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of Medicine at
Mount
Sinai

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Physician-Focused Payment Model Technical Advisory Committee
C/o U.S. DHHS Asst. Secretary for Planning and Evaluation Office of Health Policy
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Washington, D.C. 20201
PTAC@hhs.gov

Letter of Intent – Dr. Dennis S. Charney, “HaH-Plus” (Hospital at Home Plus) Provider-Focused Payment Model

Dear Committee Members,

On behalf of the Icahn School of Medicine at Mount Sinai, I would like to express my intent to submit a Physician-Focused Payment Model for PTAC review on March 20, 2017.

Payment Model Overview: We will propose a payment model for our Mobile Acute Care Team “Hospital at Home” services. These hospital-level services are for beneficiaries with qualifying diagnoses and an acuity level that would otherwise require hospitalization. The proposed services cannot currently be adequately billed with traditional fee-for-service (FFS) Medicare. Hence, we propose a 30-day care and payment bundle, which we refer to as “HaH-Plus.” This bundle will initiate with the acute care episode, and will follow through for a total of 30-days with services to complete recovery and ensure safe transition to the beneficiary’s primary care clinician.

Our proposed PFFM will be designed to meet criteria for an Advanced Alternative Payment Model (Advanced APM). In the proposed PFFM, the APM entity will: 1) use Certified EHR Technology (CEHRT); 2) use quality measures comparable to those in the quality performance category under MIPS; and 3) bear risk for monetary losses of a more than nominal amount under the APM.

Goals of the Model: HaH-Plus will transform the clinical and financial model for physicians and other professionals providing care for individuals with selected acute illnesses by providing acute hospital-level care in a patient’s home, instead of the hospital. Although the acute hospital is the standard venue for providing acute medical care for serious illness, it may be hazardous for vulnerable older persons, who commonly experience functional decline, iatrogenic illness, and other adverse events during care, and it is expensive. Providing acute hospital-level care in a patient’s home for carefully selected patients via HaH is patient-centered and has been shown in multiple randomized controlled trials and systematic reviews to improve patient safety, reduce mortality, enhance quality, increase efficiency, reduce variations in practice, and reduce the costs of providing acute care for medical illness to Medicare beneficiaries.

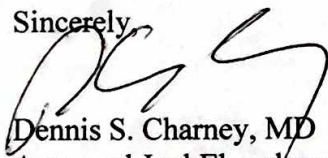
Expected Participants: Mount Sinai's Hospital at Home services treat patients requiring hospital admission for selected conditions identified in emergency departments, ambulatory care, or at home. Initial eligible diagnoses have included those for congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD) exacerbation, cellulitis, community-acquired pneumonia (CAP), diabetes, and urinary tract infection (UTI) assuming they have required acute evaluation and hospital-level treatment. Patients have been clinically evaluated for their appropriateness to be managed with HaH, as well as for the safety and appropriateness of their home environments. As we have gained experience with our HaH program, we have expanded diagnoses and reduced the number of exclusionary conditions: there are now close to 50 DRGs that are eligible for the HaH program.

The core HaH-Plus team includes a) physician (MD) and nurse practitioner (NP) services in the home and 24/7 coverage; b) registered nurse (RN) services in the home; c) social work/care coordination/transitional care services during and after the acute care episode; d) community paramedics for urgent assessments in the home; e) physical therapy, occupational therapy and speech therapy as needed to preserve functional status; f) home health aides for activities of daily living support; and g) administrative support and program oversight. At scale, we estimate that the number of physicians involved would be approximately 7,000 if the physicians were involved full time and solely in this clinical activity. We envision that many physicians would have this activity as only part of their professional effort, so many more than 7,000 would be involved by this estimate.

Implementation Strategy: The Icahn School of Medicine is the legal operating entity of the Mount Sinai Doctors Faculty Practice. Both are part of the Mount Sinai Health System, a provider organization that forms the largest integrated delivery system in the state of New York. In late 2014, the Mount Sinai Health System first established the Mobile Acute Care Team (MACT) with support from the Center for Medicare and Medicaid Innovation. MACT is a platform of acute services delivered in the home; HaH-Plus is one of the services under the MACT umbrella. To date we have treated about 500 patients through the MACT program and we are proposing the HaH-Plus advanced APM so that we can continue to administer our Hospital at Home services. At a later date, we plan to submit an application for a Rehab at Home payment model to PTAC.

Timeline: We expect to submit the proposal 30-days from now, on March 20, 2017. If our proposal is approved, we believe April 1, 2018 is the earliest date by which we could implement the payment model.

Sincerely,



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