

Default to Yes: Driving Access & Equity by building HaH clinical operations standards to address underserved patients

INTRODUCTION

Hospital at Home units may risk exclusion of patients with complex clinical and social needs, inadvertently perpetuating inequity in access to high-quality care. Boston Medical Center (BMC) is a 'safety net' hospital serving a diverse urban & suburban population. BMC embedded equitable, patient-centered intake of patients into HaH by identifying populations at risk of being underserved in their HaH unit. In collaboration with Medically Home Group, BMC defined criteria and risk mitigation strategies into standard operating procedures for HaH care of 3 patient populations:

- 1) Patients using unprescribed substances
- 2) Patients experiencing housing instability
- 3) Patients with End-Stage Renal Disease (ESRD) requiring dialysis

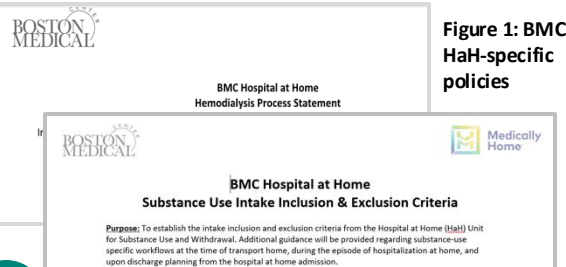


Figure 1: BMC HaH-specific policies

OBJECTIVES

Share insights from the design and implementation of building access & equity into Hospital at Home policies and procedures, recognizing the important role of communities of practice and industry-wide learnings in advancing health equity in this model of care.

KEY TAKEAWAYS

To build HaH standards that drive Access & Equity, BMC focused on:

- Intentional identification of underserved populations, during HaH implementation**
Proactively identify and address the needs of clinically or socially complex patients that may risk exclusion from HaH (eg ESRD)
- Collaborative guideline development**
Engage multidisciplinary teams to develop guidelines that balance clinical complexity with social drivers of health and patient autonomy (eg Addiction Services)
- Flexible policy & procedure implementation**
Establish policies with guardrails to accommodate diverse patient needs, adapt these to evolving clinical and social contexts after HaH go-live
- Advocacy for equitable care locally & nationally**
Advocate for policy change or resource allocation to promote equitable access to Hospital-at-Home
- Manage health equity performance for HaH**
Leverage dedicated measurement strategy to ensure HaH inclusion for underserved populations.

RESULTS

With leadership support, BMC broadened HaH inclusion to serve patient populations with unique needs. This required:

- Comparison of HaH inclusion criteria to BMC's population
- Leadership commitment to and measurement of equity
- Coordination of dedicated HaH implementation workgroups to align HaH clinicians & brick-and-mortar specialists: i.e., Social Work, Nephrology, Addiction Services
- HaH service development: Scheduled transportation for Home Dialysis
- HaH site-of-care evaluation: respite facility for newly housed or undomiciled patients admitted to HaH
- Policy & procedure development or adaptation to define & align standard of HaH care that drive Access & Equity

FUTURE DIRECTION

BMC's Hospital at Home meets patients where they are, and continues to identify patient populations with unique needs, most recently patients who have hearing impairment.

Beyond addressing our own patient population's health, we advocate for continuous improvement of HaH's access to broad patient populations. We find that this requires:

- Dedicated workgroup collaboratives for HaH access
- Development of procedures for expanding HaH access
- Defined policies for equitable HaH implementation
- Established measurement strategies to assess impact & patient outcomes for underserved patients