

Building the Hospital of the Future

For an increasing number of Mount Sinai Health System patients, the “hospital” that cares for them is in their very own home.



Murray Itzkowitz with Linda DeCherrie, MD, director of Mount Sinai's Mobile Acute Care Team

Since 2014, our Mobile Acute Care Team (MACT) Service has been caring for Medicare patients at home who would otherwise be admitted to the hospital for conditions like chronic obstructive pulmonary disease (COPD), congestive heart failure, community acquired pneumonia, and diabetes.

This year, the initial success of the basic MACT model led us to expand the types of care available at home. Of our first 269 patients, 116 (43 percent) were hospital at home patients. Now we also offer observation at home (13 patients or 5 percent), palliative care at home (7 patients or 3 percent), and “hospital averse” at home (23 patients or 8 percent). Sub-acute care at home, which started in October 2015, has admitted 113 patients (41 percent). The newest option is MACT at Night, so patients can be admitted to the program after hours.

For up to 30 days after admission to MACT,

patients receive expert care at home from physicians, nurse practitioners, registered nurses, social workers, community paramedics, and physical, occupational, and speech therapists. Additional support services, so crucially important for patients to stay safely and comfortably at home, are available from community-based radiology, lab services, durable medical equipment, pharmacy and infusion services, and telemedicine.

With a \$9.6 million grant from the Center for Medicare & Medicaid Innovation, MACT is showing that acute care for selected illness can in fact be delivered efficiently and safely in the community.

Built on the experience of Mount Sinai's Visiting Doctors, the largest home-visiting program in the nation, MACT is demonstrating improved quality of care, reducing unnecessary admissions, and offering better experiences and outcomes

for patients and families. The average length of stay on the program for MACT patients is 3.3 days versus 5.2 days for comparison patients. Only 6 percent of patients have had to come into the hospital for an escalation of care during their acute home hospitalization. The 30-day hospital readmission rate for acute patients is 9 percent compared to 20 percent for similar patients not in the MACT program.

As national leaders in the effort to develop models of improved quality of care, enhanced patient experiences, and affordable costs, we are fielding many inquiries about MACT from health care providers and policy experts. And what are we telling them? In the end, the future of this “hospital of the future” concept will depend on whether we can successfully grow the MACT program, craft a sustainable payment model, and then disseminate it widely for implementation by hospitals and health systems across the nation.

Thinking Big

As a national leader in geriatrics and palliative care, our Department continually strives to improve the health of older people and those with serious illness. We deliver expert quality care to patients and their families. We conduct groundbreaking research in aging and palliative care. And we train the next generation of geriatric and palliative care physicians in the largest fellowship program in the country.

Today's health care landscape is constantly



Albert L. Siu, MD, Chair

Mount Sinai, we are “thinking big” and using our leadership in geriatrics and palliative medicine to explore how the health care system of the future will provide the best

shifting, however, and innovative strategies will be needed to meet the evolving expectations of our patients, their families, our trainees, and our colleagues. At

care for aging and seriously ill adults.

The Mobile Acute Care Team (MACT) is a novel approach to offering high-quality care to patients at the right time, in the right place, and at an affordable cost. Two additional vignettes highlight the core values that will continue to inform our program at every level: that optimal care is delivered by an expert interdisciplinary team; patients should be helped to achieve the best possible quality of life; and family and caregivers are key partners in how we care for their loved ones at Mount Sinai.

Making Magic Happen at the Palliative Care Service

Terry Lee had one desire: “to be with horses again.”



Debbie Garcia-Bengochea, Education Director, Gentle Carousel Miniature Therapy Horses, behind Magic the horse. At right, Elizabeth Mann, MD, and Stephen Berns, MD.

The former equestrian's advanced kidney disease made it almost impossible to leave the hospital, but soon after she was admitted to Mount Sinai Beth Israel's Palliative Care Service last November, she had an unusual visitor. Elizabeth Mann, MD, a Geriatrics and Palliative Medicine Fellow training with our Hertzberg Palliative

Care Institute, had been caring for Ms. Lee and getting to know her very well. Ms. Lee and Dr. Mann bonded over their mutual love for horses.

Dr. Mann contacted Gentle Carousel, a nonprofit organization which brings miniature horses to visit patients in the hospital. “Magic” came to visit Ms. Lee—not once, but twice. “To have a special visitor just for her made Terry very happy,” Dr. Mann recalled. Ms. Lee was indeed elated. She exclaimed: “My heart is bounding out of my chest!”

Not only was Dr. Mann able to significantly enhance Ms. Lee's quality of life as a young palliative care physician in training, but she also got an opportunity to see true interdisciplinary team care in action: “All members of the hospital staff, even those who aren't involved in direct patient care, want to make things better for our patients. Helping Terry get her wish really pulled people together to work on a common cause.” When Ms. Lee died several days later, there were many people in the hospital who took a moment to think of her, her spirit, her love for horses, and her joy in having “Magic” visit.

“Although we couldn't bring Terry back to the stable, we could bring the stable to Terry,” said Stephen Berns, MD, Director of Education for Palliative Care at Mount Sinai Beth Israel. “It's moments like these that remind us why we do what we do.”

His Dying Wish: A Wedding

The staff of the Wiener Family Palliative Care Unit (PCU) at The Mount Sinai Hospital called Jeremiah Miller an inspiration. So when it came to making the 61-year-old's dying wish come true, they went above and beyond.

Mr. Miller's wish was to marry his partner of five years, Jeffrey Dicker. They had agreed from the beginning that they were meant for each other for life, but getting married became a priority when Mr. Miller was diagnosed with liver cancer in 2014. He popped the question and Mr. Dicker said, “Yes!”

“I know I don't have long, but the time I have, I'm just going to enjoy it,” Mr. Miller said.

By the wedding day, April 21, 2015, Mr. Miller was being cared for in our Wiener Family PCU. The unit has 14 private rooms, 12 with picture windows of Central Park, and gives patients and families a safe haven to regain control, regroup and partner with our palliative care team

to develop a care plan that not only addresses medical needs, but physical, emotional, and spiritual needs as well—up to and including a bedside wedding.

Mr. Miller was unable to walk, so PCU staff members gathered around his bed. His room was transformed into a chapel and Rabbi Edith Meyerson, DMin, BCC, a member of Mount Sinai's Pastoral Care Department and the palliative care team's full-time chaplain, performed the ceremony. The newlyweds were surrounded by family, friends, and their new hospital family. PCU staff gave the couple red rose boutonnières and Mount Sinai donated the cake.



Jeffrey Dicker, left, and his husband, Jeremiah Miller

A few days later, Mr. Miller passed away. But Mr. Dicker says he will always remember Mount Sinai, not as the place where his husband died, but as the place where they were married.