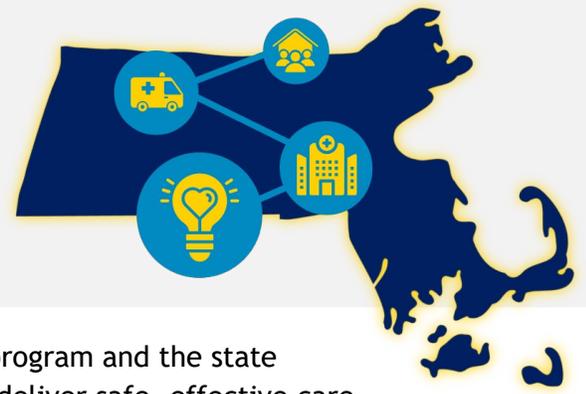


Empowering Innovative Community-Based Care: Hospital at Home & Mobile Integrated Health Programs in Massachusetts



Across Massachusetts, the state and federal **Hospital at Home (HAH)** program and the state **Mobile Integrated Health (MIH)** program are empowering hospitals to deliver safe, effective care in patients' homes, enhancing the care experience while reducing costly and avoidable emergency department use and hospitalizations. These models are particularly beneficial in reaching older adults and individuals with complex needs or chronic health conditions.

State legislative action is now needed to ensure these innovative programs have the adequate insurance support they need to survive – and expand.

INNOVATION IN ACTION



Hospital at Home programs allow people to receive acute inpatient-level care from the comfort of their own home. This can include services like daily in-person and virtual visits, remote vital sign monitoring, IV therapy, and other hospital-level interventions. Both in Massachusetts and across the nation, this approach has been shown to improve the patient experience, clinical outcomes, and costs. Hospital at Home services also help prevent emergency department visits and open up access to traditional hospital beds. Congress recently passed a five-year extension for the federal HAH waiver, recognizing its importance for patients and healthcare organizations alike.



Mobile Integrated Health allows providers to leverage mobile resources, including EMS, to deliver ongoing care to patients in a personalized environment outside of healthcare facilities. EMS professionals visit the patient's residence, facilitate treatment, and connect patients virtually with their clinicians. These programs are especially effective for individuals with chronic conditions, for emergency department avoidance, and for follow-up and preventative care. MIH has been identified as an especially critical tool in our state's efforts to address hospital capacity constraints and the inability to transfer patients out of acute care settings. What's more, the state's Center for Health Information and Analysis (CHIA) studied MIH programs and found an almost non-existent cost impact for employers and consumers.

THE CHALLENGE

While both HAH and MIH are proven models in enhancing the patient experience and relieving pressure on healthcare facilities, **they do not receive adequate coverage and reimbursement from insurers.** Many programs currently operate on grants, donations, or at a significant loss – **meaning they are unsustainable in the long run.**

Legislative action is needed to empower these patient-centric delivery models to reach their full potential. Without insurance support, Massachusetts risks falling behind and missing an essential opportunity to modernize care delivery, improve the patient experience, and avoid costlier emergency department care.

HOW POLICYMAKERS CAN HELP

Massachusetts hospitals and health systems are counting on the support of local legislators to help sustain – and grow – innovative care models that are making a difference in the lives of patients and relieving the pressures on healthcare organizations.

Please join us in advocating for the following proposals:

An Act Increasing Access to Acute Hospital at Home Services (H.1141/S.806)

Sponsored by Rep. Daniel Donahue and Sen. Patrick O'Connor

This proposal would require commercial insurance companies to cover and reimburse for local Hospital at Home programs on-par with traditional services. This certainty from insurers would enable more hospitals across the commonwealth to offer and expand these valuable services, ultimately improving patient outcomes and reducing healthcare costs. Both Medicare and MassHealth are currently covering Hospital at Home programs. However, there is currently no requirement for commercial insurance plans licensed in Massachusetts to cover and reimburse for Hospital at Home.

An Act Relative to Insurance Coverage of Mobile Integrated Health (H.1154/S.726)

Sponsored by Rep. Michael Finn and Sen. Bill Driscoll

This proposal would prohibit public and private health plans from refusing to cover healthcare services because they are delivered by a state-approved Mobile Integrated Health program, require that MIH services be covered to the same extent as they would have been had they been provided in a healthcare facility, and lift application and registration fees for MIH programs that are focused on delivering behavioral health services.



Want to learn more about these innovative programs or the legislation that would help them succeed?

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