

THE Value Initiative

Members in Action: Improve Quality & Patient Outcomes

Mount Sinai Health System – New York, N.Y.

Hospitalization at Home Improves Quality and Outcomes for Patients

The AHA's Members in Action series highlights 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 is an integrated, eight-hospital health system based in New York City that serves the greater New York metropolitan area. In response to a desire to provide better care, reduce readmissions and lower cost, Mount Sinai Health System explored how to provide care in patients' homes when appropriate. Many of their patients are in the geriatric range, putting them at higher risk for acquiring additional illnesses as a result of being in the hospital. Mount Sinai recognized that home hospital care would allow patients to get the level of care they need within the comforts of home, without the disruption to their sleep, nutrition and mobility.

In 2014, the Centers for Medicare & Medicaid Services (CMS) Innovation Center granted Mount Sinai a Health Care Innovation Award to launch its Hospitalization at Home program. Building off its existing home-based primary care program for homebound patients, Hospitalization at Home replaces care that would have been given in the hospital. Hospitalization at Home staff meet the patients in the emergency department (ED) when the physician decides they need to be admitted. Program staff screen the patients to see if they are eligible for home hospital care, have the right home environment and if they are interested in home care. If they are and meet clinical inclusion criteria, an ambulance takes them home and they receive three to five days of hospitalization at home. Hospitalization at Home patients receive two nursing visits a day and a provider visit, either virtually or in person. Patients can receive lab test, X-rays, IV treatments and other medications they would receive at a hospital.

After the at-home "admission," patients are discharged into 30 days of transitional care services to support their continued recovery. Albert Siu, M.D., director of Mount Sinai at Home noted, "The hospitalization at home model gives us an opportunity to smooth out the transition" from hospitalization to post-acute care and continued recovery.

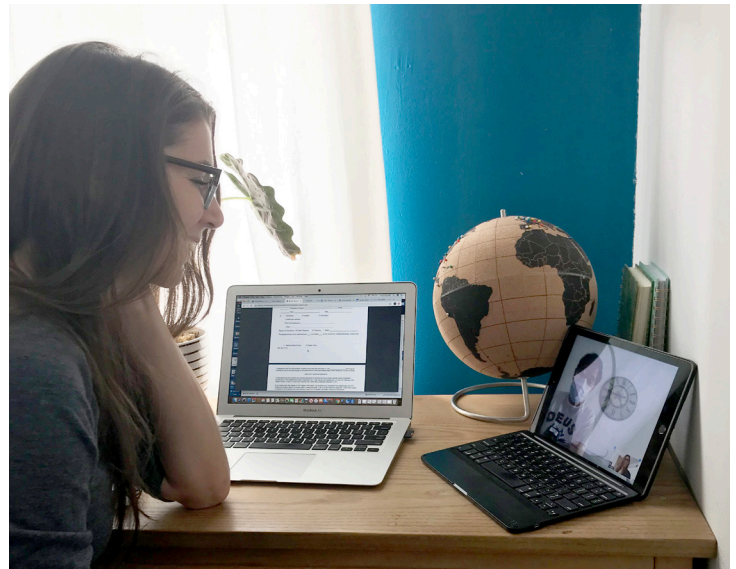
Impact

Over the course of the CMS Innovation Center demonstration, Mount Sinai studied the impact of the Hospitalization at Home program to confirm that it is both feasible and safe. They found that program participants had a reduced 30-day readmission rate (8.6% patients had a readmission compared to 16.1%), and were able to avoid and reduce 30-day ED visits in comparison with similar patients receiving inpatient hospital care (5.8% ED visits vs 11.9%). Only 7% of patients need to return to the hospital. Patients are also satisfied with their care in the home. Surveys show patients in the program report a better patient experience in comparison to inpatient care (67.8% versus 45.6%).



In 2017, Mount Sinai formed a joint venture with Contessa, a company that works with hospitals to implement home hospital programs. Contessa provides operational support for the Hospitalization at Home program and negotiates with insurance plans for the hospital. Currently, Mount Sinai works with four insurance plans to cover the program.

During the early phase of the COVID-19 pandemic, when the virus was hitting New York City hard, Mount Sinai was able to leverage some waivers to adapt and expand their Hospitalization at Home program. One component was allowing patients who had been in the hospital and were on an upward trajectory to complete the final days of their hospitalization at home. The new Completing Hospitalization at Home (cHAH) program started with a focus on non-COVID-19 patients and expanded to include low- to medium-acuity COVID-19 patients once adequate personal protective equipment was available. Because of their existing Hospitalization at Home program, Mount Sinai was able to get the new program up and running in under two weeks. Linda DeCherrie, M.D., clinical director of Mount Sinai at Home noted, “we had very few patients decline joining the cHAH program. People want to leave and be in the comfort of their own homes.”



In November 2020, CMS announced a comprehensive strategy to enhance hospital capacity, including the Acute Hospital Care at Home (AHCaH) program. Mount Sinai Health System was one of the first sites qualifying for the waiver to receive the full hospital-level diagnosis-related group payment for services provided at home.

Lessons Learned

After the CMS demonstration project concluded, Mount Sinai had to pivot to receiving payment through Medicare Advantage plans, managed Medicaid and select commercial plans. Program leaders note that having a payer is essential to the sustainability and expansion of home hospital programs.

Logistics and staffing are two other key components to have in place for any home hospital program. DeCherrie described the challenge of ensuring that the nurse, medications and medical equipment arrive home at the same time as the patient. Hospitals also need to find the right staff for home hospital programs. The individuals have to be trained with new skill sets to practice in the home setting and be able to work across disciplines and the traditional departments seen in a hospital.

Future Plans

Mount Sinai’s Hospitalization at Home program will continue to grow and evolve. They are expanding their at-home suite of services to include palliative care at home. They are also looking to expand into providing post-surgical care at home and have explored how the home hospital model works in the pediatric and rehabilitation populations. Mount Sinai is also exploring how to incorporate more telehealth, smart tech and remote patient monitoring into the Hospitalization at Home program.

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