

The Home as a New Site of Cancer Care

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Though the home as a site of care is not a new concept, the COVID-19 pandemic brought renewed attention to this care setting. The goal of the hospital-at-home model is simple: to extend the walls of a

hospital to include a patient's home—a pivot the U.S. healthcare system made overnight when the country shut down in March 2020. Flash forward two-plus years, as ACCCBuzz explored this topic in a four-part blog series at acc-cancer.org/hahmodel.

Bruce A. Leff, MD, professor of medicine and director of the Center for Transformative Geriatric Research at Johns Hopkins University School of Medicine and a leading proponent of the hospital-at-home model, recently keynoted a Modern Healthcare virtual briefing on “Transforming Care Delivery with Hospital at Home.” I was struck by his vision for the future of hospitals, calling them, “a big ER, ORs, and ICUs. I think all other services will move into the home.” His words stayed with me, and I used them to open the ACCC July 11 Tech Talk on “The Home as a New Site of Cancer Care.”

About 40 engaged ACCC members joined this informal discussion. Some shared practical strategies for caring for patients in their homes; others simply listened. When asked where on the trajectory their cancer program or practice was in implementing the home as a new site of cancer care, answers from 44 registered participants ranged from “We do not offer any services to patients in their home” (25 percent) to “We have developed a formal program to provide services and a process to identify patients with cancer who can safely receive treatment in their homes” (7 percent). Most fell somewhere in between: “We are exploring the idea of offering some services to patients in their home” (32 percent) or “We offer select services to patients in their home” (27 percent).

For those cancer programs and practices looking to explore new ideas and begin offering care to patients in their homes, the Tech Talk offered several tips to support planning efforts:


- Understand how remote patient monitoring fits within a hospital-at-home program. Identify patients who can benefit from remote monitoring and providers who

support this type of care. Consider focusing on patients recently discharged who can walk out of the hospital with the technology tools in hand.

- Start with your lower acuity patients first. Those who are taking up space in your infusion rooms and clinics for hydration, anti-emetics, and wellness checks—all services that can be provided safely in the home.
- When you are ready to administer chemotherapy in the home setting, focus on patients coming into the clinic multiple times a week or multiple times a month and then identify those medications and regimens that can be provided safely in the home.

ACCC Tech Talk participants acknowledged barriers to adoption and expansion of the hospital-at-home model include staffing and reimbursement. Though participants noted that personalized care in the home care is widely embraced by patients and providers, there are challenges with staffing efficiency. Remote patient monitoring helps, yet challenges persist. Although some private payers are supporting—and in some cases mandating—certain services being delivered to patients in their homes or in lower cost settings like home healthcare infusion clinics, the Centers for Medicare & Medicaid Services must change its reimbursement methodology to include telehealth, virtual care, and the hospital-at-home model before there will be widespread adoption by healthcare providers.

On July 18 the Biden administration extended the COVID-19 public health emergency through mid-October 2022. Once the public health emergency ends, telehealth will be available under Medicare for five additional months, and ACCC is supporting efforts to make these changes permanent. For example, the Telehealth Modernization Act—a key ask at the ACCC 2022 Virtual Hill Day—would recognize the home as a new site of care and reimburse telehealth services on a permanent basis.

To get involved and have a voice in shaping the future of cancer care delivery, reach out to Matt Devino, ACCC's director of Cancer Care Delivery and Health Policy, at mdevino@acc-cancer.org. The oncology care community benefits when we have diversity of experience, ideas, and input. We welcome your participation! 

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