

## **Hospitals at home: Public policies for active aging and home care in Europe**

JANUARY 2026

# **Hospitals at home: Public policies for active aging and home care in Europe**

**Mariana Stan**

Head of Bioeconomy & Policy Engagement

---

### **Executive summary**

The accelerated aging of the European population is putting significant pressure on healthcare systems, highlighting the limitations of a predominantly hospital-centric and reactive intervention model.

The survey results show that, especially in countries with limited resources and marked territorial imbalances, older people face reduced access to medical and social services, a shortage of medical staff, fragmented care, and a lack of home care infrastructure. At the national level, the challenges are amplified by disparities between urban and rural areas, the burden of

chronic and neurodegenerative diseases and the low level of interoperable digitization. The lack of integrated digital tools affects continuity of care, delays early interventions, and leads to avoidable hospitalizations, with a negative impact on patients' quality of life and the financial sustainability of the system.

The analysis highlights that home care, telemonitoring, and the integration of medical and social services can contribute significantly to active aging, reducing pressure on hospitals, and making more efficient use of public resources. The experience of the post-pandemic period has demonstrated the feasibility and acceptability of

these solutions, provided that there is a clear legislative framework, financing mechanisms, and support for digital inclusion.

The main recommendations are the result of working sessions and panels held during the BEHEALTH 2025 event, organized by Rohealth, the Health and Bioeconomy Cluster, supplemented by a questionnaire addressed to 1,685 respondents. The target audience includes policy makers, health authorities, medical universities, and European organizations.

## Introduction

Population aging is one of the most important demographic changes in Europe, with profound implications for health systems, social protection, and the economy. The increase in the number of elderly people with chronic diseases, combined with a shortage of medical staff and labour migration, is putting pressure on an already underfunded healthcare system that is predominantly focused on hospital care.

In Romania, these challenges are exacerbated by regional inequalities, limited access to services in rural areas, and the lack of integrated home care services in the public system. Many elderly patients are discharged from hospitals without adequate support in the community, leading to rapid deterioration in health and frequent readmissions.

The objective of this policy brief is to analyze the challenges and opportunities associated with the

development of the "Hospitals from Home" model as a complementary solution to hospital care and to formulate public policy recommendations to support active aging and equitable access to services.

The document is addressed to decision-makers, public authorities, healthcare and social service providers, as well as actors in the health innovation ecosystem.

## Context. Presentation of the problem

At the European level, the proportion of the population aged over 65 is steadily increasing, approaching or exceeding 20 percent in many Member States. This trend is associated with an increase in the prevalence of chronic diseases, polypharmacy, and the need for long-term care. Health systems are thus facing rising costs and pressure on hospital capacity.

**The survey results highlight common challenges in several European countries: limited access to specialized care for older people, shortages of medical and community care staff, major differences between urban and rural areas, and insufficient coordination between health and social services.**

In many cases, care is fragmented, and patients depend on family or informal caregivers.

In Romania, these problems are exacerbated by the unequal distribution of resources, poorly developed infrastructure for home care, and the lack of a clear legislative framework for services such as

telemonitoring or administering treatments at home. Limited digitization and lack of interoperability of IT systems hinder continuous monitoring of chronic patients and effective use of data for service planning.

Studies and reported experiences indicate that home care solutions, supported by digital technologies and multidisciplinary teams, can reduce avoidable hospitalizations and improve the quality of life of older people. However, their implementation remains fragmented and often dependent on pilot projects or temporary measures.

## Analysis and discussion of results

Analysis of the questionnaire responses highlights a clear convergence on the limitations of the current model of care, which is centered on hospitals and acute interventions. The lack of continuity of care after discharge and the absence of integrated home-based services generate a "vicious circle" of readmissions, with a negative impact on patients and on the costs of the system.

A recurring theme is the insufficient role of digitalization in chronic disease management. Without interoperable electronic health records, telemonitoring, and remote assessment tools, interventions remain reactive, and early signs of

health deterioration are often missed. This situation disproportionately affects older people in rural areas or with reduced mobility.

The experience of the post-pandemic<sup>1</sup> period has demonstrated that remote medical services and home care can function effectively, be accepted by patients, and reduce pressure on hospitals. At the same time, the withdrawal of temporary measures has highlighted the risk of not having a permanent legislative framework and sustainable reimbursement mechanisms.

**Examples of good practice from other European countries show that integrating home care into the public system<sup>2</sup>, using monitoring technologies<sup>3</sup>, and coordinating medical and social services<sup>4</sup> can support active aging and reduce long-term costs.**

The main obstacles remain the lack of institutional coordination, skills shortages, and resistance to change.

## Implications and public policy recommendations

Maintaining the current situation may lead to limited access to services for older people, an increase in avoidable hospitalizations, additional financial pressure on the healthcare system, and deepening territorial inequalities. In contrast, developing an integrated home care model can transform these challenges into an opportunity for modernization and efficiency gains.

Positive implications include improved quality of life for patients, more efficient use of resources, reduced hospital costs, and stimulating innovation in healthcare and the bioeconomy. Coordinated public policy actions are needed to achieve these benefits.

It is recommended to strengthen the legislative and institutional framework by clearly defining home care as an integral part of the public system and harmonizing national legislation with European health objectives. Skills development should be supported through training programs for health and community care professionals<sup>5</sup>.

Investments in interoperable digital infrastructure are essential to ensure continuity of care and to use data for prevention and planning purposes. It is also necessary to introduce financing and reimbursement mechanisms that support home care and telemonitoring services<sup>5</sup>.

Last but not least, public-private partnerships, collaboration with academia, and the exchange of best practices at the European level can accelerate the implementation of "Hospitals from Home" solutions<sup>6</sup>.

## Conclusions

The aging population requires a paradigm shift in health policies, from a reactive and hospital-centric model to an integrated, preventive, and community-centered one. The results of the questionnaire confirm the need to develop home care as a

complementary solution to hospital care, capable of responding to the needs of older people and increasing the sustainability of the system.

Adopting the proposed recommendations can help reduce inequalities in access, improve quality of life, and make more efficient use of public resources. The BEHEALTH 2025 experience demonstrates the value of dialogue and collaboration between authorities, academia, industry, and patient organizations in defining public policies adapted to current demographic realities.

Investing in home care and integrated digital solutions is not only a social necessity, but also a strategic opportunity to develop a more resilient, equitable, and future-oriented healthcare system.

## Bibliography

<sup>1</sup>ANAF. [Legea nr. 95/2006](#). Accessed 01.19.2026

<sup>2</sup>European commission. [Overview of the national laws on electronic health records in the EU Member States National Report for the Republic of Estonia](#), May 2014. Accessed 01.19.2026

<sup>3</sup>Verwey Jonker Institute, [Integrated care in the Netherlands](#), November 2004

<sup>4</sup>ROHEALTH - health and bioeconomy cluster. (2025). [Form Hospitals from Home – Ageing in Place](#). Date nepublicate colectate online cu consimțământul GDPR pentru prelucrarea datelor.

<sup>5</sup>MDPI(Molecular Diversity Preservation International), [Quadruple Helix Models for Sustainable Regional Innovation](#), June 2020

## Disclaimer

*The author of this document hereby declares that he has not received any financial compensation, material benefit, or any other form of remuneration from any of the companies, cluster organizations, or hospitals supporting this document. The opinions and recommendations presented in this document belong exclusively to the author and are based on independent analysis and professional expertise.*

*The author remains available for any questions and to participate as a consultant in discussions regarding changes to the text and guidance documents.*

---

*Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Health and Digital Executive Agency (HADEA). Neither the European Union nor the granting authority can be held responsible for them.*