

Members in Action: Managing Risk & New Payment Models

Mount Sinai Health System – New York, NY *Joint Replacement Bundled Payment Program*

In the *Members in Action* series, AHA will highlight how hospitals and health systems are implementing new value-based strategies to improve health care affordability. This includes work to redesign the delivery system, manage risk and new payment models, improve quality and outcomes and implement operational solutions.

Overview

Mount Sinai Health System (MSHS) includes the Icahn School of Medicine and seven hospital campuses in the New York City metropolitan area, as well as a number of regional ambulatory care facilities.

MSHS began offering the Joint Replacement Bundled Payment Program in April 2016 in partnership with 32BJ Health Fund (the health benefits division of a large labor union) and Empire BlueCross BlueShield. The program offers 32BJ members and their dependents total hip and knee replacement surgeries at no out-of-pocket cost with a coordinated patient experience from pre-surgical consultations through recovery.

Mount Sinai had been working on improving efficiency around episodes of care, an effort that was pushed forward by the organization's participation in the Medicare bundled payment program. Empire BlueCross BlueShield encouraged Mount Sinai leaders to talk to one of Empire's plan sponsors, 32BJ Health Fund, which looks for ways to improve outcomes for plan participants.

Patients in the program attend a "Joint Class" before surgery to learn about the procedure and recovery. Each patient is matched with a care guide who engages the patient at every step of the way, beginning before admission, to surgery preparation through the recovery process. Care guides visit the patient in the hospital, support family members, assist with the transition home, coordinate post-surgical care, arrange for transportation, and follow up via phone or email for 30 to 45 days post-surgery. By establishing a single point of contact for the entire process, MSHS provides patients a more coordinated, lower-stress care experience.

Lessons Learned

An essential element to Mount Sinai's success is incorporating patient feedback into the design of the program. "32BJ Health Fund initially ran focus groups with members to see what they'd look for in this type of program," says Niyum Gandhi, chief population health officer at MSHS. "It had to be about more than reducing

Impact

Patients in Mount Sinai's Joint Replacement Bundled Payment Program have lower costs and higher satisfaction rates. Since the launch of the program, the percentage of program patients using the emergency department for any reason (related to the surgery or not) during the bundled time period dropped from 26% to 3%, and the number of program patients who need to be discharged to skilled nursing facilities (SNFs) decreased by 12 percentage points. Meanwhile, patient satisfaction among those patients in the program is at 91 percent, and the organization's cost per patient in the first year was \$13,600 less than the average for their New York peers.

cost of care—there needed to be benefits to the patients. Sometimes there’s a tendency to think we know what the patients need, but by listening to them, we were able to build a better program.”

For example, some focus group patients had a bias toward SNFs for recovery because they lived alone or had other difficulties with transportation. So for those patients, the care guide can arrange transportation and discuss discharge options prior to surgery, rather than during recovery, to ensure a safe transition. Mount Sinai’s experience shows that when the care guide and patient discuss discharge before surgery, the patient is better prepared for the most clinically appropriate option post-surgery.

“If they’re not clinically indicated to go to skilled nursing, we can send them home,” Gandhi says. “How much does a conversation with a care guide cost compared with three days in a SNF? The program saves on costs, and the patient is happier and more comfortable recovering at home.” The care guide then checks in regularly to see how any home health visits and/or physical therapy sessions are progressing, what is the patient’s pain level, and whether the patient is able to get to the follow-up appointments.

“These extras help us achieve better outcomes for patients,” Gandhi says. “This isn’t just a joint replacement program, it’s a mobility program. Specifically, the program’s ultimate goal isn’t the surgery—the goal is pain-free walking, and there’s more to that outcome than just the surgical procedure.”

Gandhi says that being willing and able to listen to patients and adapt the program, especially early on, also was an important lesson for Mount Sinai and the 32BJ Health Fund.

“We were collaborative partners in developing this program and talking to patients beforehand, but we still needed to get feedback from patients after they went through the program,” Gandhi says. Care guides gather feedback as they listen to patients, ask questions, and respond to issues throughout the process. These conversations allow them to get new durable medical equipment in the home, change the therapy practice location, assist with short-term disability paperwork or employer/return-to-work issues, identify risk factors earlier to prevent complications, make transportation arrangements, and more. In addition, Mount Sinai obtains patient feedback in a more formal manner, via surveys at the 30-day mark (focusing on their satisfaction with the program) and at the six-month mark (focusing on their functional status).

“It’s hard to see everything end to end from the patient’s perspective unless we’re willing to really listen and be quick to adapt. Getting that feedback from patients was our greatest success because it bred other successes.”

Future Goals

Mount Sinai is talking to other employers and plan sponsors who are interested in creating a similar program for their employees and members. In addition, leadership is looking into applying the principles of this program to other types of surgical procedures, including cardiac valve replacement, transgender/gender affirmation surgery and bariatric surgery.



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