

# Better than the hospital': Pandemic boosts care for serious illnesses at home

June 7 2021, by Stephanie O'Neill

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Late last year, Janet Yetenekian was one of the thousands of people in Southern California whose case of COVID-19 was serious enough to send her to the hospital. But Yetenekian's recovery was not typical: She

received hospital-level care in her own home in Glendale.

"It was even better than the hospital," Yetenekian said, laughing. "They were constantly reaching out—it's time for you to do your vitals, or it's time for you to take your medications."

Yetenekian contracted the virus that causes COVID-19 in December, after friends invited her family to an afternoon barbecue. It seemed like a safe antidote to the isolation caused by the pandemic. But the day after the gathering, the host came down with a fever. A test confirmed it was COVID-19. Within two weeks, Yetenekian's husband and two teenage children developed mild symptoms. She came down with a more serious case, however, and her blood oxygen plummeted to dangerously low levels.

She went to the hospital at Adventist Health in Glendale, where doctors told her she would need an intravenous infusion of the antiviral drug remdesivir and constant monitoring. And it surprised Yetenekian when her doctor offered to move all her [care home](#) to be monitored virtually.

Doctors and nurses at a command center nearly 200 miles away in the San Joaquin Valley town of Hanford, California, managed Yetenekian's care as part of a new federal effort aimed at freeing up hospital beds during public health emergencies. Under the model, about 60 illnesses—including COVID-19—qualify for home treatment.

"Heart failure, pneumonia, skin infections—those are all patient populations we can safely care for in the home," said Dr. Margaret Paulson, who leads the Mayo Clinic's new home-based care program in rural Wisconsin.

Hospital care at home is nothing new for patients with low-level health needs. But since the pandemic began, a growing number of health

systems, including Adventist Health, the Mayo Clinic and Kaiser Permanente (which is not affiliated with KHN) are offering people with more serious health conditions hospital-level treatment in the comfort of their homes.

Paulson said that, once her patients understand home care does not mean less care, they eagerly embrace it.

"Especially for patients who have been in the hospital a lot, to know that they can actually go home and sleep in their own bed and be with their family and have their pets by their side, it's just really reassuring," Paulson said.

And studies suggest at-home care provides better outcomes for patients and costs less to provide than traditional inpatient care.

"This is actually a higher level of touch from physicians and advanced practitioners," said Dr. Kavita Patel, a physician and health policy fellow at the Brookings Institution.

Regular video conferencing and 24/7 monitoring is augmented by twice-daily, in-person visits by nurses and other health workers who provide basic care—such as antibiotics—that can't be given virtually.

"This isn't just sending Mom or Dad to the bedroom," Patel said.

The technology infrastructure is key, Patel said, for patients and doctors. It includes Wi-Fi phones that ring directly into a hospital's command center, iPads that allow videoconferencing with health professionals and wearable devices with emergency call buttons.

Raphael Rakowski is co-founder of Medically Home, a Boston-based technology company that supports at-home programs for Adventist

Health. Mayo Clinic and Kaiser Permanente announced on May 13 a combined \$100 million investment in Medically Home to help expand the service to other health systems. Rakowski said another selling point of the at-home care model is that there are no facility transfers as patients heal.

"We stay with the patient until they're fully recovered, and that averages anywhere from 20 to 30 days, sometimes longer," he said. "So, we substitute not just for the hospital, but for all the care that follows."

Still, the program is not a good fit for every patient. To be eligible for care at home, patients must live within 30 minutes of emergency care; they also need high-speed internet and, said Patel, they can't be too sick.

"This can't be something where it's so complicated that you are monitoring a patient, worried that they could crash and need to be in the ICU within minutes," she said.

But for moderate COVID-19 and dozens of other conditions, acute hospital care at home is likely to become a more common option as more [health](#) systems adopt the program and even more diseases are included. It is offered now in 30 states.

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Citation: Better than the hospital': Pandemic boosts care for serious illnesses at home (2021, June 7) retrieved 5 May 2024 from

<https://medicalxpress.com/news/2021-06-hospital-pandemic-boosts-illnesses-home.html>

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