MACT Program Overview

An innovative Mount Sinai program—the Mobile Acute Care Team (MACT) — has proven 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 at 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.

This program underscores Mount Sinai's commitment to cutting-edge medicine and creating an innovative health care system that emphasizes outpatient, ambulatory, and home-based care with remote monitoring capabilities.

The MACT program illustrates Mount Sinai's role as a pioneer in developing new clinical and financial models for patients with acute illnesses. Mount Sinai has successfully provided hospital-level care to hundreds of 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 infections.

These patients would previously have been hospitalized, but 95 percent have been able to complete acute treatment at home. "Length of stay" at home has been 3.6 days, and patient satisfaction metrics and 30-day readmissions (11 percent) have been highly favorable compared to controls treated in traditional settings.

Patient's Daughter, Vanessa F.:

"When my dad was in the hospital waiting for care, he waited for many hours. It was very difficult, very noisy. We were worried to almost lose him. (Now) my dad is doing fantastic. He's like a normal person, good appetite, he gained weight. We're excited. We feel like it's a new dad from all the care and help in this program. And I really thank the MACT program."

Contact Us!

To learn more about the Mount Sinai MACT program and how it could benefit your plan members, please contact your Mount Sinai Health System Managed Care Contractor.

Mount Sinai Mobile Acute Care Team (MACT)

Substituting Acute Care at Home for Traditional Hospital Inpatient Services

How MACT Works

When eligible patients meet medical necessity for a hospital admission, they are screened to determine eligibility for the MACT program as an alternative. This screening ensures that a safe home environment that meets basic living needs is in place and there is low risk of transfer of back to the hospital for ICU care. All patients meeting the relevant criteria are offered the option of receiving acute care services at home through the MACT program, and those who decline are admitted to the hospital.

Enrollment Overview

- Patient eligibility established • Patient agrees to enroll in the MACT program
- Patient is transferred to the home and the patient's home is set up for treatment*

Health Care Delivery

- Patient typically spends 3-5 days in the MACT program
- Patient is visited daily by a physician or nurse practitioner and typically twice daily by a nurse
- Additional visits from a social worker, physical therapist, and home aide are provided as needed, with frequency/duration of services determined by Mount Sinai

Additional ancillary services provided:

- IV medication/fluids • Oxygen • Basic radiography and ultrasound • Blood tests
- Respiratory treatments

Excluded:

- Professional fees from Emergency Department physicians, and physician consultants in the Emergency Department • Radiology professional fees
- Charges for some medications (mostly controlled substances) that cannot be transported from the hospital and must be filled at patient's local pharmacy

Discharge

- Discharge is assessed using the same criteria as the physician uses in the hospital
- Patients are given necessary prescriptions and educated on health management
- Physicians communicate with subsequent care providers to ensure a smooth transition

Post-Acute Care (Optional)

- Social worker leads transitional care coordination for the patient
- MACT services are available to the patient for 30 days following discharge from the program. These services include monitoring of progress by a care coordinator; the coordination of appropriate post-acute care services that may include nursing, physical or occupational therapy; and other services which are billed separately.
- Patient telephonic follow-up at 24 hours post-discharge and one week post-discharge
- Round-the-clock telephone support for 30 days post-discharge

*There must be sufficient running water, electricity, and space in the patient's home to support hospital at home equipment and safe care delivery.

Why Partner With Mount Sinai?

Experience and Capabilities

- Mount Sinai has experience with providing hospital at home services under a $9.6 million Health Care Innovation Award from CMS and has served hundreds of patients to date, including Medicare Advantage, Managed Medicaid and Commercial patients with private payers.
- Extensive Visiting Doctors program since 1995, with more than 8,000 visits to over 1,500 patients annually.
- Chelsea Village House Call program since 1973—providing in-home medical and support services to allow elderly patients to remain in their homes and communities with the maximum possible level of independence, health, and quality of life.
- Extensive health system capabilities and clinical partnerships through Mount Sinai hospitals and partners.

The MACT program negotiated rates are open to various payment methodologies for ease of administration for all concerned.

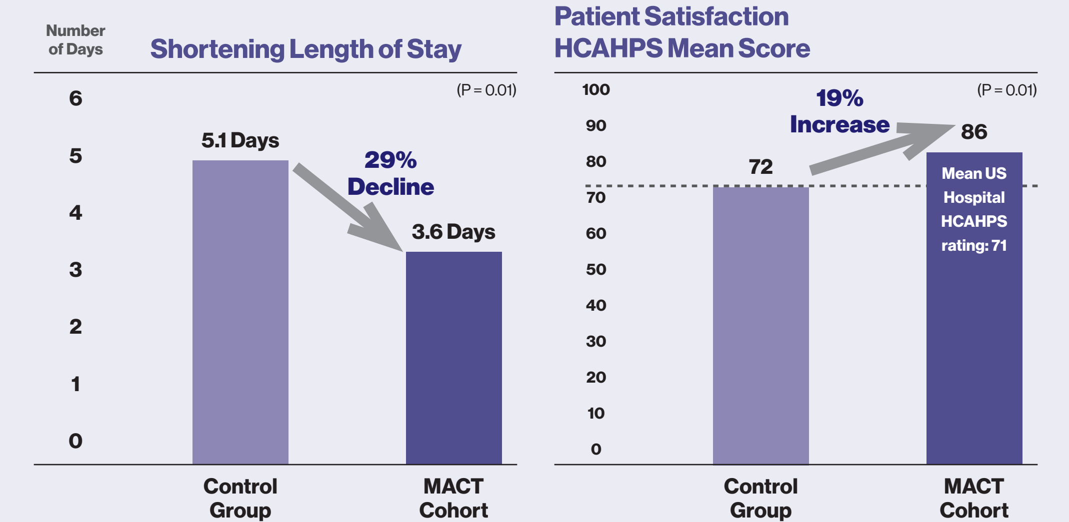
Program Results

Demonstrated MACT program results, delivering improvements in three key measures:

- **Improved Outcomes:** A critical benefit of the MACT program is comparable or improved patient outcomes across key metrics — particularly 30-day emergency room revisits and 30-day hospital readmission rates.
- **Increased Patient Satisfaction:** Enrollment in this program leads to improved patient satisfaction—patients simply prefer to be treated in the comfort of their homes.
- **Lower Cost of Care:** Another significant benefit of the MACT program is lowering the cost of patient care—both directly and indirectly in terms of cost of stay and length of stay.

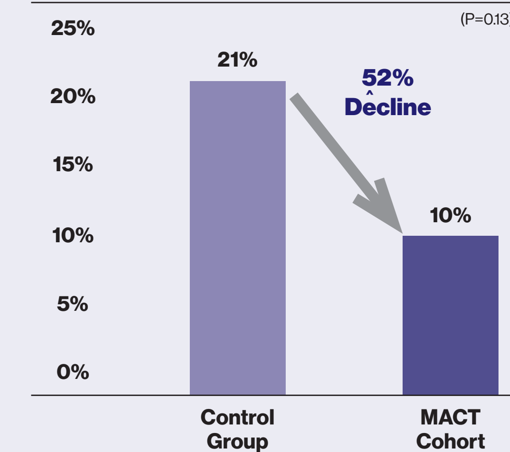
How are patients monitored from their home?

Patients and their caregivers have 24-hour phone access to a Mount Sinai clinical staff member, as well as access to community paramedics who can provide 24/7 home visits with video communication with MACT physicians.



Compared to the control group, patients enrolled in the MACT program have a significantly shorter length of stay. MACT n=50, Control Group n=78

Patients enrolled in the program give it a significantly higher HCAPS rating vs. both the traditional hospital stay at Mount Sinai and the national average score for a hospitalization. MACT n=50, Control Group n=78



Compared to the control group, patients enrolled in the MACT Hospital at Home program have lower re-admission rates at 30 days. MACT n=50, Control Group n=78

Mount Sinai