Inbound Health

SOLUTION BRIEF

Hidden in Plain Sight

A New Blueprint for Patient Acquisition in Hospital-At-Home

Executive Summary

The hospital-at-home model gives patients access to hospital-level care in the comfort of their own homes, but most hospitals struggle to identify eligible patients efficiently. Manual chart reviews, fragmented data, and a lack of workflow standardization create delays, missed opportunities, and low program census.

Inbound Health has developed an advanced analytics-driven platform that streamlines patient identification and case finding through machine learning, automated scoring, and structured workflows. Clinical staff uses the Inbound InHome℠ platform to systematically identify eligible patients, coordinate care, and manage each episode from start to finish—relieving hospital staff of these operational burdens. This solution has led to a 76% increase in the likelihood that a case review yields an admission (admission rate) and is driving scalable results across diverse health systems.

KEY OUTCOMES

76%
increase in admission rates,
increasing patient census

23%
reduction in cases reviewed,
saving clinical review time

12%
reduction in time-to-transfer,
freeing up beds faster

The Patient Acquisition Challenge in Hospital-at-Home

American hospitals have reached a critical inflection point. The annual cost of U.S. hospital care continues to soar past **$1 trillion**.

Yet despite record-high spending and increasing patient volumes, **health outcomes** have not improved proportionally, highlighting systemic inefficiencies in traditional inpatient care. Additionally, national hospital capacity remains in a steady decline, with researchers projecting widespread bed shortages by **2032**. These challenges underline the urgent need for more efficient care delivery models. Fortunately, decentralized, home-based care offers a solution to this trillion-dollar problem.

Developed in **1995 by Johns Hopkins School of Medicine**, hospital-at-home provides eligible patients with acute, hospital-level care in the comfort of their homes, offering an effective alternative to traditional, facility-based care. These programs enhance patient and family satisfaction and are proven to **cut costs by 30%**, enabling numerous clinical and operational benefits, including superior patient outcomes, shortened length of stay, and lower utilization of lab and diagnostic tests. Home-based care can also help lower the likelihood of **preventable complications** such as hospital-acquired infections, which impact high-risk populations like older patients. With mounting evidence and digital health innovations, hospital-at-home has emerged as a proven model for delivering high-quality, cost-effective care.

Despite continuous growth, investment, and interest surrounding hospital-at-home, patient acquisition—the process of identifying and admitting eligible patients—poses a persistent barrier to hospitals' implementation and the ultimate success of these programs.

Case Finding Complexity

Identifying candidates for hospital-at-home is among the most complex and resource-intensive aspects of program delivery. The process demands nuanced clinical judgment, synthesis of fragmented EMR data, and significant time from already overburdened teams.

Clinicians frequently devote substantial time to manual chart reviews, only to determine that many patients do not meet the necessary criteria for home-based care. These “wasted reviews” delay the flow of patients into hospital-at-home and divert valuable clinical resources away from routine care. As hospitals seek to grow their average daily census (ADC), the traditional solution has been to scale human labor. Yet adding more staff to conduct reviews does not address the root issue: the absence of a streamlined, scalable, and analytics-driven screening mechanism.

Balancing patient safety, equitable access, and limited program capacity calls for reliable, data-driven tools that can streamline, standardize, and enhance clinical decision-making. Nevertheless, current workflows remain largely ad hoc and physician dependent. Identification processes often rely on static EMR-generated lists, lack predictive capabilities or real-time updates based on new clinical information, and are poorly integrated into team-based care models.

Moreover, these systems offer no mechanism for continuous learning; there is no feedback loop to refine screening criteria, continuously re-evaluate and re-score patient eligibility, or improve efficiency over time. As a result, the case finding process becomes a bottleneck—slowing program growth, misallocating clinical resources, and limiting patient access to more efficient, cost-effective care at home.

The Hidden Barriers to Eligibility Screening

Appropriate candidates must meet a range of clinical and social criteria, including:

- Medical stability
- Availability of home support
- Appropriate insurance and geographic range

Business Impact

Manual patient identification has downstream effects across financial, operational, and staffing domains. The cumulative impacts limit both program growth and hospital efficiency.

Missed Opportunities

Eligible patients remain in higher-cost inpatient settings due to delayed or inaccurate identification, driving up avoidable expenses.

Reduced Program Census

Inefficient case finding limits the number of patients enrolled in hospital-at-home programs, stalling program growth and reducing overall utilization.

Capacity Constraints

Prolonged inpatient stays contribute to hospital bed shortages and system-wide congestion.

Clinician Dissatisfaction

Repetitive manual reviews of ineligible patients lead to frustration and burnout among clinical staff, detracting from time spent on direct patient care.

Financial Performance

Without a consistent, scalable pipeline of eligible patients, programs struggle to achieve the census levels required to justify their investment, resulting in lower-than-expected returns and wasted clinical effort.

Why Current Methods Fall Short

Despite growing interest in hospital-at-home, most systems still rely on outdated screening processes and manual workflows that limit scale. There are a few core reasons identification efforts often fall short.

Lack of Standardization. Without consistent, standardized processes across care teams, patient identification remains fragmented and inconsistent, reducing overall program effectiveness.

Technology Gaps. Existing screening and workflow management tools lack advanced features such as machine learning (ML) and automated decision support, resulting in missed opportunities for optimization.

Manual Processes. Patient identification lacks automation, limiting program scalability and preventing meaningful efficiency gains.

Change Management. Many physicians are accustomed to traditional, centralized care models and may resist adopting innovative, home-based care delivery approaches.

Together, these challenges highlight a critical gap in the hospital-at-home model: the need for an automated, analytics-driven approach to patient acquisition—one capable of driving both efficiency and scale.

Inbound's Solution: An AI-Powered, Analytics-Driven Approach to Patient Acquisition

As a provider of a comprehensive solution for in-home advanced care programs, Inbound was keenly aware of the systemic gaps in the patient acquisition process. To help hospital-at-home programs succeed from the onset, Inbound developed Inbound InHome℠, a proprietary patient management and analytics platform that brings greater precision, consistency, and scale to patient identification.

Through automated eligibility scoring, embedded clinical decision support, and streamlined workflows, the InHome platform makes it easier to surface the right patients at the right time. Co-designed with clinicians to reflect real-world needs and workflows, the model stands out not only for its technology, but for its operational discipline—engaging teams across hospital departments and supporting a proactive, team-based approach to patient identification. Inbound embeds clinicians alongside hospital operations or trains health system clinicians. These clinicians, equipped with InHome, take full responsibility for patient identification, intake, and ongoing case management, minimizing disruption to existing hospital workflows.

Core Innovation Components

Inbound's approach to patient acquisition is anchored by three core pillars that address the fundamental challenges of traditional identification methods. Each pillar leverages advanced technology while maintaining the clinical judgment and oversight for safe, effective patient care.

Technology Integration. At the heart of the InHome platform is an AI-powered scoring system that analyzes structured and unstructured clinical data to prioritize high-probability candidates while maintaining HIPAA compliance. Scores dynamically adjust based on past disqualifications and real-world outcomes, with higher scores indicating stronger program fit. Real-time workflow management enables seamless care team coordination, while automated risk stratification integrates with patient records and clinical history to surface the most appropriate patients for review.

Process Standardization. InHome brings structure and consistency to an otherwise fragmented process. Patients are systematically ranked by eligibility likelihood for hospital-at-home admission, supported by structured clinical assessment fields and summarized clinical notes. The platform guides teams through a consistent series of workflow steps—from initial chart review to provider sign-off, patient consent, and readiness for admission—ensuring clarity, accountability, and efficiency at every stage.

Virtual Clinical Decision Support. Inbound's model supports decision-making with evidence-based eligibility criteria embedded into each stage of the workflow. A multi-stage review process enables smooth handoffs between team members while reducing unnecessary reviews. Crucially, the platform maintains a "human-in-the-loop" approach: while technology enhances efficiency, clinical judgment remains central to every decision, preserving trust and safety in patient care.

Differentiation from Standard Practice

Compared to the typical case finding process—often built on manual reviews or EMR lists—Inbound's model introduces greater intelligence, integration, transparency, and feedback.

Here's how Inbound stands apart:

Real-Time Workflow Management. A centralized platform offers robust workflow and reporting capabilities, far surpassing the limited functionality of homegrown tools or disconnected spreadsheets.

Streamlined Notifications. Patients with a higher likelihood of being eligible can be flagged in the EMR directly from InHome through a secure EMR integration, prompting faster clinical review and smoother notifications for clinical teams.

AI-Powered Lead Scoring. Unlike static patient lists or rules-based models, Inbound's dynamic, machine learning–driven scoring adapts and continuously improves, re-evaluating patient eligibility in real-time.

Multi-Team Coordination. Multiple team members can work on the same case at different stages, with seamless handoffs and full visibility, enabling faster, more collaborative decision-making.

Ethics-First Application. Inbound's model is designed to augment clinical expertise, with built-in safeguards to prevent hallucinations and a focus on supporting patient-centered decision-making.

Closed-Loop Learning. The system continuously refines its predictions by learning from patient disqualifications and outcomes, enhancing accuracy with every episode.

Measurable Gains Across the Patient Journey

Inbound's impact is measurable across key dimensions—driving improvements in patient identification, workflow efficiency, and scalability.

Patient Identification Improvements. Inbound's platform has demonstrated measurable gains across its client portfolio. Hospitals report an increase in admission rates by focusing resources on high-probability candidates. Continuous learning reduces wasted reviews and improves conversion rates, leading to better patient throughput and resource allocation.

Workflow Efficiency Gains. Clinical teams report faster patient reviews and transfer decisions, resulting in measurable time savings and improved satisfaction. By shifting focus away from manual chart reviews and toward treatment planning and patient care, Inbound supports a more meaningful use of clinical expertise. Streamlined coordination and seamless handoffs further improve operational flow.

Scale and Consistency. The platform is currently in use across multiple health systems, demonstrating consistent results in diverse clinical settings. Its AI model scales effectively with use—continuously improving as it ingests more data and adapts to different implementation environments.

> Working with Inbound has transformed the way we identify and engage patients for our hospital-at-home program. Their platform fits naturally into our existing workflows, giving our clinicians timely, data-driven insights without adding complexity. We're seeing faster referrals, stronger alignment across teams, and a measurable impact on both efficiency and patient outcomes.
>
> **Medical Director**

Financial Impact Evidence

Inbound's model drives financial impact in two primary ways. First, by enabling earlier identification and faster transfer to the home, it lowers the total cost per episode. Second, by reducing the staff time and overhead required for patient screening, it boosts efficiency and ROI. These benefits translate to faster time-to-value, quicker achievement of ADC targets, and faster repayment of upfront investments.

70%
increase in margins
attributed to earlier patient identification

33%
reduction in staffing and resource costs
tied to greater case finding efficiency

40%
faster rate of growth
reducing time to recoup program implementation fees

Broader System-Level Benefits

Catalyzing Expansion
Use of the tool has prompted clinical teams to expand hospital-at-home programs and explore new care pathways across the care continuum.

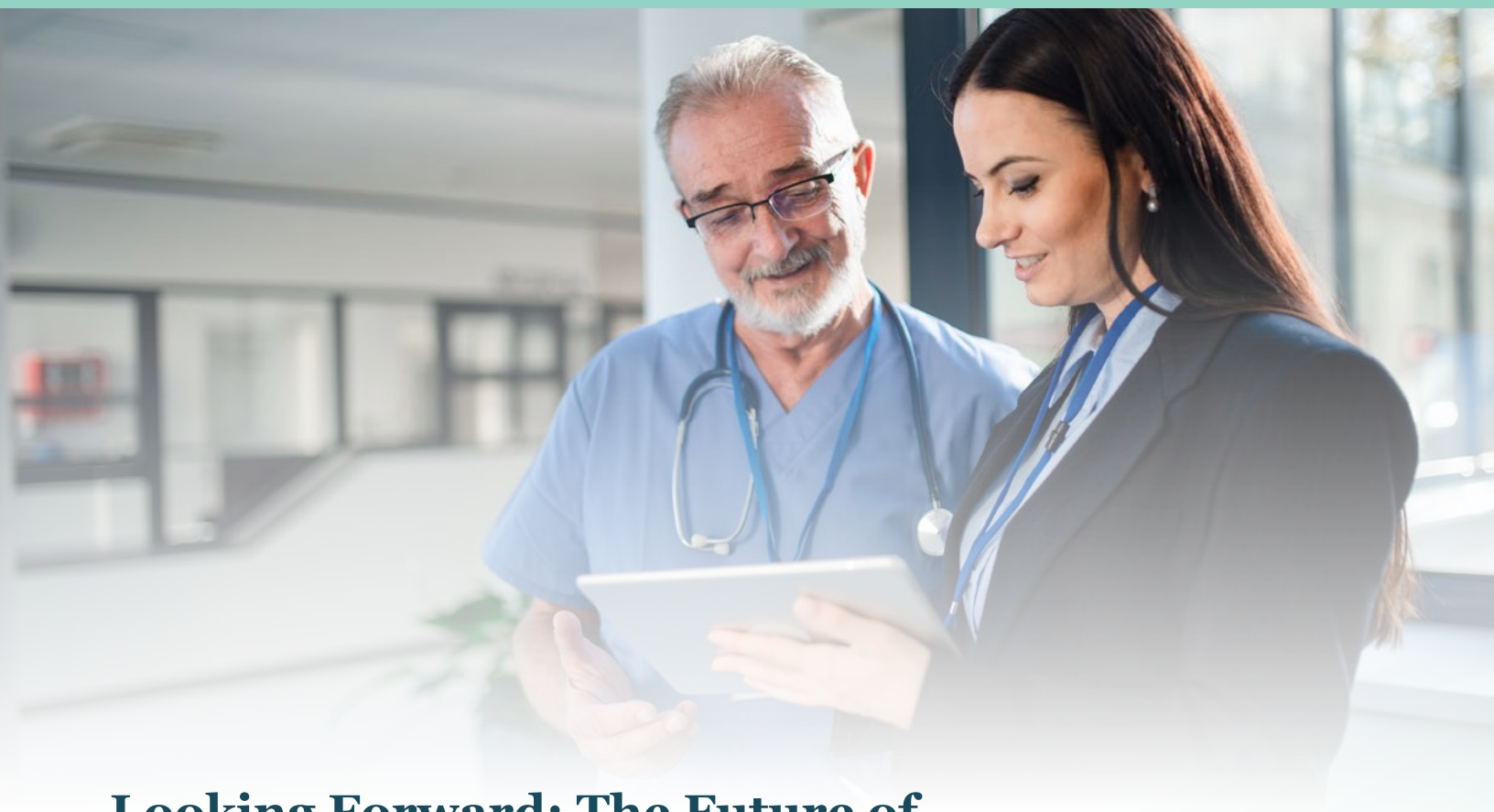
Enhancing Operations
The tool has uncovered opportunities to streamline broader workflows and care coordination processes.

Improving Care Conversations
Access to better data and clearer visibility into patient suitability has strengthened clinical decision-making and interdisciplinary dialogue.

Empowering Innovation
Insights gained through the platform have sparked initiatives such as adopting continuous monitoring devices and refining clinical eligibility criteria.

Increasing Engagement
Clinicians report greater satisfaction as they shift their focus from administrative tasks to higher-value clinical care.

Guiding Responsible Application
Inbound's commitment to safety, transparency, and reliability paves the way for ethical, system-wide adoption of AI-driven products and services.



Looking Forward: The Future of Hospital-at-Home Patient Acquisition

As smarter patient acquisition tools mature, hospital-at-home can expand into new domains—from post-acute care to specialized services like oncology or dialysis. Likewise, continued investment from Centers for Medicare & Medicaid Services (CMS) could pave the way for broader eligibility—greenlighting access for other payer cohorts and patient populations.

These shifts support broader value-based care goals, where patients receive the right care in the most appropriate setting—including the home—to improve outcomes and reduce costs. But while policy may support this evolution, success will ultimately depend on operational readiness, especially the ability to systematically identify and enroll appropriate patients at scale. As remote monitoring, AI, and care delivery models advance, effective patient acquisition will be critical to making the home a viable site of care for more patients.

Strategic Recommendations for Health System Leaders

For hospital systems aiming to scale their hospital-at-home programs, strategic investment in patient acquisition infrastructure is essential. Based on Inbound's experience, these four actions drive immediate and long-term gains:

1. Invest in advanced and systematic patient identification capabilities
2. Prioritize workflow standardization over ad-hoc approaches
3. Leverage technology to scale clinical decision-making
4. Focus on measurable outcomes and continuous improvement

Inbound's Innovation Roadmap

Looking ahead, Inbound continues to evolve its platform to support greater automation and care team enablement.

New capabilities will surface likely candidates earlier in the patient journey—such as in the emergency department and urgent care clinics—and expand predictive capabilities across use cases. As the platform ingests more data, AI models will improve in both accuracy and adaptability, creating even greater efficiency and ROI. Inbound remains committed to responsible AI development—ensuring models are clinically trustworthy, support rather than replace provider decision-making, and operate without hallucinations.

Innovation with Accountability

Inbound's AI & Technology Ethics Committee ensures that every AI/ML advancement aligns with the values of safety, equity, and transparency. With a focus on building hallucination-free models that support—rather than replace—clinical expertise, the committee guides responsible innovation that keeps patients and care teams at the center of every decision.

Discover how Inbound helps hospitals and health systems boost patient acquisition, streamline workflows, and scale advanced care at home.

Learn more

Inbound Health

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