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**CHIP Title:** Health care at Home Model

**Project Description:**

At the height of the COVID-19 surges, hospitals were overwhelmed as the number of patients seeking care surpassed bed capacity. A significant bottleneck to hospital discharges in San Francisco was the delay in transferring to post-acute facilities due to the required 10 to 20-day quarantine period and lack of SNF bed availability.

There is a severe shortage of licensed SNF beds even as demand for SNF beds is increasing. Since 2001, the number of licensed SNF beds has decreased by 43% in San Francisco.

- Age 65 and older comprises 14% of city population (113,000). By 2030, population projections of 65 and older to comprise 20% of city population (192,000).
- 38% of San Francisco seniors 65 and older and 7% adults aged 18-64 report disabilities (80,000).
- By 2030, San Francisco would need 4,287 licensed SNF beds—an increase nearly 70% over current supply of 2,542 beds.

This CHIP project aimed to develop a SNF program at Chinese Hospital to address the increased demand for SNF beds in San Francisco and to further expand services by creating a SNF-at-Home program by utilizing the latest technology in remote patient monitoring, telehealth and wearables.

**Key Findings and Lessons Learned:**

There are challenges in obtaining licensed SNF beds in San Francisco. Creating a licensed SNF program at Chinese Hospital took more than three years to certify, from April 2020 to July 2023. The pandemic accelerated the process due to the critical need for licensed SNF beds. This program is the first licensed SNF in over a decade in San Francisco; the last SNF licensed was Laurel Heights Community Care in 2011. The prolonged licensing process makes it difficult to increase SNF capacity in San Francisco.

The exponential growth of virtual care, emergence of new technologies, patient and families' preference for receiving care at home, and legislation such as the Choose Home Care Act of 2021 support expanding services through a SNF-at-Home program to address increased demand.

The SNF-at-Home program aimed to provide culturally sensitive care in the home setting. The focus was to research the technology in remote devices and wearables that allowed close patient monitoring as well as develop the workflow and logistics for onboarding qualified patients for the program. Lastly, the cost and reimbursements were examined to determine business and financial feasibility.

**Next Steps:**

- Pilot SNF-at-Home program in collaboration with a home care agency partnered with Chinese Hospital to provide bilingual care to housed Medicare patients requiring acute SNF care after acute hospitalization at Chinese Hospital.
- Fundraise to acquire remote monitoring, wearables and telehealth platform.
- Enhance quality metrics to include increased functionality, increased patient satisfaction, decreased ED utilization, and decreased 30-day readmission.
- Expand services to include unhoused patients who require acute SNF care by collaborating with subsidized housing projects in San Francisco.
- Extend services to include complex disease management up to 30 days following a hospital stay to decrease 30-day readmission.