

The Israeli Hospital-At-Home Society Aims to Bring Standardization to a Country With a Long History of HaH

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In this interview, we delve into the vision and mission of the newly established **Israeli Hospital-at-Home Society**, a pioneering initiative redefining how healthcare is delivered. The society's founders share insights into the challenges of building a robust framework for in-home medical care, their goals for integrating this model into mainstream healthcare, and the opportunities it presents for improving patient outcomes and system efficiency.

1. Can you provide an overview of the Israeli Hospital at Home Society? What is its mission and key objectives?

The Israeli H@H Society was established in November 2024 after many years of H@H activity in the country. The founding board consists of representatives of the different stakeholders on

the provider side, including the HMOs, large hospitals, and private providers (publicly funded). The society was established under the umbrella of the Israeli Medical Association and is obligated to follow all of its regulations. The mission and key objectives are:

1. To advance H@H and remote medicine in Israel.
2. To advance the studies and research of H@H and remote medicine, including the different aspects i.e. digitalization, innovation, modes of operation, regulation, and risk management.
3. To hold an annual scientific conference.
4. To promote collaborations with other international H@H and remote medicine societies.
5. To support and fund research grants in H@H and remote medicine.
6. To promote the extension of H@H services to more diverse medical fields.
7. To promote education and training in H@H and remote medicine.
8. To engender and publish medical guidelines in H@H and remote medicine.

2. What inspired the establishment of the Israeli Hospital at Home Society, and what gap in healthcare delivery does the society aim to address?

For almost 20 years the concept of H@H has slowly grown to become a central piece in the Israeli health care system that it is nowadays. H@H is offered nationwide, as a publicly funded service to internal medicine, acute rehabilitation, acute psychiatry, and eating disorders patients. Concrete plans are in motion to begin services to patients in H@H

oncology, pediatrics, surgery, orthopedics, high-risk pregnancy, and more. The Israeli H@H believes that the time is right to promote standardizations in definitions, indications, regulations, and payment schemes, and move forward from a bottom-up movement to more national and regulatory directives.

3. The WHAHC community has seen global growth and innovation in home-based healthcare. How has the vision and momentum from WHAHC influenced the formation and initial strategies of the Israeli Hospital at Home?

The WHAHC community has greatly inspired the different stakeholders in Israel to come together and work together to take the H@H movement to the next phase and hopefully position H@H as a strategic arm of the future of healthcare in Israel. Many of us have been involved with the WHAHC community since its inception and are excited to bring this gospel to Israel.

4. Has the Israeli society drawn inspiration or learned valuable insights from the WHAHC in shaping its approach to hospital-at-home services? Are there specific aspects of the WHAHC that have had

a notable impact on the development of the Israeli Hospital at Home Society?

Since 2019 and the first WHAHC, there has been a strong participation in all of the WHAHC community's activities by Israelis who are involved in H@H and remote medicine. WHAHC is regarded as THE place to send abstracts to and present the local work we do. Leaders in WHAHC are sought-after figures for local events.

5. How does the society collaborate with other organizations or entities in the field of home-based healthcare? Are there any partnerships or collaborations that have been particularly influential in the society's development?

Since it is a society in its infancy stages, we have yet to have had an opportunity to collaborate with other international organizations on an organizational level, but a few members have already attended international conferences and have collaborated with several national H@H operations. Also, some of us are involved in the NURIC consortium at the EU to promote digital medicine amongst nurses and the main point in our involvement is the foundation of learning materials in the realm of telemedicine in the service of H@H services.

6. What challenges did the Israeli Hospital at Home Society encounter during its establishment and early phases, and how were these challenges addressed?

The biggest challenge was to gather around one table, all the different stakeholders that are providing H@H services in Israel, including hospitals, HMOs, and publicly funded private providers (which are the major providers). Once that was achieved, the other challenges were agreeing on the exact name of the society and a few of the goals, but all in all, there was much more agreement than disagreement and there was much enthusiasm amongst all members.

7. Looking ahead, how do you envision the future of home-based healthcare in Israel, and what role does Israelithe Hospital at Home Society aim to play in shaping that future?

It is agreed upon by all stakeholders in the Israeli healthcare sphere, including the ministries of health and finance, that the future of healthcare is intertwined and closely tied with the development of H@H and remote healthcare services. There are talks on how to finally define what H@H is, who should provide it and how should it be funded. Also, there is a growing interest in opening more H@H wards as an elective for residents in different specialty programs. More so, there is a growing body of research that is being done and

published. Only a few new large medical centers are planned to be built in Israel in the foreseeable future and since we are still a growing population, the need for hospital beds is here and expected to dramatically increase. The "Negev" hospital, planned to be opened in May 2030 is intended to have a H@H service "in situ" that is, as part of its main routes of delivering services to the community in the southern part of Israel. H@H is seen more and more as the only real reservoir for hospital beds.