

### Hospital-at-home programs in Canada: challenges and pitfalls

A recent *CMAJ* news article discussed hospital-at-home programs as an approach to expand acute care capacity in Canada.<sup>1</sup> Despite its numerous advantages and benefits, developing and executing a hospital-at-home service that offers a true alternative to a standard hospital admission remains elusive in Canada.<sup>2-4</sup>

Running such a program is not cheap; staff-to-patient ratios can be double those of the hospital, and staff transportation and remote monitoring technologies add to the operating costs. These operating costs are certainly justified when hospital-at-home functions as an acute care service, offering an alternative to a standard hospital admission. Unfortunately, hospital-at-home programs have a tendency to be used well past the acute phase and can become little more than a glorified, expensive discharge-to-home program. This is a common pitfall for the few hospital-at-home programs in Canada. These programs have not met their objective, as patients are identified and taken charge of past their acute phase, while in hospital.<sup>3</sup> These programs simply allow them to complete the therapies already started in hospital. Although patients may return home a few days early, this type of program is unlikely to be cost-effective or even qualify as a true hospital-at-home program. Despite the high operating costs

of what should be an acute care service, hospital-at-home programs tend to operate as a post-acute service. Canadian health care systems already have many efficient post-acute care programs and services, some of which have been operating for decades, such as home intravenous programs, community care or home-based rehabilitation programs. Any other post-acute program risks duplicating these services. By not intervening early enough in the care continuum, in the acute or pre-acute phase, hospital-at-home does not prevent a hospital admission, which is its very *raison d'être*.

Various jurisdictions in Canada may fail to see the true value of hospital-at-home programs if they offer little more than a duplication of existing post-acute services, albeit with more substantial operating costs and without the ability to avert a hospital presentation or admission in the first place. To avoid this, it is essential for any hospital-at-home program in Canada to provide services in the acute phase of the care continuum, which would translate into taking charge of a patient much sooner, while they are still in the emergency department or, ideally, while still in the community (pre-acute phase). Taking inspiration from some successful examples of hospital avoidance — such as the Somerset Ambulance Doctor Service in the United Kingdom, which has been able to deliver acute prehospital care since 2014 — would ensure hospital-at-home programs offer a true substitute

to a standard hospital admission (rather than an enhanced discharge service) and fill a gap in the care continuum.<sup>5,6</sup>

#### Elisabeth Crisci MD

Lobbyist and expert in the hospital-at-home model in the Canadian context and former medical lead for the hospital-at-home program in Victoria, BC.

■ Cite as: *CMAJ* 2023 May 8;195:E653. doi: 10.1503/cmaj.148441-l

#### References

1. Duong D. Could bringing the hospital home expand acute care capacity? *CMAJ* 2023;195:E201-2.
2. Leff B. Defining and disseminating the hospital-at-home model. *CMAJ* 2009;180:156-7.
3. Montalto M. The 500-bed hospital that isn't there: the Victorian Department of Health review of the Hospital in the Home program. *Med J Aust* 2010;193:598-601.
4. Shepperd S, Iliffe S, Doll HA, et al. Admission avoidance hospital at home. *Cochrane Database Syst Rev* 2016;9:CD007491.
5. Hill M. Somerset health bosses spend £6m to free up hospital beds. *BBC News* 2022 Dec. 8.
6. Stanley K. Meeting the challenges of delivering health and care in Somerset. Somerset (UK): NHS Somerset; 2022 Dec. 7.

**Competing interests:** None declared.

**Content licence:** This is an Open Access article distributed in accordance with the terms of the Creative Commons Attribution (CC BY-NC-ND 4.0) licence, which permits use, distribution and reproduction in any medium, provided that the original publication is properly cited, the use is noncommercial (i.e., research or educational use), and no modifications or adaptations are made. See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>