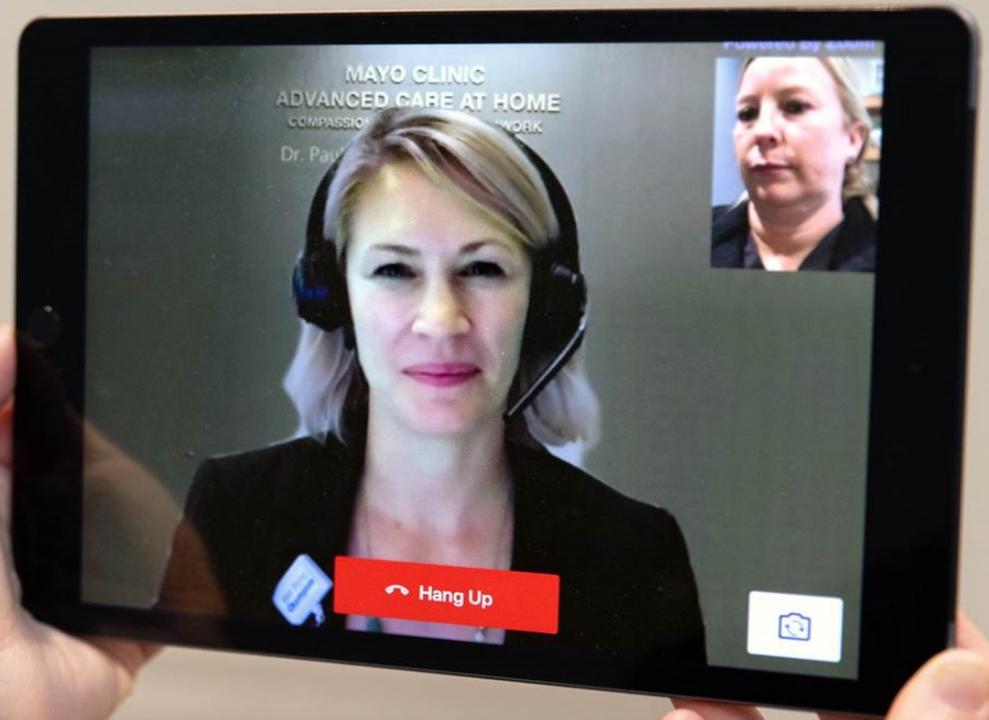


Access to Home Hospital for Those with Disabilities

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Initial Goals of the Project

- Ensuring appropriate identification of home hospital candidates with intellectual and developmental disabilities (IDD) (including input from those that will be served)
- Solving for the relationship between home hospital and community services (residential facilities/ Medicaid family care)
- Caregiver respite program development

ACH – Start with Why



1. Create capacity
2. Drive affordability
3. Expand our reach

Cure. Connect. Transform.

Patient-centric disruption
of health care.

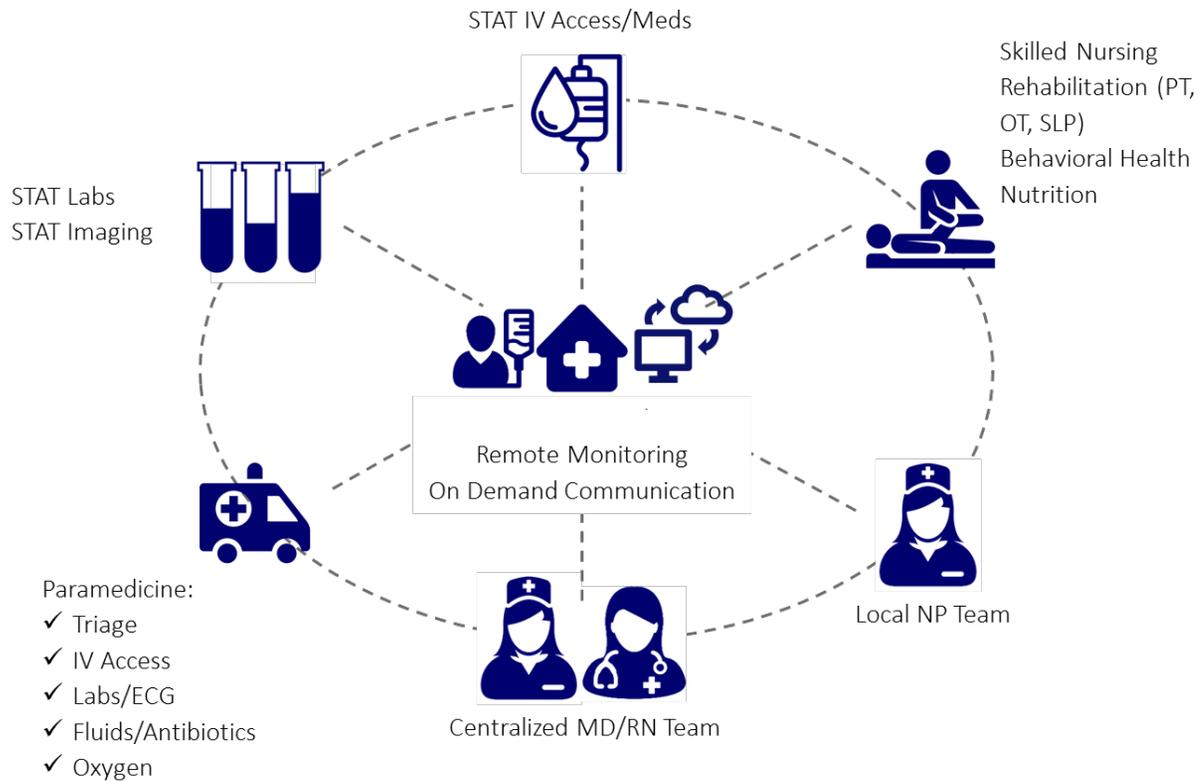
Home

Comfort
Convenience
Control & Freedom

Hospital

Expertise
Technology
Care Delivery Models

ACH Care Delivery Model

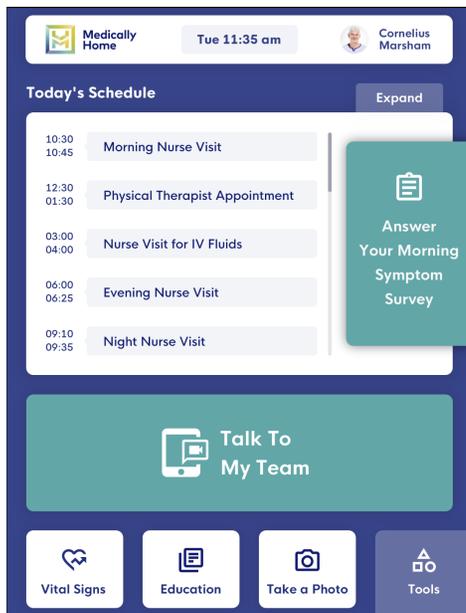


Key Components:

- Command Center
- In-home Technology
- Supplier Network

In-Home Technology

Virtual care of ACH patients is supported by Bluetooth-enabled technology

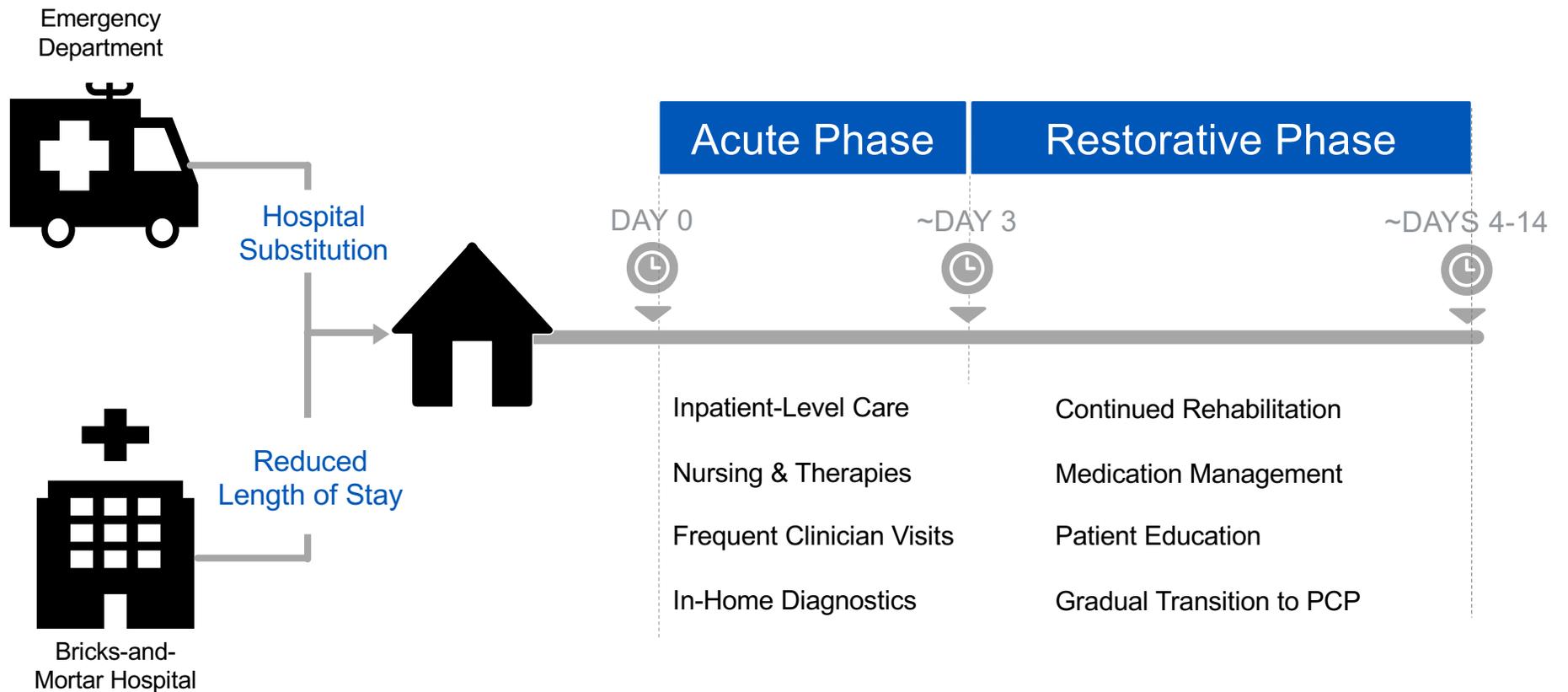


Supplier Network



Community Paramedicine / ARR	Courier	DME	Home Health Aides	Home Care Services	Home Technology
Infusion Therapy	Lab Processing	Medical Meals	Medical Supplies	Medical Waste	Mobile Diagnostics
Nurse Practitioner	Oxygen/Respiratory	Phlebotomy	Pharmacy	Security	Transportation

ACH Patient Journey



Day in the Life of a Patient



A Typical Hospital

6 AM	Blood draw for daily labs
8-11 AM	Physician visit
11-1 PM	Watch TV & wait for x-ray
2 PM	Sponge bath in bed
4 PM	Push call button to speak to physician
5 PM	Physician stops by
6 PM	Dinner is served
11 PM	Hospital is quiet enough to fall asleep



Advanced Care at Home

9 AM	Blood draw for daily labs
10 AM	Physician video visit
10-12 PM	Children stop by to say hello
12 PM	X-ray
2 PM	Shower with the help of aide
4 PM	Use iPad to connect with physician
6 PM	Enjoy home-cooked meal
9 PM	Fall asleep in your own bed

Who is a candidate for ACH?

- Criteria:
 - Diagnosis
 - Clinical stability
 - Geography
 - Social determinants
 - Payer
- Patients will be consulted and advised on the recommendation from their provider.
- Patients may choose to opt-out and can transition to alternative care at any time.



Current Knowledge Review Home Hospital

- Model was first described in US literature in 1998 (Leff & Burton)
- In 2008 Leff, et al. describes the home hospital environment as less stressful than the brick-and-mortar hospital for family members of those hospitalized.
- In 2018 Levine, et al. published outcomes from a small randomized controlled trial that found the quality, safety, and patient experience outcomes were similar for those in the home hospital versus the brick-and-mortar setting.
- In 2020 Centers for Medicare and Medicaid Services authorized an emergency waiver during the public health emergency that allows hospitals to bill for home hospital services. This waiver set minimum standard for home hospital programs including:
 - One provider (physician or advanced practice provider) visit each day- can be in person or virtual
 - One nursing assessment each day- can be in person or virtual
 - Two in person visits to complete the nursing plan of care (can be provided by an RN or a mobile integrated paramedic)



Current Knowledge Review

Telemedicine for Those with IDD

- Selick, et al (2021) described in their scoping review of virtual health for adult patients with intellectual and developmental disabilities that it is possible to deliver accessible, high quality virtual care for adults with IDD, but there is limited research on this topic
- Lunskey, et al (2021) found that there is not one virtual health care option that is the best fit for those with IDD, but video and telephone visits can be used successfully to support the care of those with IDD.
- Two-way technology can help increase independence and a sense of safety in those living at home with IDD, according to Tasse, et al. (2020)



Current Knowledge Review

Hospital Experience of Those with IDD

- McCormick, et al. (2020) found that there continues to be significant challenges for people with IDD to feel like they receive the appropriate respect, compassion, communication, and accommodations from acute care providers
- Moloney, et al. (2021) describe that particularly effective acute care accommodations for those with IDD include care in the home, early discharge to home, and increased access to family members and caregivers
- The hospital experience is challenging for all patients, as described by Mishark, et al. (2020) in 'How Hospital Stays Resemble Enhanced Interrogation'. The article describes the lack of control over the environment, the use of uniforms (hospital gowns and color-coded socks), the endless questioning without any seeming care about the answers, and the distortion of day and time.



Project Design

Nothing for us, without us: patients and caregivers affected by IDD provided the following guidance and input for the program:

- Need to know exactly what care they would be getting and when (solved with a schedule on the in-home tablet)
- Want to continue usual activities (addressed on an individual basis)
- Want to know how to ask for access to the program and when they could enter (patients are eligible in some cases as soon as they are seen in the emergency room)
- Fear of the caregiver's ability to manage care (addressed on an individual basis)
- Fear of what would happen in case of an emergency (addressed on an individual basis)



Project Barriers



- Care resources for those with IDD are siloed and difficult to navigate
- The Medicaid system in Wisconsin has multiple levels of bureaucracy and it was not possible to find someone to clarify opportunities to care for patients receiving care in a communal setting paid for by Medicaid
- The electronic health record is not set up for easy identification of those with IDD

Project Outcomes

Toolkit created to support ACH access in communal settings

12 patients with IDD were served by the program in NWWI

- 50% had heart failure
- 42% had infections (bone, skin, bladder)
- 8% had Covid 19

Patient, caregiver, and staff experience was positive

Future Opportunities

1

Continue to work on partnering with Medicaid to solve for patients receiving Medicaid community services

2

Continue to work on creating the respite support for caregivers of those with IDD

3

Consider exploring experience in formal studies of:

- People in the program with IDD
- People in the program that are caregivers for someone with IDD
- Impact of program on general health outcomes for those with IDD

“Being a part of the program truly was a blessing. The program is incredible, and I will certainly miss the interaction I had with the extremely caring and compassionate professionals that took care of me during my recovery.”

- NWWI ACH Patient



Questions?

