

# Hospital at Home versus Inpatient Care: Costs and Effectiveness

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## Background

Rising healthcare costs and increasing pressure on inpatient capacity challenge the sustainability of hospital-based care in Switzerland. Hospital at Home (HaH) enables hospital-equivalent treatment of acutely ill patients in their own homes and represents a potential alternative to conventional inpatient care (IPC). While international experience exists, systematic real-world evidence within the Swiss healthcare system and reimbursement framework is currently lacking. This study is the first in Switzerland to directly compare HaH with conventional inpatient care regarding costs, safety, and patient-related outcomes.

## Methods

The primary hypothesis of this prospective observational study is that the costs of HaH treatment being equivalent or cheaper than those of regular stationary treatment at the clinic Hirslanden. The secondary hypothesis assumes that care at HaH is safe, has a low complication rate and high level of patient satisfaction. The study population consists of 200 patients, 100 recruited in the emergency room of the Klinik Hirslanden, 100 recruited in HaH. Multivariate tests of equivalence and superiority are used to test for cost equivalence and cost-effectiveness, respectively. Secondary endpoints like mortality, rehospitalization, complications, satisfaction, duration and post-treatment factors like follow-up examinations, referrals to other institutions etc. are analyzed in a descriptive explorative way.

## Hospital at Home:

- equivalent or cheaper than IPC
- safe with fewer complications
- higher patient satisfaction



Inpatient Care (Klinik Hirslanden)

### Matching criteria

Hospital-equivalent treatment required, Diagnoses, Therapy (intravenous yes or no), Age (+/-15y), Sex, Severity of illness (CRP >reference range, WBC >10G/l or <4G/l, oxygen-supplementation y/n, nr of comorbidities, Charlson Comorbidity Index

Hospital at Home (HHAG)



## Conclusions & clinical implications

This study will provide Swiss real-world evidence on the economic and clinical performance of Hospital-at-Home compared with inpatient care. The results may inform the role of HaH as a complementary care model within acute care pathways and contribute to evidence-based discussions on hospital capacity management, resource allocation, and future reimbursement models.

## Results

A total of 200 patients (100 HaH, 100 ICP) are planned for inclusion. The study will assess differences in total treatment costs and cost components between care models. Potential cost differences are expected to be driven by differences in resource efficiency, including the use of infrastructure, diagnostics, coordination, and hospital-based services. Clinical outcomes, safety indicators, and patient-reported outcomes will be analysed comparatively between groups.

## Inclusion criteria

Hospital equivalent treatment needed, ≥18y, HaH-eligible diagnoses (infections, COPD exacerbations, acute heart failure, wounds, anemia, dehydration, deterioration, oncological complications, psychiatric (delirium), metabolic/autoimmune, orthopedic, pain, palliative/terminal), intact cognitive function, German/English speaking. Recruiting by study team (Klinik Hirslanden: ER-doctors, study nurse. HHAG: study team consisting of HaH-doctors and HaH-Advance practice nurse).

recruitment progress  
■ nr recruited/100

