COMMUNITY-BASED HOME HOSPITALIZATION IN THE ISRAELI PUBLIC HEALTH SYSTEM: A QUALITATIVE STUDY OF THE VIEWS OF HEALTH SYSTEM MANAGERS

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Abstract: *Community-based home hospitalization (CBHH) is a relatively new approach to hospitalization in the Israeli health system. We conducted a qualitative study using semi-structured questionnaires to investigate the views on this issue of managers in different management positions in the Israeli public health system. Eighteen managers participated in the study and their interviews were transcribed and analysed using qualitative methods. The conducted analysis resulted in the following categories: CBHH as an alternative to inpatient care, its value for patients, setting success measures for CBHH, motivation and responsibility of the Ministry of Health, organizational change, the economic feasibility of this approach, and the general wellbeing of the patient within this model. The results of the study show that CBHH is perceived by managers in the Israeli public health system as a good alternative to inpatient care and as a service that must be further developed, especially given the growing shortage of beds, hospitalization complications, the patient's desire to stay at home and the increasing public health costs. At the same time, the participants expressed different opinions regarding the economic viability of the existing model in terms of the Israeli health plans that operate CBHH, and the suitability of the service for all potential patients.*
Keywords: *home hospitalization, health system, policy, management, patients*

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INTRODUCTION

The health systems over the last 2 decades in the West has been under pressure due to growing needs of population. The sharp rise in national expenditures on health in most countries is approaching or even exceeding the ability to cope with this task, particularly in the light of financial hardships. These combined challenges lead to the unequivocal and inevitable conclusion that the current model of medical practice fails to provide a suitable response to these challenges and has not been sustainable (Biterman, 2015). Current multipronged aims of health systems work on finding methods improving patient care experience and population's health, while also reducing the per capita cost of healthcare through delivery of appropriate care to the right patient at the right time (Adams, 2019).

The COVID-19 outbreak in the early 2020 has added to the many challenges faced by the health systems and has contributed to the understanding that the traditional structure of medical service provision must be adapted to the needs of the period (Mizrachi Reuveni et al., 2020).

As a result of the demographic and financial pressures applied to health systems around the world, there has been a global trend of transition from medical care provided only within formal settings (hospitals, medical facilities, clinics, etc.) to medical care in informal settings, such as patients' homes (Landers et al., 2016). Home hospitalization is defined as hospitalization or active treatment of a patient at home for a predefined period in order to shorten an existing hospital stay, or avoid it in defined facilitating conditions. Notably, home care that does not replace hospital care is not included under the definition of home hospitalization (Iecovich, 2011). There are numerous publications that describe home hospitalization in various countries (Corwin, 2005, Davies et al., 2000, Dowell Moss & Odedra, 2018, Federman et al., 2018, Hernández at el., 2018, Iecovich, 2011, Levine et al., 2018, Lewis et al.,2012, Ram et al., 2004, Shepperd et al., 2016).

In Israel, the first operating model of home hospitalization was established about two and a half years ago. The model, named Community-Based Home Hospitalization (CBHH), was adapted to the needs of the Israeli public health system based on existing models in other Western countries to match the different structure of Israel's public healthcare system, and also as a method of health insurance and health budgeting. CBHH is a dramatic change to the traditional concept of acute hospitalization expected to reduce hospital overload and financial burden, while also providing best personal care to patients requiring hospitalization.

As CBHH is a relatively new approach to hospitalization in the Israeli public health system, its benefits and disadvantages have not yet been evaluated. We conducted a qualitative study to investigate the views of managers in various positions in the Israeli public health system and identify the components included into the CBHH management concept.

2. METHODOLOGY AND DATA

2.1 Study design

This was a qualitative study in which semi-structured interviews were conducted with managers from different levels within the Israeli public healthcare system, with the aim of exploring their views on CBHH as a new approach in the Israeli health system.

2.2 Study population

The study population included 18 managers in various management positions in the Israeli health system that were considered stakeholders with regards to CBHH. These included a chief executive officer (CEO), two deputy CEOs, the head nurse, medical managers, administrative managers, financial managers, care managers, all involved with CBHH within their health maintenance organization (HMO); three senior managers from a major hospital in Northern Israel that collaborates with the HMOs in discharging patients to CBHH; a general director of a privately-owned medical services company that provides CBHH services as a supplier of the HMOs; two senior advisors to the Israeli Ministry of Health, the HMOs, and the hospitals.

2.3 Sampling and sample size

Purposive sampling was used for the study population. This sampling strategy was based on choosing a sample that according to the researcher's estimate can represent the entire population investigated without defining the number of necessary participants (Creswell & Creswell, 2018). In most studies with a qualitative design, the sample size normally follows the concept of saturation, where gathering new data does not serve to further illuminate the investigated topic (Ritchie, Lewis and Elam, 2003). In this study the planned sample size comprised 20 respondents, and the final sample size included 18 interviewees, as saturation was reached when the participants repeated themselves in the interviews and no further knowledge or insights were obtained.

2.4 Research tools and data collection

A semi-structured questionnaire was constructed specifically for this study based on several public reports on the history and development of community services and home-based medical response in Israel (Rosen, Waitzberg & Merkur, 2015, Biterman, 2015,Chernichovski & Kfir, 2019). The interviewer used the semi-structured questionnaire as an interview guide, adding questions during the interview (Sabar-Ben Yehoshua, 2016). The questions in the interview guide were intended to explore the personal perception of the interviewees regarding the value of CBHH, the quality of care in CBHH, and of the entire health system, and the value for the patient. The interviews were held from October 2019 to January 2020, and all were conducted in person by the researcher.

2.5 Data analysis

The collected data were analysed using content analysis, which is a spiral process that includes description, classification, and linking of information items (Sabar Ben-Yehoshua, 2016). The purpose of qualitative content analysis is to systematically transform a large amount of text into an organized and concise summary. Creating categories is the basis for data analysis, being based on linking pieces of information belonging to the same phenomenon. Qualitative data analysis reaches its conclusion when the categories are defined, their relationships are based on significant data, and they are integrated in a meaningful and established description, story or theory (Shkedi, 2003).

Our research contains layers of interpretation. All interviews were recorded and then transcribed into written texts, their data being divided into main categories. Data analysis was then conducted in two stages: in the first stage, initial mapping was carried out by organizing and reducing the data. The materials that arose from the interviews were examined and recurring themes were located as initial categories. As data were added from additional interviews held, the suitability of the initial categories was explored. In the second stage, the data were restructured, and the categories were more accurately defined by a process of encoding. At this stage, we continued the detection of recurring themes that arose from the data collection, and performed an enhancement of the already identified themes. At the end of this stage, categories with defined criteria were defined. Content analysis conducted in this research was observed and validated based on expert validation by experts of CBHH and qualitative data analysis.

FINDINGS

Content analysis of the interviews generated 7 categories: CBHH as an alternative to inpatient care, CBHH value for patients, setting measures for success, motivation and responsibility of the Ministry of Health, organizational change, economic feasibility, CBHH for patients' general well-being.

3.1 CBHH as an alternative to inpatient care

The interviewees perceive CBHH as an alternative for inpatient care and as a service that must be developed in Israel's health system in the light of the growing shortage of beds, complications of inpatient care, patient desire to remain at home, and rising expenditures in the health system. Notably, two interviewees stressed that current CBHH in Israel is still too limited at this stage to be considered significant. HAH, a senior nurse and manager of a CBHH program in Israel, said: *"This is the future, the world is proceeding at present in the direction of the home [hospitalization]"* (2). RS, the HMO's CEO, further expanded: *"Everything is becoming much more complex from a medical perspective. People live longer, costs are gradually rising, hospitals are contaminated. In addition, people are becoming gradually more inclined to be at home, in childbirth, at death and throughout life people want to be cared for at home and Israel has a strong community and I think that it is possible to perform a great deal of medical activity at home"* (5). Professor MS, former Director General of the Ministry of Health and Director of a large hospital in central Israel and currently a senior official in Israel's health system, added: "*In Israel the ratio of beds to the number of people is the lowest in the West, so there is certainly a need to develop home hospitalization. This is a paradigm change that will be lengthy and slow, but it is essential*" (6). Further support for this outlook was provided by Dr PB, deputy manager of an internal care department at a large hospital in Northern Israel, who said that he "*is a big believer in home-based medicine rather than hospital-based one. I believe that most medical care can be provided in the patient's home or in the vicinity of the home rather than in a hospital"* (16).

3.2 CBHH - value for patients

In response to a question on the value of CBHH services for patients, the interviewees raised biopsychosocial issues. This was evident in the words of NS, a nurse engaged in leading a CBHH program at the HMO's head office, who stated: *"Care provision is much more personal, the patient is in its natural environment, with its own food and bed, not getting infected, not falling, not being confused, with less complications"* (2). This was reinforced by ZK, a head nurse who works in a hospital's internal care department: "*First of all, the natural environment is good for the patient. It helps maintain its functioning skills. When a patient is at home, it is easier for the family to pay visits and provide care"* (14). Statements like *"unquestionably less cross-infections, improved quality of life"* (6) and *"I don't see any advantage to the hospital in clinical cases that can be treated in the community"* (10), express the perception of various managers in the health system that if hospitalization can be avoided, patients should preferably be at home. In addition to the patient, his/her family may benefit from home hospitalization, as outlined by the words of HAH: "*The value here comes from two aspects. One is the medical aspect - 4,000 to 6,000 people die each year in Israel from acquired infections and from complications of dementia, and the added value is social, for the young people, from a social perspective. A person is in its own home, in its own bed, with its own shower, food, and family can visit at any given moment, so the value is tremendous"* (1). Another

perspective was provided by a manager of an internal care department at a hospital, who said: "*A possible disadvantage is the [lack of] availability of medical staff and tests that exist on-site at the hospital but not in case of home hospitalization."* (16), as well as in the words of Prof NA: "*Medically, beginning from the matter of contracting illnesses and various complications, among older adults remaining in a familiar environment is very helpful for avoiding states of confusion. At the same time, it is a burden on the family that must be capable and willing to accept the burden. I think that this will be one of the barriers, it is not suitable for all families"* (7). Yet another interviewee (ZK) agreed: *"Along with the advantages, it is necessary to remember that it is not suitable for everyone and for every family. At the hospital, there is always someone who will care for the patient, at home the family must chip in"* (14). The words of these three interviewees indicate another perspective on CBHH that concerns the availability of medical staff, where they attest that immediate availability is possible only at the hospital, and which does not exist in CBHH. Hence, even if CBHH is appropriate according to the patient's diagnosis and clinical state, from an overall perspective it is not necessarily suitable for all patients. The interviewees regard CBHH as a very valuable service for patients from several major aspects: medically, socially, psychologically and in terms of preventing complications. At the same time, there is ambivalence regarding whether all patients, whose medical condition is suitable for CBHH, can indeed enjoy its benefits. It is apparent that the answer is associated with patient's environment and the level of stress of a patient and its family.

3.3 Setting measures for success

When introducing a new service, particularly in large public systems such as national health systems, it is important to define the expected positive outcomes. According to one of the interviewees, the success of a CBHH service is: "*The patient's well-being, good clinical results, shortening the duration of recovery at home versus the hospital, and preventing the next hospital stay"* (15). This was reinforced by NA who said: *"If we achieve as good care at home as in the hospital at reduced costs, in addition to what I see as obvious, which is that the service provided to the patient is better, then in my opinion that is the key to success"* (7). HK, a senior finance manager, spoke about the meaning of the scope of the service: "*If in five years, ten percent of all hospitalizations in the country will be at home, that will be an indication of success"* (11). AB, the medical manager of a service that provides CBHH at patients' homes, also spoke about success being subject to the scope of the service: "*Success will be in the numbers. When at least 1,000 people in Israel will be in CBHH at any given moment, that will generate a strategic change"* (17). AN reinforced their words and said that "*Success of home hospitalization, as I see it, will be if we manage to divert, at least, 15% of inpatients from the hospital to the community in the short term over the next 3-4 years"* (4). PB further added to the topic of the aim of service and said: *"In my vision, the hospital will serve for extreme cases, and CBHH will care for all the rest"* (15). SM continued this thought and noted: *"The success of home hospitalization will be in reducing the number of hospital beds needed in Israel"* (7). In summary, there was a consensus among the interviewees that clinical quality and patient satisfaction are indeed essential for maintaining the service, but the success of the service depends on the large scope which will have a positive impact on the cost of hospital care. This was supported by NS: *"In my opinion, finance will have the strongest effect on defining the program as successful. Even if the program will be proven excellent for*

patients from a clinical perspective, and satisfaction will be very high, if it is not economical, it will not develop" (2).

3.4 Motivation and responsibility of the Ministry of Health

Another identified is category the Ministry of Health's motivation and responsibility in developing CBHH services in Israel. This has been underlined by GK: *"The reason is that it is much cheaper and the service is of better quality. The Ministry of Health is responsible for generating an incentive for the hospitals and for the community to develop CBHH services"* (10). HAH reinforced her words with regard to the aspect of the financial motive and responsibility and said: *"The government's interest is financial. The government is incapable of establishing hospitals that will provide the necessary [number of] beds*" (1), and AA said: "*The Ministry of Health must make sure that hospitals have an incentive to discharge the patient to the community just like the HMOs. It must include home hospitalization in the government-funded healthcare services basket, similar to any service currently provided by hospitals"* (4). HAH further added that he sees the Ministry of Health's responsibility as reaching beyond financial aspects: *"The responsibility is also for setting service standards"* (1). He was supported by other interviewees who regard the responsibility of the Ministry of Health in developing professional standards for service, as evident from the words of SN: *"They are responsible for defining standards, procedures and quality measures that will ensure the safety of patients in home hospitalization"* (3) AZ, deputy CEO and operations manager at the HMO, was doubtful of the Ministry of Health's ability to develop the service at present and said: "*This is a project that no one knows how to build, it is trial and error. In the world at large things are different. Elsewhere, there is no shortage of nurses, no shortage of physicians. Even when the country allocates more responsibility to home hospitalization, the hospitals and the HMOs must desire it"* (12). Based on these statements, we could understand that the shortage of medical personnel in Israel, alongside with the budgeting method of the Israeli health system, have been obstacles to the Ministry of Health's ability to develop the service in such a way that it would be sufficiently extensive to affect the entire health system. From all of the above, it is evident that most of the interviewees believe that the Ministry of Health has many reasons and a great responsibility for developing CBHH services in Israel. It appears that beyond the clear reasons for developing the service, there is need for higher involvement of the regulator in CBHH, so that it would be a meaningful service within the health system. Possibly the operation of CBHH services by Israel's community-based health services is perceived as being motivated by financial considerations and under the responsibility of the Ministry of Health. Now, many new services are constantly being introduced into Israel's public health system, with the aim of providing a response to the shortage of resources/personnel, and with the rising increase in morbidity. The question of what transforms a new service from a transient (episodic) service into a meaningful service with a wide value for the health system leads to the following category.

3.5 Organizational change

The interviewees disagreed about the impact of CBHH on Israel's health system. While some contended that the change will be considerable and significant to such a degree that it is not even possible to anticipate, others doubted about the significance of the effect, if any. GK said enthusiastically: *[CBHH] significantly saves costs, creates collaborations*

between hospitals and the community, dramatically improves the level of service and medical care, prevents infections and unnecessary morbidity" (10). NS believes that CBHH will create a significant change in the health system: *"This service will have spheres of influence that we can't even grasp yet, I see it as a type of butterfly effect"* (2). TA's words indicate her faith in the impact of CBHH: *"When home hospitalization will include large numbers, it will reduce the national expenditure on health, diminish unnecessary infections and mortality, improve patients' quality of life, and change the structure of Israel's health system"* (18). Additional opinions supporting the opinion that CBHH would affect the entire health system were given by HK*: "When we begin to provide service at the hospital only to those who need hospital service, then the system will be more efficient, more effective and productive"* (11), SM: "*It will strengthen it! The more power we give to the community, the stronger Israel's public system, rather than the privately-owned one, will be,"* (6). In contrast, three interviewees did not think that CBHH would have a meaningful change on the health system in the near future: *"It is too early to say what will be the influence of the service on the system"* (AP, 9). "*In order for it [CBHH] to have an effect, there must be 100,000 home hospitalizations a year, unrealistic considering the current personnel shortage"* (AZ, 12). *Systems work slowly, change happens slowly, and there is need for a large volume to affect the health system. We are still far from there"* (ZK, 14). "*If we the numbers are small, there will be no effect"* (HAH, 1).

3.6 Economic feasibility

This category is divided into 2 subcategories: economic feasibility for the government (health system) and service financial feasibility for the HMOs operating it.

Economic feasibility for the government

Economic aspects of health services are explored through various costs, including: current and anticipated direct costs of patients, anticipated costs resulting from a rise in patients' age, morbidity and complications, costs of staff, and costs of establishing and developing services, technologies and medications. Content analysis showed that interviewees disagreed about the economic impact of CBHH on the health system. Most interviewed managers strongly believe that CBHH would save money for the entire health system. HAH's tone of speech and body language expressed a clear-cut view on the anticipated economic benefits of CBHH services in Israel: *"The cost of hospitalization in the community is 2/3 of the cost of inpatient care, meaning that the health system would save 25% of its overall expenditures on inpatient care"* (1). GK also had a decisive view: *"It would save the system the significant costs of establishing hospitals and less beds would be needed"* (10). This view was strengthened by AP: *"There is enough global research showing that it is worthwhile. It [CBHH] would save money by providing an alternative to adding inpatient hospital beds, because now Israel needs to almost double the number of beds in the country. It would be much cheaper than building facilities and buildings. So it's an economic certainty on the national level"* (8). Notably, two interviewees expressed a different opinion. SM claimed that: *"At present, the number of beds in the community is too small and the model would not be economical unless the Finance [Ministry] changes its attitude"*, (6) and HK said: *"Supply leads to demand. In the long run, it may be economical but I think that, on short-term, it would cost more"* (11).

Financial feasibility for HMOs

Analysis of opinions on financial feasibility of CBHH for the HMOs operating them showed contrasting opinions: 45% believed that home hospitalization would be financially feasible for the HMOs in the existing service model, while 55% thought that the service is not economical for the HMOs in the current model, and that the model and budgeting method must be changed to make it achieve financial feasibility. AA said: *"I'm not sure that it would save the HMOs money at this stage. When there will be a change of policy and CBHH will be introduced as part of the [healthcare services] basket and both the hospitals and the community will receive incentives to discharge to the home, then I think it would indeed significantly reduce HMO costs" (4).* AP was also doubtful regarding the financial viability of CBHH for the HMOs: *"It's certainly economical on the national level, not necessarily economical for the HMOs"* (8). TA supported their words and added justifications for this opinion: *"There is significant complexity here due to the HMOs' compensation model. As long as the Ministry of Health does not financially support the HMOs for home hospitalization, I can lose money. The current budgeting mechanisms are not built to contain the home hospitalization model. For it to be feasible for the HMOs, the Ministry of Health must produce a different financial mechanism"* (18). AZ enthusiastically presented his opinion: *"It is not feasible. The model of home hospitalization is expensive"* (12). In contrast, HAH believes that CBHH would significantly reduce HMO expenditures: *"It is viable for the HMOs as well. Daily costs of home hospitalization are cheaper for the HMO than the daily cost of inpatient care"* (1). NS also expressed her belief in CBHH feasibility for the HMOs: *"Today I think that yes, we're constantly vigilant and obviously take measurements and see the money saved"* (2). SN added another perspective to the HMO's financial aspect: *"I think that the HMO will save by preventing complications, namely in the overall cost of the patient rather than in hospital costs"* (3). AP (9) and GK (10) also believe that CBHH would reduce HMO costs: *"Yes, I believe in reduced costs for the HMOs, whether hospitalization costs or preventing complications, these cost us a great deal of money"* (9) and *"Unequivocally yes, it saves the HMOs money"* (10).

3.7 CBHH as general well-being for the patient

Another category identified by content analysis is the issue of psychological value of CBHH for patients, in terms of their perceived general well-being, as they remain in their natural environment. CBHH is perceived as providing a high sense of general well-being and health to patients because most interviewees believe that patients' natural place is at home, so, physically and mentally, it is better at home. This view was apparent from the words of AP: "*People prefer to be at home at all health levels, at all illness levels. As long as they are in contact with the people surrounding them, people will intuitively feel better at home, and accordingly, their perception of their general well-being and health would be better. I have no doubt"* (8). Support for this view was given by HK: "*Most patients would be happy to be at home. The patient's quality of life is higher at home than in the hospital with the hospital pyjamas and hospital food, and the hospital environment and the other people in the room with him, so he would obviously perceive his general well-being as much better"* (8). According to AA: "*It is clear to me that a patient who chooses to be hospitalized at home would have a better perception of personal well-being"* (4). SN also emphasized the psychological aspect of patients' health perception: "*Better*

[well-being]. Because from the moment he's at home, although he's sick, he isn't in a hospital bed, especially for older adults who are active, you see their deterioration in hospital, there is no doubt that at home, it is better" (3). Notably, one interviewee (AN) was more reserved because, in her opinion, the support (care giver, family), if any, available for the home-hospitalized patient may affect the patient's perceived general well-being: *"Yes, it must be taken into account that, as we said, there are advantages to hospitalization, having someone preparing food for you and serving it. The disadvantage of being hospitalized at home may be that you must have someone at home to prepare food for you and be available to care for you. If a patient has no primary caregiver, or no one who can provide these, home hospitalization fails to give a solution helping families to leave their patient at home, then, it could impair patient's sense of personal well-being"* (4).

DISCUSSION

Organizational change normally occurs in response to external or internal pressures and the need to adapt to the changing environment (Israeli Ministry of Education, Director of Science and Technology, 2019). In the last two and a half years, the discourse on CBHH within the Israeli public health system has gained momentum, with Israeli policy-makers expecting all HMOs to develop it as part of a new community-based health strategy and as a therapeutic alternative to traditional hospitalization. This is a result of the growing experience with CBHH in many Western countries in the last two decades, Israeli health policy makers' view that patients should be treated in the community, as well as the public health system's inability to meet the growing demand for hospitalization, especially in internal medicine departments. The views of managers working in the health system on home hospitalization affects decision-making and resource allocation.

Our analysis shows that given the growing shortage of beds, inpatient care complications, patients' desire to stay at home, and the increasing costs to the health system, CBHH has been perceived by managers working in the Israeli health system as a viable alternative to inpatient care. At the same time, ambivalent views were voiced on several issues related to CBHH. These include the issue of who would provide patient support (such as help with food preparation) to home-hospitalized patients. Another significant aspect is the economic viability of developing home hospitalization services. While respondents agreed that clinical quality and patient satisfaction are indeed essential to maintaining the service, many respondents believe that its financial success depends on its scale (i.e., how many patients would be hospitalized) for it to have a positive impact compared to inpatient hospitalization cost. Regarding future development of CBHH, most interviewees expressed a firm opinion for the need of greater involvement of the regulator (Ministry of Health) in this area as to develop it as a significant service that would affect the entire Israeli public health system. Although the matter of home hospitalization is complex due to the current situation of the Israeli public health system, and despite the disagreements among interviewees on several issues presented, the study showed that the interviewees - as managers leading the Israeli public health system - believe that the service must be further developed.

Study Limitations

The qualitative nature of the study limits its ability to predict, generalize, or find an objective truth. Rather, its value lies in the provision of a way to understand and create meaning, and interpret processes, and as such, its value is beyond its researched subjects (Sabar-Ben Yehoshua, 2016). The study was conducted among managers involved in Israel's public health system who are considered stakeholders in the issue of CBBH. These managers represent several different health organizations, professions, management roles, levels of seniority and geographical areas across Israel, all with academic degrees and at least two years in management roles. The purpose of choosing a wide manager population was to form a wide view for understanding the CBHH setting in Israel, thus creating value by investigating this subject-matter in its place of occurrence. The qualitative research examined the significant factors that affect the study phenomenon and its future evolvement. To complement this study, the next part of the research will comprise a quantitative research that will provide further insight and complete the picture with regard to other aspects influencing this aspect.

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