Discovery Health

HOSPITAL AT HOME AS A DESIGNATED SERVICE PROVIDER

Frequently Asked Questions
February 2025

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Background

Hospital at Home is a benefit accessible by Discovery Health Medical Scheme and some restricted schemes administered by Discovery Health (DH) for hospital-level treatment in the comfort of their own home. Admissions into Hospital at Home are restricted to low-acuity general ward admissions, social and clinical criteria need to be met for eligibility.

The Hospital at Home Benefit is available to:

- All Discovery Health Medical Scheme (DHMS) members
- AMS
- Anglovaal
- Bankmed (The Basic and Essential plans will only have access to Hospital at Home for Prescribed Minimum Benefit treatment)
- BEMAS
- EMBF
- LA Health
- Malcor
- Multichoice
- Netcare
- Retail
- Sasolmed
- TFGMAS
- UKZN

Hospital at Home as a Designated Service Provider for network plan types

The Home-based Hospital Network will become the designated service provider (DSP) for Discovery's Hospital at Home programme for specific Network plans for qualifying low acuity conditions, effective February 2025. Should qualifying members choose to not make use of this network once the treating healthcare provider has recommended it as part of their care, an upfront deductible of R5,250 will apply to the admission.

Impacted plans

- DHMS Delta
- DHMS Smart
- DHMS KeyCare
- TFG Health

Note – The DSP rules **DO NOT IMPACT** other schemes administered by DH. Therefore, the R5,250 deductible will not be applied on admission to hospital.

Eligibility medical conditions

- Heart Failure (HF) exacerbation
- Chronic Obstructive Pulmonary Disease (COPD) exacerbation
- Asthma exacerbation
- Community Acquired Pneumonia (CAP) incl. COVID-19 Pneumonia
- Diabetes and complications
- Deep Vein Thrombosis (DVT)
- Cellulitis/ Skin and Soft Tissue Infections (SSTI)
- Complicated Urinary Tract Infection

Eligibility geographic regions

- Nationwide (where Hospital at Home providers are available)

Hospital at Home DSP providers available for selection:

- Mediclinic at Home
    - Holgate PR 0160350 and
    - Holgate and Partners PR 1071351

- Discovery Home Health

- Anderson PR 0709050
- Quro Medical
  - Mhlomi & Modise PR 0904287

Hospital at Home as a DSP FAQs

1. **Why has Hospital at Home been introduced as a DSP only for these selected plans?**

   Research conducted identified these plans as great candidates for Hospital at Home based on their admission rates for low acuity admissions that can be safely managed in the home environment.

2. **What are the benefits of Hospital at Home**?

   - Brings members out of the hospital environment and provide care in the comfort of their home.
   - Reduce member exposure to possible hospital infections.
   - Monitor members' condition 24-hours a day which enables early and proactive response to a change in the member's condition.
   - Unlock risk-based funding for approved devices and healthcare services for those who meet the clinical and benefit criteria.
   - Reduce acute hospital length of stay through either early discharge or completely avoiding traditional admission for care in the home environment.

3. **How does a member obtain a preauthorisation for Hospital at Home?**

   After the provider has made an assessment and determined that the member requires a general ward level admission, they can complete the application form (available on the HP Zone) and send the supporting documentation to the email address stated on the form for Hospital at Home. The preauthorisation agent will assess the clinical and benefit criteria and provide the funding confirmation letter to both member and provider.

   Where there is an approval, both the member and doctor will be informed of the next steps by the relevant Hospital at Home service provider, to ensure that the patient is at home and the required treatment regimen is ordered timeously as the home nurse needs to onboard the member within 4 hours of the decision.

4. **What is the process to follow and the member impact if they do not meet the general criteria to be treated via Hospital at Home on one of these DSP network plans?**

   The doctor can see the inclusion and exclusion criteria on the Hospital at Home benefit application form and on HealthID. This will guide the doctor in establishing upfront if they would need to admit or refer their patient for treatment. If the member does not meet the criteria to be safely treated at home, based on the form and the doctor's medical opinion, the normal preauthorisation process will follow at no financial impact to the member. PreAuth servicing will review and load the in-hospital authorisation based on clinical merit and will waiver the R5,250 deductible on load.

5. **What if the service offering is not available upon the Hospital at Home request?**

   Should the member meet the criteria to be safely treated at home, however it has been confirmed that there is no servicing offering available, the normal preauthorisation process will follow at no financial impact to the member. PreAuth servicing will waiver the R5,250 deductible on load should the member required medical management.

6. **What are the considerations applied if the member wants to utilise Hospital at Home, but my provider opts out?**

   Should the member meet the criteria to be safely treated at home and the member opts into Hospital at Home, however the doctor opts out with no clinical indication, the provider can be given the option to hand the patient over to one of the Hospital at Home specialist physicians to allow treatment at home.

7. **What is the process and funding if the member is admitted to Hospital at Home and their condition deteriorates?**

   The members' health is of utmost importance and will never be compromised.

Patients are monitored 24/7 by command centre of doctors and should any concern be identified via them through the monitoring or the nursing staff upon their visits, the doctor will be notified. The doctor also always has sight of the member via the system.

Should there be any indication of deterioration, a transfer back to hospital will be arranged and the R5,250 deductible waived due to circumstances as in-hospital medical management is required. Additional updates will be provided to the PreAuth servicing team to update the Hospital at Home event.

8. What are the exception considerations?

- Member does not fall in the medical eligibility criteria (8 low acuity conditions)
- Members not on the impacted plan types
- Members who live outside the geographical locations where Hospital at Home providers are available
- Member is willing, but doctor indicates clinical merit for in-hospital admission
- No nurse service offering available
- Doctors request fall outside the nurse treating scope
- Members that do not meet the general Inclusion criteria listed below:
    - Be an adult (18 years or older)
    - Need hospital-level care that can be given in a general ward
    - Be an active member of Discovery Health Medical Scheme
    - For COVID-19 admissions only, they must be a member of any medical scheme administered by Discovery Health
    - Do not live within 30 kilometres of a hospital or emergency room (casualty unit)
    - Do not have enough family support to be safe at home
    - Do not have running water within the home
    - Do not have electricity within the home

- Members that fall in the general exclusion criteria:
    - Have a GCS < 15/15
    - Have an active psychiatric diagnosis that would prevent successful Hospital at Home care
    - Present with features suggestive of an acute myocardial infarction (AMI), acute cerebrovascular accident (CVA) or acute haemorrhage
    - Have symptoms of ischemic chest pain or findings of acute ischemia on an ECG, elevated troponin levels or abnormal cardiac imaging.
    - Have an undifferentiated diagnosis
    - Need critical care: such as needing vasopressors, inotropes, mechanical ventilation, frequent suctioning or frequent ABG monitoring
    - Need non-invasive positive pressure ventilation for respiratory distress
    - Cannot to ambulate (move) to a bedside commode with home resources
    - Have readings for their most recent vitals signs of SBP < 90mmHg (but account for baseline); RR > 35; pulse oximetry less than 90% on 4L of oxygen (but account for baseline) or PO2 < 60
    - Do not have peripheral intravenous access or it cannot be established
    - Have acute delirium without clear cause (or that cannot be managed with home resources)
    - Need to leave the home on a near-daily basis for care that cannot be given at home (excludes scheduled chemo and dialysis)
    - Need an advanced procedure, such as imaging, cardiac catheterisation, cardiac stress test, EGD/colonoscopy, dialysis, invasive procedure or surgery
    - Need a blood transfusion
    - Need IV opioids
    - Need heparin or cardiac drips
    - pregnant
    - Expected to have a terminal event unless they are on hospice or palliative care

General Hospital at Home FAQs

1. **What happens in the 24-hour command centre?**

   - The centre is staffed by Medical Doctors with special training in emergency care.
   - They review admitted patients' vitals and respond to the virtual early warning systems in real time, 24-hours a day.
   - The team can provide appropriate safe clinical care in an emergency, using rapid response protocols or if there is a false alarm.
   - The panel of doctors are also a safe backup in instances where the treating provider is not available for a consultation.

2. **How does the patient get enrolled?**

   - The doctor must conduct an initial assessment and workup.
   - The doctor must complete and submit the application form, together with the prescribed treatment plan and script, which is available electronically on HealthID.
   - The patient must sign a consent form for Hospital at Home. The nurse will help with this on their first visit.

3. **What does the patient need at home?**

   - Running water
   - Electricity
   - Adequate support

4. **What if there is an extended power outage in my area?**

   The Care at Home team does supply backup power supplies for the remote monitoring devices. These monitoring devices are reviewed 24/7 by the command centre and should any concern be identified via the command centre or the nursing staff upon their visits, the doctor will be notified, and the next best course of action will be discussed. A transfer back into hospital can also be arranged and the R5,250 penalty waived due to circumstances if further medical management is required.

5. **What happens once the patient has been approved for a Hospital at Home admission?**

   - The patient goes home and the nurse brings their medicine.
   - The nurse helps the patient and their family with the following on their first visit:
     - Explaining the programme
     - Signing the Hospital at Home consent form
     - Setting up the devices and showing how they work
     - Explaining the patient's treatment plan
     - Confirming with the remote monitoring team that they are picking up the patient's vitals

6. **What if the patient needs to be discharged or they need extended length of stay?**

   - Towards the end of the episode, the Hospital at Home coordinator will speak to the doctor about the discharge plan.
   - If the patient qualifies for other care programmes, they will be referred. The patient will get a follow-up call to make sure they follow the recommendations.
   - If the patient needs an extended length of stay, the treating doctor must email an updated treatment plan to hospitalhome@discovery.co.za. This must include any further treatment services, as well as the medicine prescription.
   - The coordinator will liaise between the doctor, patient and Hospital at Home provider.

7. **Can a patient choose to be enrolled in Hospital at Home if they are not comfortable with an in-hospital admission?**

   No. The decision to enrol the patient will always lie with their treating provider and they must initiate the enrolment.

8. **Does the patient need to have family support in the home for them to be part of the programme? If they live alone, will they still have access to Hospital at Home?**

   It is a requirement that there will be someone in the home with the patient during a Hospital at Home admission. They may not live alone. The Hospital at Home team may provide a caregiver if clinically appropriate, as and when required.

9. **Is Hospital at Home something new?**

   'Home Hospital' is not a new concept internationally. It is a relatively newer care delivery mechanism within the South African environment.

   However, Discovery has been part of the Ariadne Labs' Home Hospital Early Adopters Accelerator Programme to further develop the Hospital at Home offering. Ariadne Labs is a joint centre for health systems innovation at Brigham and Women's Hospital and the Harvard T.H. Chan School of Public Health.

10. **Who is responsible for treating the patient if something happens?**

    It is entirely voluntary to take part in the Hospital at Home service and it is requested specifically by the treating doctor. It is in the best interest of the patient – our member. We have engaged with various medical legal insurers who are aware of the service (e.g., the Medical Protection Society and Genoa). They are fully indemnified, although normal underwriting criteria around their experience and qualifications do apply.

    The treating doctor should still contact their medical insurer to find out if their service might apply to the particular patient.

11. **Can the doctor decide what happens to the patient?**

    Doctors have clinical autonomy to decide if the patient should be admitted in or out of hospital.

12. **Do providers still do discharge summaries?**

    Yes, providers will still be able to do discharge summaries.