

**THE MOUNT SINAI MEDICAL CENTER
COMMUNITY SERVICE PLAN
2010 - 2013**

INTRODUCTION

The Mount Sinai Medical Center is providing a consolidated Community Service Plan for the hospital system. The Mount Sinai Medical Center, located at One Gustave L. Levy Place, New York (New York County), NY 10029; and The Mount Sinai Hospital of Queens, located at 25-10 30th Avenue, Long Island City (Queens County), NY 11102. While proud of the specialty and tertiary services that are provided to a wide and diverse geographic area, the Community Service Plan focus will be on Mount Sinai's role in meeting the health care needs of people in these communities in which it is directly located – East Harlem and Western Queens. In order to ensure that the unique situation of each hospital campus is addressed, differing items in the Community Service Plan will be described for each campus, if applicable.

I. MISSION STATEMENT

**The Mount Sinai Medical Center
(The Mount Sinai Hospital and The Mount Sinai Hospital of Queens)**

Preamble

In the context of the Jewish traditions of scholarship and charity, the Board of Trustees commits Mount Sinai to the advancement of the art and science of medicine through clinical excellence. This central mission consists of high-quality patient care and teaching conducted in an atmosphere of social concern and scholarly inquiry into the nature, causation, prevention and therapy of human disease.

Article I: Patient Care

In this academic medical center, the responsibility to teach and do research in the laboratory, at the bedside and in the community enhances the fundamental goal of entirely personal, compassionate patient care. Mount Sinai will strive to provide superlative patient care, considered to be the requisite model for learning.

Article II: Education

The educational process will aim to graduate individuals who will be committed to a lifetime of continuing education while they are contributing in many and varied ways to the health needs of people. Mount Sinai will be responsible for the certification of physicians at the undergraduate, graduate and postgraduate level, as well as the certification of biomedical scientists at the graduate level; and, as appropriate, will undertake the education of other health and allied professionals.

Article III: Research

Since medicine is a derivative science and must draw upon at least the biological, social and physical sciences, no discipline will intentionally be excluded as irrelevant. Fundamental and applied research will be primarily centered in geographic proximity to clinical facilities. Mount Sinai will encourage, support and evaluate innovative ideas and programs in health services delivery.

Article IV: Dissemination of Knowledge

Mount Sinai will participate as a national and international resource in the gathering, analysis and dissemination of information pertaining to the prevention, diagnosis and treatment of disease.

Article V: Concern for the Community

Mount Sinai will be ever sensitive to the social and healthcare needs of the many different communities it serves. The Center will be a participant in efforts to define and solve health problems in population groups and communities through its capability in developing scientific knowledge, education and service.

Article VI: Organization

In a framework of free participation, Mount Sinai will strive to create a stable evolving working environment conducive to individual creativity.

II. SERVICE AREA

The Mount Sinai Medical Center – service area and description of area.

The Mount Sinai Medical Center serves patients in all five boroughs of New York City, Long Island, Westchester and Rockland counties, New Jersey and Connecticut. Mount Sinai is a regional and national referral center. The hospital defines New York County as the area used for community/local health planning for the purposes of the Community Service Plan. Mount Sinai provides the following health services to its community:

- 67% of clinic visits are minority patients.
- 53% of inpatient discharges are minority patients.
- 85% of Emergency Department visits are minority patients.
- More than 30% of inpatients reside in upper Manhattan.
- Nearly 50% of outpatients reside in upper Manhattan.
- More than 50% of Emergency Department patients reside in upper Manhattan.

Census data were used to determine the service area of The Mount Sinai Medical Center. The total population of New York County in 2000 was 1,537,195. Approximately 46% of the New York County population in 2000 was of a minority population (17.4% African-American, 9.4% Asian and 18.8% “other” minority group members including individuals of 2+ races). There were 417,816 (27.2%) Hispanics, who can be of any race. It is important to note the large minority population that Mount Sinai serves as most minority groups have been documented to suffer from cardiovascular disease at rates in excess of those of the White population.

The U.S. Census identified that 307,439 members (20.0%) of the population were living at or below the Federal Poverty Level in 2000. It has been documented that individuals of minority and/or low-income status experience difficulties in accessing healthcare in some places. Mount Sinai serves residents of its service area without regard to any personal characteristics, including race/ethnicity or payer source. The Mount Sinai Medical Center has a strong history of serving traditionally underserved individuals throughout its service area, including Harlem and East Harlem communities surrounding the hospital. This fact is reinforced through the hospital’s strong affiliation with North General Hospital in East Harlem. The characteristics of the primary service area residents in 2008, approximately 45.5% and 53.5% of the hospital’s inpatient discharges and outpatient visits, respectively, were from Medicaid patients. In many of the hospital’s programs, over 60% of the patients have historically belonged to a minority group.

The total number and percentage of individuals in the 45 and older age group in New York County is projected to grow dramatically from 2000 to 2015. The total number of individuals in this group is projected to increase from 534,263 individuals in 2000 to 694,295 individuals in 2015, representing a growth of 30.0% over this time period. This age group is projected to grow at a rate over seven times that of New York County from 2000 to 2015, and is at greater risk for cardiac problems than the general population.

There were 186,776 individuals older than age 65 (comprising 12.2% of the population) residing within the service area in 2000. Per the New York Statistical Information System from Cornell University, this population is projected to grow to 242,281 individuals (comprising 15.1% of the population) by 2015, which represents an increase of 29.7% between 2000 and 2015 and this age group is at greater risk for cancer than the general population.

According to data from the New York State Department of Health (NYSDOH), infectious diseases, such as HIV, are more prevalent in the hospital's service area of New York County than in New York City and New York State overall. The HIV case rate from 2005 to 2007 in New York County was 72.9 individuals per 100,000, which was significantly higher than that of New York City (46.0 persons per 100,000) and the State (24.3 persons per 100,000).

The Mount Sinai Hospital of Queens – service area and description of area.

The Mount Sinai Hospital of Queens defines its primary service area as the following zip codes that comprise Northwestern Queens: 11101, 11102, 11103, 11104, 11105 and 11106 known as Long Island City/Astoria. The secondary service area consists of zip codes that comprise Western Queens: 11368, 11369, 11370, 11372, 11373, 11377 and 11378. Those zip codes define the areas used for community/local health planning for the purposes of the Community Service Plan.

The population of the primary service area of Northwestern Queens in 2008 was 231,440 while the population of the secondary service area of Western Queens was 464,497 for a total of 695,937 residents. Over half (51%) of the population (representing more than 100 cultural and ethnic groups) is foreign-born compared to only 36% for New York City as a whole. In Northwestern Queens, roughly one in five persons lives in poverty; one in five adults smoke and is less likely to quit than smokers in New York City overall; women are less likely to get a regular Pap test for cervical cancer than women in New York City as a whole; and the service area has the second highest proportion of uninsured adults among all New York City neighborhoods, with foreign-born residents more likely to be without health insurance than those born in the United States. The heart disease hospitalization rate in the primary service area has increased by more than 10% in the past 10 years.

The poverty and language barriers in Western Queens inhibit access to inpatient care. Per the New York City Department of City Planning, Mount Sinai Hospital of Queens is located in Queens Community Board No.1 - Queens. In 2007, 24.2% of the residents lived below the poverty level. This percentage is much greater than the percentage of residents below the poverty level (12.2%) for the entire county. Overall, greater than 50% of the residents in Community Board No.1 - Queens do not speak English "very well", according to the US Census Bureau. Staff members at Mount Sinai Hospital of Queens speak approximately 50 languages, a statistic that is growing each year. This is reflective of the cultural diversity of the service area, which includes residents comprising greater than 100 cultural and ethnic groups.

III. PUBLIC PARTICIPATION

The Mount Sinai Medical Center actively seek the views of community residents, hospital consumers, health care providers, religious groups, community boards, elected officials, supports groups, and community health and human service professionals in identifying the need for services and public health priorities.

The Mount Sinai Medical Center – public participation, outcomes, input.

- Mount Sinai’s Board of Trustees has established a Community Affairs committee whose members include senior management, health providers, and Trustees. A Trustee serves as a Community Advisory Board member to ensure board to board communications. The Board of Trustees meets quarterly to evaluate services and community needs.
- Mount Sinai’s Community Advisory Board (CAB) members represent diverse socioeconomic and ethnic constituencies and representatives from the Medical Center leadership and departments. The CAB’s goal is to ensure that the medical center is responsive to health care needs of consumers, with particular emphasis on the needs of East Harlem. The CAB meets monthly to evaluate services and community needs.
- The Tisch Cancer Institute has established a CAB to work in partnership with East and Central Harlem community residents and organizations to reduce the excess burden of cancer among its majority African-American and Hispanic residents to find ways to overcome cancer disparities. The CAB meet monthly to discuss community resources, strengths and interventions to improve the quality of cancer prevention, treatment and care.
- Mount Sinai has established and hosts a monthly Community Roundtable to keep its pulse on the needs of East Harlem and Central Harlem communities. Approximately 80 community leaders, educators, elected officials, and CAB members are in attendance at the monthly meetings.
- The Mount Sinai Medical Center representatives participate actively in monthly/quarterly meetings with the following organizations in its continuing efforts to discuss health care needs of the community.
 - Abyssinian Development Corporation.
 - Boriken Neighborhood Health Center.
 - Bronx Aids Services.
 - Children’s Aids Society.
 - Community Board No.11 – Manhattan, Health & Human Services Committee.
 - East Harlem Chamber of Commerce.
 - East Harlem HIV Care Network.
 - East Harlem Partnership for Cancer.
 - Greater Harlem Chamber of Commerce.
 - Little Sisters of the Assumption Family Health Services.
 - New York Academy of Medicine.
 - New York City Housing Authority – Carver Houses Tenants Association & Johnson Tenants Association.
 - Jewish Home and Hospital
 - Settlement Health Association.
 - Union Settlement Association.
 - Yorkville Common Pantry

The Mount Sinai Hospital of Queens – public participation, outcomes, input.

- Mount Sinai Hospital of Queens recently formed a CAB and serves the needs of a culturally diverse population with representatives from social and human service organizations, civic associations, public housing authority, and health care providers. The CAB meets quarterly to evaluate services and community needs.
- Mount Sinai Hospital of Queens conducts an annual Community Roundtable to inform and update participants on new programs and projects and facility improvements at the Hospital. The focus is also on engaging participants in a discussion of ways in which the Hospital can improve and better serve the needs of the community.
- The annual Pastoral Care Forum for clergy and other religious leaders in the community featured an educational session as well as an information-sharing component of services available in the community.
- Mount Sinai representatives participate actively in monthly/quarterly meetings with the following organizations in its continuing efforts to discuss health care needs of the community.
 - American Cancer Society.
 - Astoria Civic Association.
 - Catholic Charities of Brooklyn and Queens.
 - Community Boards No.1 & 2 – Queens.
 - Gateway to Health Sciences Secondary School.
 - Greek Orthodox Archdiocesan of America Hellenic Cultural Center.
 - HANAC.
 - Jacob Riis Neighborhood Settlement House.
 - Queens Chamber of Commerce.
 - New York City Housing Authority - Ravenswood Tenants Association
 - SHAREing and CAREing.
 - United Community Civic Association.
 - Visiting Nurse of New York.

The Mount Sinai Medical Center – barriers/gap in service.

The Mount Sinai Medical Center has maintained excellent rapport with the communities the hospitals serve. During discussions with consumers and community partners the following were identified as barriers to care and gap in service: language barriers and cultural differences physician-patient communication and understanding; community built environments that discourage healthy and physical activity; an overburdened health system creating access barriers; increasing demands for both preventive and treatment services for the growing number of uninsured and underinsured population; and inadequate education or strategies to educate children and teenagers about healthy lifestyles and sexual health.

The Mount Sinai Medical Center – public notification.

The Mount Sinai Medical Center sessions and services were accomplished through partnerships with news media, community-based organizations; local CAB, local Department of Health in Queens and Manhattan, health care organizations/agencies; religious organizations; support group meetings, hospitals' websites and e-mail distribution; hospitals community newsletters and calendars; and other venues in order to strengthen and increase the channels outside the health care system that convey health messages to adults who face access difficulties.

IV. ASSESSMENT OF PUBLIC HEALTH PRIORITIES

**The Mount Sinai Medical Center and The Mount Sinai Hospital of Queens –
Criteria for selecting priorities: analyzed data, health priority description, objectives and accomplishments.**

The Mount Sinai Medical Center selected existing health priorities in their communities. Community partners, consumers, community boards, community leaders, and community health and human service professionals identified the need for services and the criteria used to select health priorities included:

1. Is the cause of the illness, disease or health behavior preventable?
2. Does the hospital have existing resources, capacity, and processes to conduct outreach, provide screenings and treatment, measure, and evaluate set goals?
3. Was the health focus also identified by, discussed with, and determined as a priority in the health of the community by community partners, consumers, community health and human service professionals, NYCDOHMH, and the hospital's Community Advisory Board?

The Mount Sinai Medical Center discussed and analyzed the following data with community partners to identify priorities:

1. Utilization – Identify which services/programs have met or exceeded projected utilization
2. Patient satisfaction surveys – Analyze the hospitals' patient surveys to determine areas of needs identified by patients and their families
3. Local demand for services – Identify the services/programs with waiting lists, which demonstrate that the local demand for services exceeds capacity
4. Community need data – Determine the health of the community by examining the health statistics on the NYCDOHMH and NYSDOH websites; and determine the areas in which the target goals of Take Care New York are not met.

A continuous community needs assessment process occurs in Manhattan and Western Queens through active membership/participation of administrative leaders, staff and faculty in over 20 community committees, coalitions and board; and through service and educational partnerships with community health, social service, civic organization and schools. The Department of Community and Government Affairs acts as a liaison for the Medical Center to health, social service and civic organizations, schools, coalition and community leaders in East and Central Harlem, the Upper West Side and in boroughs outside of Manhattan and Western Queens. Community and Government Affairs work closely with the Mount Sinai School of Medicine, Mount Sinai's Center for Multicultural and Community Affairs and the Department of Community and Preventive Medicine to assist other Medical Center departments that seek to implement community programs and research projects.

Prevention Agenda Priorities

The Mount Sinai Medical Center – selection and status of prevention agenda priorities.

The Mount Sinai Medical Center selected "Chronic Disease" and "Infectious Disease" as the two prevention agenda priorities. The hospital's diverse community is at-risk for developing chronic diseases, and has a high HIV prevalence rate.

Priority Area: Chronic Disease – Cancer

Chronic diseases such as cancer, diabetes, heart disease and stroke are the leading causes of disability and death in the United States. Cancer is the 2nd leading cause of death in New York City and kills 15,000 New Yorkers every year. Many of these deaths could be prevented if people were properly screened. Screening has been shown to prevent death from three major cancers – breast, cervical and colon. As part of Mount Sinai and the community it serves, The Tisch Cancer Institute is a state-of-the-art, patient-oriented comprehensive cancer care and research facility. The Tisch Institute will strive to develop and implement programs that will provide cancer education; the best possible clinical care to cancer patients; and community outreach initiatives aimed at providing information and screening in the areas of breast, cervical, prostate, and skin cancers through the Breast Health Resource Program, the Barbara and Maurice A. Deane Prostate Health and Research Center, the Department of Dermatology, and the Department of Oncology Sciences programs for the underserved communities – the Witness Project of Harlem and Esperanza Y Vida. The Tisch Institute at Mount Sinai is committed to offering community outreach programs and support services to community partners.

Priority Area: Chronic Disease – Heart Disease and Stroke

Cardiovascular diseases, including heart disease and stroke, are the leading causes of death among New Yorkers, killing more than 70,000 residents each year. Healthier levels of blood pressure and cholesterol are associated with reduced risk of heart attacks and strokes. Risk factors are conditions or behaviors that increase the likelihood of developing a disease and having more than one risk factor for heart disease or stroke greatly multiplies risk. In East Harlem, one third of the adults are obese which is 55% higher than in New York City overall. Mount Sinai Heart provides patients of all ages with world - class cardiac care and is leading the way in managing chronic health problems among underserved populations. The Alliance for Health Improvement, LLC, collaboration between Mount Sinai Medical Center and North General Hospital, brings effective research interventions to clinical and community – based programs of the Diagnostic and Treatment Centers of both Hospitals. The Alliance supports HEART (Heart Failure Education and Rehabilitation Training) Program a congestive heart failure nurse – management program to improve patient self – management and physician – initiated services for patients with heart failure in East and Central Harlem.

Priority Area: Infectious Disease – Human Immunodeficiency Virus (HIV)

Approximately two million New Yorkers are tested for HIV every year. New York City remains the epicenter of the HIV/AIDS epidemic in the United States. More than 100,000 New Yorkers are living with HIV, but thousands are not aware they are infected. Since 1981 The Mount Sinai Medical Center has been a leader in AIDS care and is designated as one of the first AIDS Center by the New York State Department of Health. The Jack Martin Fund Clinic, a dedicated HIV clinic is a model for comprehensive, multi – disciplinary, family – centered, culturally competent, co-located primary and specialty HIV care. In 1992 the Project IMPACT - Prevention and Treatment Program was established at Mount Sinai’s Adolescent Center to provide early identification of and treatment for HIV infected and high - risk adolescent populations ages 13 – 24. Project IMPACT offers comprehensive care that addresses medical, health education, and mental health services geared mainly towards adolescents.

The Mount Sinai Hospital of Queens- selection and status of prevention agenda priorities.

The Mount Sinai Hospital of Queens selected “Chronic Disease” and “Healthy Mothers/Healthy Babies/Healthy Children” as the two prevention agenda priorities. Women in the Hospital’s primary

service area are less likely to get a regular Pap test for cervical cancer than women in New York City as a whole; and the Hospital's surrounding community has lower rates of receiving timely prenatal care when compared to New York City overall.

Priority Area: Chronic Disease – Breast Cancer

One out of four New York City women 40 and older is not screened for regular mammograms. Breast cancer kills about 1,260 in New York every year and still 23% of women 40 and older have not had a recent mammogram. Screening has been shown to prevent death from three major cancers – breast, cervical and colon. The Mount Sinai Hospital of Queens is in partnership with the Western Queens Breast Health Program and provides annual comprehensive clinical breast examination, breast health education, mammogram, and other diagnostic services as needed at no cost. The screenings are conducted by a surgical oncologist, nurse practitioner, registered nurse, and a team of volunteers from SHAREing and CAREing, a community- based support group for breast cancer survivors.

Priority Area: Healthy Mothers/Healthy Babies/Healthy Children

The Family Health Associates at Mount Sinai's Queens offers a Prenatal Care Assistance Program (PCAP) to women and teens who live in New York State. PCAP provides comprehensive prenatal services to high-risk, low income, uninsured or under insured women and their children to have the best possible pregnancy outcome. The program is available to women who are pregnant and meet certain income guidelines and open to women regardless of their immigration status.

V. THREE YEAR PLAN OF ACTION

Mount Sinai Medical Center

Priority Area: Chronic Disease – Cancer

The Tisch Institute strives to develop and implement programs that will provide cancer education; the best possible clinical care to cancer patients; and community outreach initiatives aimed at providing information and screening in the areas of breast, cervical, prostate, and skin cancers through the Breast Health Resource Program, and the Barbara and Maurice A. Deane Prostate Health and Research Center, for the underserved communities. The Tisch Institute at Mount Sinai is committed to offering the following community outreach programs and support services.

Program Goals and Objectives:

I. BREASTCARE (Breast Health Education and Screening Program) is part of the Breast Health Resource Program created to increase access to quality breast health services for the medically underserved, underinsured and/or uninsured in East and Central Harlem communities.

Objectives:

- By the year 2013, provide breast health education program to women underserved, underinsured and/or uninsured in multiple sites in East and Central Harlem communities.
- By the year 2013, provide on site clinical breast examinations and arrange mammography screenings for women underserved, underinsured and/or uninsured who meet the criteria and those who need additional screening.

- By the year 2013, provide support and follow-up care to women underserved, underinsured and/or uninsured who participate in the screening process to insure compliance.

Measurements of Effectiveness

- Monitor the number of screening and number of patient visits.
- Track and evaluate patient feedback.
- Monitor the number of participants enrolled in educational programs.

Modification Strategy

- Continue to hold status meetings with partners and Community Advisory Boards to evaluate progress and achievement of goals, and reassess needs.

II. The Esperanza y Vida is spiritually based culturally competent educational programs that reach Puerto Rican, Dominican and Mexican women to increase breast and cervical cancer knowledge and screening.

Objectives:

- By the year 2013, increase trained Latina cancer survivors and lay health advisors in churches and other faith – based and community organizations

Measurements of Effectiveness

- Track the number of screenings.
- Monitor the number of participants enrolled in educational programs.

Modification Strategy

- Continue to hold status meetings with partners and Community Advisory Boards to evaluate progress and achievement of goals, and reassess needs.

III. The Witness Project of Harlem seeks to address disparities by having cancer survivors openly share details about their diagnosis, treatment and confront the fear and silence that cancer evokes in many women in African-American communities.

Objectives:

- By the year 2013, increase breast and cervical cancer awareness by reaching out to African American women in churches and other communities to testify their own experiences as breast and cervical cancer survivors.

Measurements of Effectiveness

- Monitor the number of screenings and patient visits.
- Track and evaluate patient feedback.
- Monitor the number of churches and organizations recruited.

Modification Strategy

- Continue to hold status meetings with partners and Community Advisory Boards to evaluate progress and achievement of goals, and reassess needs.

Priority Area: Chronic Disease – Heart Disease and Stroke

In East Harlem, one third of the adults are obese which is 55% higher than in New York City overall. Mount Sinai Heart provides patients of all ages with world - class cardiac care and is leading the way in managing chronic health problems among underserved populations. The Alliance for Health Improvement, LLC, collaboration between Mount Sinai Medical Center and North General Hospital, brings effective research interventions to clinical and community – based programs of the Diagnostic and Treatment Centers of both Hospitals. The Alliance supports HEART (Heart Failure Education

and Rehabilitation Training) Program and the COACH Program (Creating Opportunities to Achieve Control of Hypertension).

Program Goals and Objectives:

I. The HEART Program – started in 2006, is a nurse management program intended to improve the quality of life and health status of underserved, underinsured and/or uninsured participants with congestive heart failure.

Objectives:

- By the year 2013, improve the quality of life and health status of participants with congestive heart failure patients with no insurance.
- By the year 2013, increase the number of patients to improve physical activity scores and sodium intake to manageable levels.
- By the year 2013, reduce hospital admissions.

Measurements of Effectiveness

- Monitor patients’ scores and determine that sodium levels are normal or manageable.
- Monitor admission rates.

Modification Strategy

- Continue to hold status meetings with partners and Community Advisory Boards to evaluate progress and achievement of goals, and reassess needs.

II. The COACH Program – launched in 2008 based on a nurse management intervention for participants who have had uncontrolled hypertension prior to enrollment.

Objectives:

- By the year 2013, offer monthly/quarterly hypertension screenings to improve the quality of life and health status of participants without health insurance.
- By the year 2013, provide health education and community outreach, to increase the number of patients from 54 to 150 and improve quality of life of participants.
- By the year 2013, implement evaluation systems to monitor progress of screening program and improve quality.

Measurements of Effectiveness

- Monitor that patients’ blood pressure is normal or manageable.

Modification Strategy

- Continue to hold status meetings with partners and Community Advisory Boards to evaluate progress and achievement of goals, and reassess needs.

Priority Area: Infectious Disease – Human Immunodeficiency Virus (HIV)

The Mount Sinai Medical Center has been a leader in AIDS care and is designated as one of the first AIDS Center by the New York State Department of Health. The Jack Martin Fund Clinic, a dedicated HIV clinic is a model for comprehensive, multi – disciplinary, family – centered, culturally competent, co-located primary and specialty HIV care. In 1992 the Project IMPACT - Prevention and Treatment Program was established at the Mount Sinai Adolescent Center to provide early identification of and treatment for HIV infected and high - risk adolescent populations ages 13 – 24. Project IMPACT offers comprehensive care that addresses medical, health education, and mental health services geared mainly towards adolescents.

Program Goals and Objectives:

Project IMPACT a prevention and treatment program that offers comprehensive care that addresses medical, health education, and mental health services geared mainly towards the HIV infected and high-risk adolescent populations ages 13 – 24.

Objectives:

- Provide primary prevention services to youth at high-risk for HIV within the community.
- Provide early identification of treatment for HIV-infected and high-risk adolescent populations, ages 13 – 24.
- Increase the number of persons between the ages of 13 – 24 who report ever having an HIV test.
- Reduce the percentage of people with concurrent and late HIV and AID diagnoses.

Measurements of Effectiveness

- Monitor the number of screenings and number of patient's visits.
- Track and evaluate patient feedback.

Modification Strategy

- Continue to hold status meetings with partners and Community Advisory Boards to evaluate progress and achievement of goals, and reassess needs.

The Mount Sinai Hospital of Queens

Priority Area: Chronic Disease – Cancer

The Mount Sinai Hospital of Queens is in partnership with the Western Queens Breast Health Program and provides annual comprehensive clinical breast examination, breast health education, mammogram, and other diagnostic services as needed at no cost. The screenings are conducted by a surgical oncologist, nurse practitioner and registered nurse, and a team of volunteers from SHAREing and CAREing, a community-based support group for breast cancer survivors.

Program Goals and Objectives:

I. The Western Queens Breast Health Partnership Program strives to reduce the death rate related to breast cancer in the communities of Western Queens through early detection and treatment through partnership with the American Cancer Society, the Louis and Rachel Rudin Foundation, NYSDOH and SHAREing and CAREing.

Objectives:

- By the year 2013, provide breast health education program to women in the Western Queens community.
- By the year 2013, provide on site clinical breast examinations and arrange mammography screenings for women who meet the criteria and those who need further screening.
- By the year 2013, provide support and follow-up to women who participate in the screening process to insure compliance.

Measurements of Effectiveness

- Monitor the number of screenings and patient visits.
- Track and evaluate patient feedback.
- Monitor the number of participants enrolled in educational programs.

Modification Strategy

- Continue to hold status meetings with partners and Community Advisory Boards to evaluate progress and achievement of goals, and reassess needs.

Priority Area: Healthy Mothers/Healthy Babies/Healthy Children

II. The Family Health Associates at Mount Sinai Hospital of Queens offers a Prenatal Care Assistance Program (PCAP) to women and teens that reside in New York State. PCAP provides comprehensive prenatal services to high-risk, low income, uninsured or under insured women and their children to have the best possible pregnancy outcome. The program is available to women who are pregnant and meet certain income guidelines and open to women regardless of their immigration status.

PCAP provides comprehensive prenatal services to high-risk, low income uninsured or under insured women and their children to have the best possible pregnancy outcome.

Objectives:

- By the year 2013, increase the number of prenatal services to women and their children to have the best possible pregnancy outcome.

Measurements of Effectiveness

- Reduce the number of low birth weight; infant mortality; perinatal HIV transmission; and poor maternal health among women with medical and social risk factors.
- Measure the number of enrolled women and healthy babies delivered
- Measure the number of women who returned for postpartum care services

Modification Strategy

Continue to hold status meetings with partners and Community Advisory Boards to evaluate progress and achievement of goals, and reassess needs

VI. FINANCIAL AID PROGRAM

The following is The Mount Sinai Medical Center and The Mount Sinai Hospital of Queens self-pay policy and program.

The Mount Sinai Hospital Self – Pay Policy and Program

About the Self-Pay Payment Program

To ensure that members of our community with limited or no health insurance have access to high quality healthcare services, The Mount Sinai Hospital offers affordable fees and flexible payment plans for medically necessary outpatient, emergency, and inpatient care. Fees are based on the ability to pay, as measured by income and/or assets, family size, and place of residence.

How can I get help to pay for my medical care?

The first step is to find out if you qualify for any national or state insurance programs, such as Medicaid, Medicare, Family Health Plus, or Child Health Plus.

If you are an outpatient or have received treatment in the Emergency Department, call Mount Sinai's REAP (Resource, Entitlement & Advocacy Program) at 212-423-2800. REAP can help you find out if you qualify for any insurance programs and, if so, will also file the necessary application(s) to help you get coverage. Patients are responsible for providing all financial and other documentation that is required.

If you are an inpatient, call the Financial Counseling office at 212-241-4854. If you are discharged from the hospital, call the Customer Service Office at 212-731-3100, or toll free, 866-682-9380.

If I do not qualify for insurance, how can I get reduced fees?

If you do not qualify for the above insurance programs, call the Customer Service Office at 212-731-3100 or toll free, 866-682-9380. They will evaluate your financial need, and if you qualify, apply a sliding-scale fee that covers your inpatient stay; your clinic visit; including laboratory tests and x-rays; and/or your emergency room visit. Separate reduced fees will be charged if additional outpatient diagnostic testing is needed. If you are working with REAP as an outpatient, the REAP professionals will contact the Patient Financial Services Department for you.

How are sliding-scale fees set?

Fees are based on need as defined by federal guidelines. To be eligible for reduced fees, you must be a resident of New York City. Inpatient-care fees are based on incomes, family size, and assets. Outpatient-care fees are determined by a formula that takes into account your income and family size.

When is payment due?

For outpatients, the fee is paid on the day of your medical appointment. For inpatients care, ambulatory surgery and emergency care, the fee is paid when you receive a bill from Mount Sinai.

If you cannot pay at the time of service, you can speak with the patient Financial Services Department about a payment plan where you agree to pay your bill in regular installments on specified dates.

What should I do if I cannot pay my bills?

Mount Sinai understands that sometimes patients may encounter unexpected financial difficulties and unable to make a payment on time. If this happens, call the Customer Service Office at 212-731-3100 immediately to let them know. They will work with you to reschedule your payment and to avoid bills going into default and collections.

What can I do if I don't qualify for a sliding-scale fee?

Mount Sinai will give your application every consideration. If you are not approved for the sliding-scale fee and you still feel you need a reduced fee, you can appeal in writing to:

Department of Patient Financial Services
The Mount Sinai Hospital
One Gustave L. Levy Place, Box 6000
New York, NY 10029.

VII. CHANGES IMPACTING COMMUNITY HEALTH/PROVISION OF CHARITY CARE/ACCESS TO SERVICES

In 2008, over 7,000 patients were assisted in applying for some time of financial assistance. Not included in this number are the almost 40,000 inquiries generated during 2008 as a result of our billing notices. Whereas some patients are calling our customer service line to address specific questions, there are a large number of cases that inquire to the availability of any financial assistance. Most of the calls are for small deductibles and for other issues that do not fall under the purview of this legislation. This assistance included but was not limited to:

- Applications for Medicaid
- Applications for assistance under PHL 2807

As with any other type of emergent situation, the majority of these patients presented with acute or urgent needs. This meant that the staff had to be trained to deal with this population during their time of need with professionalism and patience. Recognizing that a burdensome application process is a detriment to a successful application, the staff is well trained to assist our patients in dealing with the bureaucratic needs of the program with minimal effort. The hospital stresses that each patient apply for (if eligible) for any public aid available to assure uniform and unimpeded access to medically necessary services. We have been extremely successful in partnering up with our patients and assisting them to apply for and receive the full cadre of benefits mentioned above. Many non Medicaid eligible patients have access high level of medical care despite their ineligibility for Medical Assistance. So far, since July of 2009, we have seen a dramatic increase in the number of patients that are not eligible for medical assistance but remain uninsured. These patients have been processed with in total compliance of the statute and no delays in access or eligibility have been evident. Our program has gone through 2 internal audits and has passed each audit with excellent ratings.

For the coming year, we plan on automating the application process across the Mount Sinai Network to allow for greater access for our patients. The system that we plan on installing will automate and digitize this entire process and assure that our patients have access to quality healthcare not only in Mount Sinai but elsewhere. The applications will be electronically stored and monitored. This will also allow us to increase the number of application “points” in the medical center.

VIII. DISSEMINATION OF THE REPORT TO THE PUBLIC

The Mount Sinai Hospital and Mount Sinai Hospital of Queens will disseminate a written summary of the Community Service Plan and also post this information on the hospital’s website so that it is accessible to the public. Members of the public can obtain a copy of the 2009 Community Service Plan by contacting the Department of Community and Government Affairs, The Mount Sinai Medical Center, One Gustave L. Levy Place, Box 1499, New York, NY 10029 or the Mount Sinai website: www.mountsinai.org

IX. FINANCIAL STATEMENT

Financial data for The Mount Sinai Medical Center was independently submitted to NYSDOH through the Institutional Cost Report that will satisfy the statutory requirement.