvantaged and not disadvantaged.5 However, not until the public health emergency wrought by the COVID-19 pandemic did hospital-level home-based care expand unabated.

The AHCaH waiver program was widely adopted during the pandemic as a de facto hedge against the ever diminishing nationwide inpatient hospital capacity. Since November 2020, at least 105 health systems and 239 hospitals across 36 states have been granted approval by CMS for the implementation of the AHCaH waiver program.6 The aforementioned health systems and hospitals, collectively known as the Hospital At Home User Group, aim to “make acute, hospital-level care available to adults and particularly older adults where they live, rather than in a traditional hospital setting.”7 The Hospital at Home User Group is further committed to sharing “resources and best practices, working together to expand the reach of our programs, and developing the program and policy standards to inform regulatory and reimbursement policies necessary to spread this hopeful model broadly throughout North America.”7

On March 9, 2022, Senators Thomas R. Carper (D-Delaware) and Timothy E. Scott (R-South Carolina) introduced a bipartisan bill, the Hospital Inpatient Services Modernization Act8 (S 3792). This Act would extend the pandemic-inspired AHCaH waiver to allow hospitals to continue to provide
the equivalent of inpatient care at home for appropriately selected patients. A companion bipartisan bill (HR 7053) was introduced by Representatives Earl F. Blumenauer (D-Oregon) and Brad R. Westrup (R-Ohio). The Senate and House of Representatives bills have been referred to the Committee on Finance and the Committee on Ways and Means, respectively; the House bill was also referred to the Committee on Energy and Commerce. Senator Carper offered that the proposed bill “will modernize our health care system and ensure that investments in programs to bring hospital care to patients at home can continue to go on.” Senator Scott expressed the hope that the AHCAH waiver program “will ease pressure on our health care system and allow thousands of vulnerable Americans to continue receiving quality care from the safety of their own home.”

If enacted, the Hospital Inpatient Services Modernization Act will extend the AHCAH waiver program by 2 years beyond the (yet to be) declared conclusion of the COVID-19 Public Health Emergency. The bill further specifies that within 1 year of enactment, the Secretary of the US Department of Health and Human Services must issue health and safety regulations for AHCAH programs. In addition, the bill requires the Secretary of HHS to evaluate the ongoing AHCAH and Hospitals Without Walls waivers, including quality of care, patient outcomes, beneficiary access, health disparities, patient safety, cost, and utilization. Within 90 days of the bill being enacted, the Secretary of HHS is required to submit a report of its evaluation and its related recommendations to Congress.

The enactment of the Hospital Inpatient Services Modernization Act could well afford the AHCAH option a measure of permanence. Bipartisan in its sponsorship, the Hospital Inpatient Services Modernization Act has been endorsed by the American Hospital Association, the Association of American Medical Colleges, the Society of Hospital Medicine, the American Academy of Home Care Medicine, and the Advanced Care at Home Coalition. The Hospital Inpatient Services Modernization Act, however, could be the victim of legislative gridlock brought on by the approaching midterm elections. Whatever the near-term outcome of the proposed Hospital Inpatient Services Modernization Act, hospital care at home is a health care delivery paradigm whose time has come.

ARTICLE INFORMATION
Published: August 12, 2022. doi:10.1001/jamahealthforum.2022.2564
Open Access: This is an open access article distributed under the terms of the CC-BY License. © 2022 Adashi EY et al. JAMA Health Forum.

Corresponding Author: Eli Y. Adashi, MD, MS, Department of Medical Science, Brown University, 222 Richmond St, Providence, RI 02903 (eli_adashi@brown.edu).

Author Affiliations: Department of Medical Science, Brown University, Providence, Rhode Island (Adashi); Petrie-Flom Center for Health Law Policy, Biotechnology, and Bioethics, Harvard Law School, Cambridge, Massachusetts (Cohen).

Conflict of Interest Disclosures: Dr Cohen reported a grant from the Gordon and Betty Moore Foundation (No. 9974) during the conduct of the study; and serves as an ethics consultant for Dawnlight. No other disclosures were reported.

REFERENCES


