

Horizon TOPIC ID: HORIZON-HLTH-2024-DISEASE-03-08-two-stage:
Comparative effectiveness research for healthcare interventions in areas of high public health need.

Title:

Acute hospital at home (AHaH) in the European sphere – a comparative multi-site research of hospital at home effectiveness and caregiver burden, across countries, geographies, economies and gender.

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Background and call for action:

Acute hospital at home (AHaH) represents a structural change in healthcare provision across health systems, cultures, income levels, geography and gender. Although it has been in use for several decades and promoted during COVID, it has not picked up or been standardized across Europe as a widespread alternative to the hospital stay.

At the policy level there is a lack of deep understanding as to what are the true benefits and costs, burdens and repercussions, of AHaH, particularly for different socio-economic, geographic (urban – rural) and gender divides. At the data level, there is a lack of standardization of data and IT tools and huge variance in data collection and analysis of continuity of care.

This proposal aims to compare AHaH effectiveness, of mainstream and peripheral groups of patients and caregivers. Our results might shape the way countries in the European sphere decide if and when to develop AHaH given considerations of barriers, distance, class, and gender disproportionate burden. In this process we aim to develop better healthcare data collection and dissemination.

We invite hospital at home suppliers to participate, particularly those serving rural and marginal communities and marginal groups in Europe. Aware of the technical and information gaps regarding electronic health records (EHR) and continuum of care, we invite tech and data specialists to join this consortium. We invite patient and caregiver organizations to join, for better understanding of caregiver and family burden.

Proposed idea and methodology:

Within European diverse medical settings and groups (i.e. rural, urban, multi-morbidity, migrant and displaced persons):

Part 1 – Comparing patients admitted to AHaH with a diagnosis of COVID, or UTI, or CHF, or Cellulitis, or Pneumonia at 3, 6 & 12 month post release, examining clinical, demographic and economic aspects. This is a retrospective quantitative research of data found in patient records of diverse settings.

Part 2 - Researching the burden and personal repercussions for caregivers of AHaH patients. This is a questionnaire based quantitative research.

Part 3 – Developing better data technology and standards, supporting part 1 and 2.

Partners and structure

1. 3 – 5 country partners who can fit the following criteria:

- Have a viable and running acute hospital at home (AHaH) service.
- Have a patient base with COVID, UTI, Pneumonia, CHF and Cellulitis.
- Have an electronic health record (EHR) in place.
- Have a leading researcher who can run a research site as a partner of a consortium that is led by us.

2. Independent NGOs, patient representative groups, IT firms, and research institutions are welcome.

This is a healthcare, social science innovation and technology, multi-disciplinary proposal, revealing how structural change in healthcare deeply and differently affects communities in Europe.