A New Vision of Mount Sinai Downtown

Sweeping change in the practice of health care is leading to a transformation in the Mount Sinai Health System’s downtown footprint. A planned investment of more than $500 million will create the new “Mount Sinai Downtown,” an expanded and unified network of facilities—stretching from the East River to the Hudson River—that will provide highly skilled emergency care, urgent care, outpatient, inpatient, and ambulatory services to people living and working in New York City below 34th Street.

This new Downtown “campus” will reflect today’s proactive approach to keeping entire communities healthy and out of the hospital, a shift in focus from the traditional fee-for-service model of care that has relied on one all-purpose hospital anchoring a specific community. This effort will be supported by a new, smaller Mount Sinai Downtown Beth Israel Hospital—with approximately 70 beds and a state-of-the-art emergency department (ED)—located near 14th Street and Second Avenue, and an enhanced New York Eye and Ear Infirmary of Mount Sinai (NYEE), which will continue to provide specialized and highly skilled services.

“We have thought long and hard about what the future of medicine will look like, and we are designing a health care system that is responsive to the future,” says Kenneth L. Davis, MD, President and Chief Executive Officer of the Mount Sinai Health System. “Mount Sinai Downtown is a dramatic next step that will enable us to improve access and increase quality by providing care for residents of downtown Manhattan where they live and work.”

Indeed, the transformed Mount Sinai Downtown will serve patients through a coordinated series of smaller facilities that are more closely

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Transforming Health Care at Mount Sinai Downtown

As the nation’s emphasis on health care shifts from centralized hospitals that serve the sick to more proactive ways of keeping people healthy, and as more surgeries are safely handled in ambulatory settings, fewer hospitals will be needed.

This transformation is happening throughout New York City. A recent report by the New York Health and Hospitals Corporation (HHC), titled “One New York – Healthcare for Our Neighborhoods,” cited the closure of 19 city hospitals since 2005 and annual declines in the use of city hospital beds. The HHC report noted that New York City is increasingly moving toward a “system anchored by community-based preventive care.”

It is within this changing health care landscape that the Mount Sinai Health System recently made the decision to transform Mount Sinai Beth Israel (MSBI) Hospital over the next four years. Since 2013, Mount Sinai’s leadership has studied the best way to address the many challenges facing MSBI, with its annual 10 percent decline in inpatient census, aging infrastructure unable to meet the needs of the modern health care landscape, and more than $250 million in losses.

To continue “business as usual” was not an option. Before arriving at its decision, Mount Sinai’s leadership considered renovating and upgrading MSBI. This plan, however, would have required a $1.3 billion investment during a time when the hospital would have continued to experience financial losses and new advances in the delivery of care would have rendered a traditional inpatient setting increasingly inefficient and expensive. Decreasing demand for inpatient care and unsustainable financial losses at MSBI became part of the unfortunate reality facing the hospital and ultimately helped shape the vision to create and maintain a more nimble and enhanced downtown footprint.

During the course of the transformation, some programs will remain at MSBI and others will be relocated to different sites within the Health System. All MSBI union employees will be offered union positions at equal pay within the Mount Sinai Health System. Non-bargaining unit (NBU) employees will be eligible to apply for vacancies at Health System hospitals, and on-site training/coaching will be provided to assist in placing as many NBU staff as possible. Any NBU member who cannot be placed within the Health System will receive assistance in finding alternate employment. Additionally, as clinical programs are reconfigured, Mount Sinai will accommodate and place all potentially displaced physicians-in-training within one of its highly ranked programs.

“We realize this transformation will be a time of uncertainty for Mount Sinai Beth Israel employees,” says Jane Maksoud, RN, MPA, Senior Vice President and Chief Human Resources Officer, Mount Sinai Health System. “We will make every effort to ease the transition by providing skills-development opportunities, career counseling, and in-placement and outplacement support.”

Adds Susan Somerville, RN, President of Mount Sinai Beth Israel: “It is important to understand that this is a gradual transformation that will take place in steps over the next four years. Patient services will be maintained during this time, and in the end we will provide greater access to care than we offer today.” Once plans are finalized, Mount Sinai officials will apply for Certificates of Need through the New York State Department of Health. Faculty and staff will be kept updated as Mount Sinai strengthens its commitment to the Downtown community.

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aligned with their health care needs. During the construction phase, the current Mount Sinai Beth Israel (MSBI) Hospital will remain open, and all services will be available within the Mount Sinai Health System. All services currently available at MSBI will still be available downtown, except for deliveries and care of the most complex conditions, which will be attended to at Centers of Excellence throughout the Health System.

Numerous technological advances are making it possible for the Health System to invest in smaller, more nimble sites that are capable of providing patients with the potential for a higher level of care. New microsurgical techniques are increasingly being done in ambulatory settings, and effective apps and telemedicine are making home-based care more widespread (see page 5).

“Mount Sinai has the opportunity to create a campus in downtown Manhattan that will deliver tomorrow’s medicine today,” says Dennis S. Charney, MD, Anne and Joel Ehrenkranz Dean, Icahn School of Medicine at Mount Sinai and President for Academic Affairs, Mount Sinai Health System. “Digital medicine enables us to monitor a patient’s health in his or her home and transmit that information to the doctor’s office in order to keep the patient well. The latest findings in genomics and digital medicine will become part of the continued on 4
A Paradigm Shift in Health Care Delivery

Medical Treatment at Home

An innovative program being run by the Mount Sinai Health System has shown that certain acute-care patients who choose to be treated at home rather than in a hospital are not only more satisfied with their care but also have lower medical costs and fewer medical complications.

These findings come amid the halfway point of a three-year plan that was launched by Mount Sinai in November 2014 after receiving a $9.6 million Health Care Innovation Award from the federal Centers for Medicare and Medicaid Services (CMS) to create a unique “hospital at home” program.

Known as the Mobile Acute Care Team (MACT), the program illustrates Mount Sinai’s commitment to being on the cutting edge of the way medicine will be practiced and creating an innovative health care system for the future, one that emphasizes outpatient, ambulatory, and home-based care with remote monitoring capabilities. The award further highlights Mount Sinai’s role as a pioneer in developing a new clinical and financial reimbursement model for patients with acute illnesses.

To date, Mount Sinai has successfully provided hospital-level care to 236 Medicare patients in their homes, treating cases of asthma, congestive heart failure, chronic obstructive pulmonary disease, cellulitis, community-acquired pneumonia, dehydration, diabetes, deep venous thrombophlebitis, and urinary tract infection.

Health care is provided through a joint collaboration between physicians mostly from the Mount Sinai Visiting Doctors Program and community-based service providers. Patients receive daily visits from a doctor or nurse practitioner, and have equipment, therapy, and other services provided in their homes. They also receive on-call service 24 hours a day, seven days a week.

Patients participating in MACT are required to remain in their homes just as they would stay in the hospital until their treatments are completed. A social worker coordinates a care plan for patients once they are “discharged” from the program, at which time a full report is sent to the patient’s primary care physician. “Additionally, we continue to monitor patients for 30 days after discharge and will attend to any urgent medical issues that they may have,” says Linda V. DeCherrie, MD, the clinical director of MACT.

According to preliminary data compiled by the MACT program, the average length of stay for at-home treatment was 3.6 days vs. 5.1 days for an inpatient hospital stay for the same condition. In addition, Emergency Department visits and hospital readmissions after 30 days were lower for patients treated at home.

“We have demonstrated that we can deliver true acute care at home,” says Niyum Gandhi, Executive Vice President and Chief Population Health Officer at the Mount Sinai Health System. Mr. Gandhi says Mount Sinai’s hospital at home program is likely to become an increasingly desirable choice for patients in downtown Manhattan.

Digital Medicine on a Smartphone

The Icahn School of Medicine at Mount Sinai, an innovator and early adopter of digital medicine, is currently running one of the largest international clinical studies of asthma using the Apple iPhone. The Asthma Health app study tracks symptom patterns in individuals and potential triggers for their flare-ups. After downloading the app from the Apple Store, participants are able to monitor themselves and receive information that promotes positive behavioral change and reinforces adherence to treatment plans in accordance with current asthma guidelines. Since its initial U.S. rollout in March 2015, more than 9,600 research participants have enrolled in the study. This year, the study was expanded to patients in the United Kingdom and Ireland. “For the first time, we can stay with our patients 24/7 and push reminders and notifications to them,” says Yvonne Chan, MD, PhD, Director of Digital Health and Personalized Medicine at the Icahn School of Medicine at Mount Sinai. “Through technology, we can build a deeper, richer profile of each patient. We’ve demonstrated the success of electronic recruitment, consent, and remote collection of study data, all accomplished without direct, in-person contact with study investigators.” To learn more, visit: http://apps.icahn.mssm.edu/asthma.
obstetrics. PACC will also house a comprehensive urgent care center with weekend and evening hours by early 2017. Mount Sinai will also create a Comprehensive Behavioral Health Institute, anchored at MSBI’s Bernstein Pavilion, with 150 behavioral health beds. A substantial capital investment will go toward a new intensive outpatient care program, as well as enhanced inpatient, ambulatory, and emergency services.

Across town, on 15th Street between Eighth and Ninth Avenues, in the building that also houses Google Inc.’s New York City headquarters, the 80,000-square-foot MSBI Comprehensive Cancer Center West is also under renovation. When completed, the facility will include an expanded surgical program as well as primary care, cancer care, and a full range of women’s health care services.

Throughout these state-of-the-art facilities, Mount Sinai will provide laboratory, imaging, and pharmaceutical services. More than 16 downtown physician practice offices with more than 600 physicians will provide patients with primary and multispecialty care. These practices are expected to handle more than 1 million patient visits a year.

A Responsible Transformation
The Mount Sinai Health System has begun to reach out to elected officials and community leaders with the goal of guaranteeing a smooth transition for patients and staff.

“The reality of health care economics is that if we don’t become the most efficient system, we can’t possibly survive,” says Dr. Davis. “The Downtown campus is part of a larger campus called the Mount Sinai Health System that will have Centers of Excellence throughout New York City and provide all of our patients with the highest quality of care.”