A validated taxonomy of hospital at home care models

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Introduction

Hospital at Home (HaH) care models vary substantially across health systems, resulting in multiple clusters of service models. These models differ in terms of patient eligibility, the scope and intensity of clinical interventions, staffing levels, and integration with hospital services. This heterogeneity complicates outcome comparisons and limits the transferability and scalability of successful models. To address this issue, we aimed at developing a taxonomy for HaH care models.

Methods

(1) **Development of initial taxonomy version**: systematic literature review [2]

(2) **Validation of taxonomy**: e-Delphi study with 20 participants in round 1 and 16 participants in round 2 and round 3

Results

- Final taxonomy version with 60 characteristics grouped into 11 dimensions falling into 5 perspectives

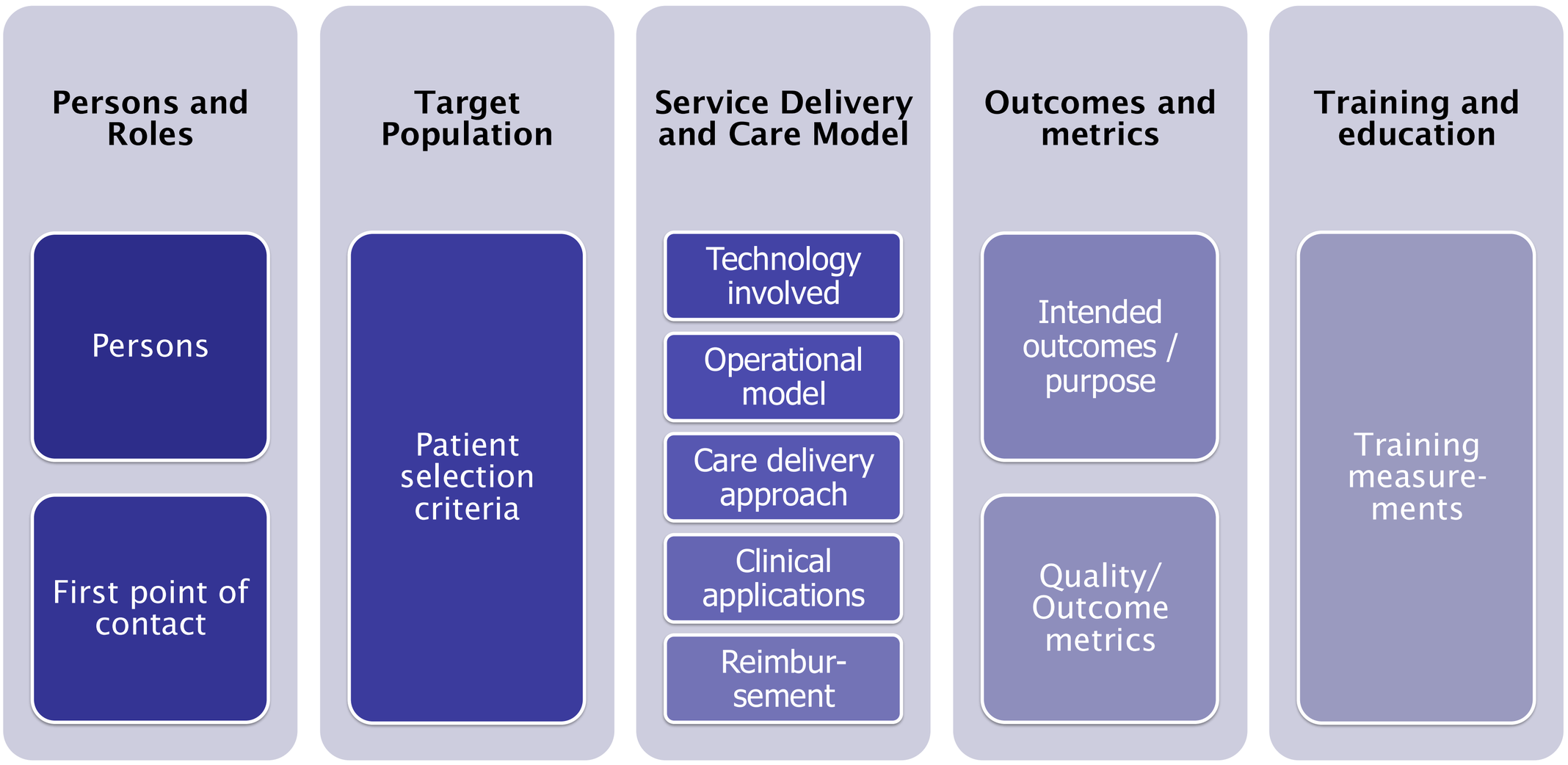

Figure 1: Structure of the HaH taxonomy: 5 perspectives (in light blue) and 11 dimensions of the taxonomy

Practical applications of taxonomy

Support in the design of HaH care approaches: the taxonomy provides a structured framework that outlines the essential components of HaH care models. This framework can be used to specify the key elements of a new HaH care model. Each characteristic within the taxonomy can be addressed with concrete solutions or left blank, depending on the specific needs regarding the care model.

Framework to support the evaluation of existing HaH care models: the taxonomy defines clear, standardized components and metrics for assessment. It enables evaluators to assess whether components are missing or could be added. In particular the list of quality metrics can help in defining individual criteria to judge the quality of a HaH care model.

Conclusion

Existing HaH programs can use it for benchmarking and identifying areas for improvement. The taxonomy can also be used by policymakers and payers to better understand HaH structures and inform reimbursement and regulatory frameworks. Future research should examine the practical relevance of the components of the taxonomy, particularly the role of patient-facing technologies in HaH care delivery.

References

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