

Educational Value of Home Based Medical Care to an Academic Institution



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Award from the Center for Medicare and Medicaid Innovations (CMMI) Health Care Innovation Awards Round Two

The project described is supported by Grant Number 1C1CMS331334-01-00 from the Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents of this presentation are solely the responsibility of the author and do not necessarily represent the official views of the U.S. Department of Health and Human Services or any of its agencies.



Goals



- ▶ To explain how trainees are incorporated into Mount Sinai Visiting Doctors and MACT
- ▶ Value of trainees in an academic institution
 - What can you teach
 - How you can teach
 - How do you get paid to teach in the home

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Visiting Docs: History to present time



- ▶ Started in 1995 by three medicine residents
- ▶ Primary and palliative care services for homebound
- ▶ Largest academic home-based primary care program in US
- ▶ Care for >1500 patients annually
- ▶ >6000 home visits

Visiting Docs: Staffing



- ▶ 19 home visit physicians (10 FTE)
- ▶ 5 nurse practitioner
- ▶ 6 social workers
- ▶ 2 office-based RNs
- ▶ 8 office and administrative assistants
- ▶ Practice manager

Mount Sinai Health System




- 7 Hospital Campuses (3,500 Beds)
- School of Medicine
- >300 Community Care Locations
- >6,600 Physicians (PCPs and Specialists)
- 6,500 Nurses
- 36,000 Employees
- 2012 ACO – 32,000 aligned Medicare beneficiaries

Visiting Docs




- Routine and urgent visits conducted on weekdays, accompanied by trainees
- Telephone triage by RNs
- 24-hour MD availability by telephone
- Palliative and end-of-life care
- Family and caregiver support
- Close communication and coordination with community and nursing agencies

Visiting Docs: Trainees




- ▶ Medical students: 3rd and 4th year
- ▶ Medical Residents – 5 weeks
- ▶ Geriatrics and Palliative Medicine fellows – 1 month and longitudinal
- ▶ Rheumatology fellows, cardiology fellows, neurology residents, psychiatry residents, geripsych fellows as consultants
- ▶ NP students
- ▶ Social work interns

Mount Sinai's Full Page Ad



**IF OUR
BEDS ARE FILLED,
IT MEANS
WE'VE FAILED.**



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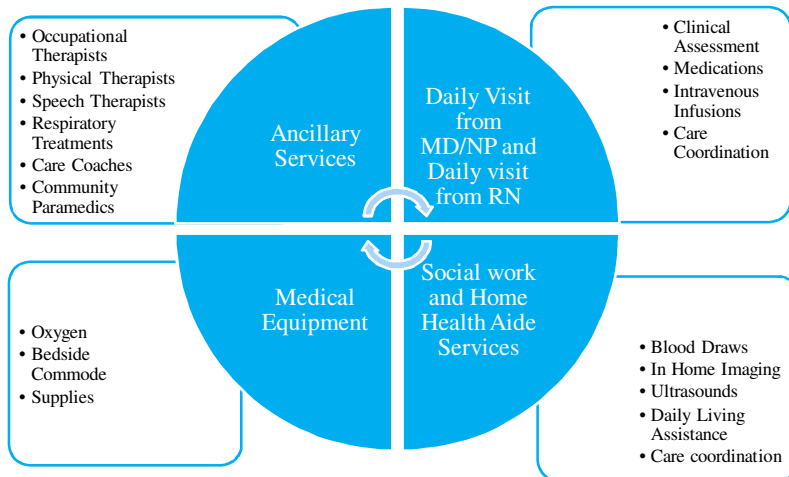
- “Mount Sinai’s number one mission is to keep people out of the hospital.”
- “Our Mobile Acute Care Team will treat people at home who would otherwise require a hospital admission for certain conditions.”

Mobile Acute Care Team



- ▶ Hospital at Home Program at Mount Sinai
- ▶ Center for Medicare and Medicaid (CMMI) funded 9.6 Million dollar program for 3 years
- ▶ Acute patients who are determined to need inpatient admission - offered MACT as an alternative to that admission

MACT Program Overview – In-Home Services



MACT Trainees:



- ▶ Geriatrics Fellows
- ▶ Medicine residents - elective



Home Based Care Education



Seeing for yourself



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Why Should Trainees Know about Home Care?



- ▶ Physicians are responsible for overseeing the complex network of care that occurs in the home
- ▶ Important to understand the array of services available to frail or disabled patients as they leave the hospital

What can you teach in the home setting?

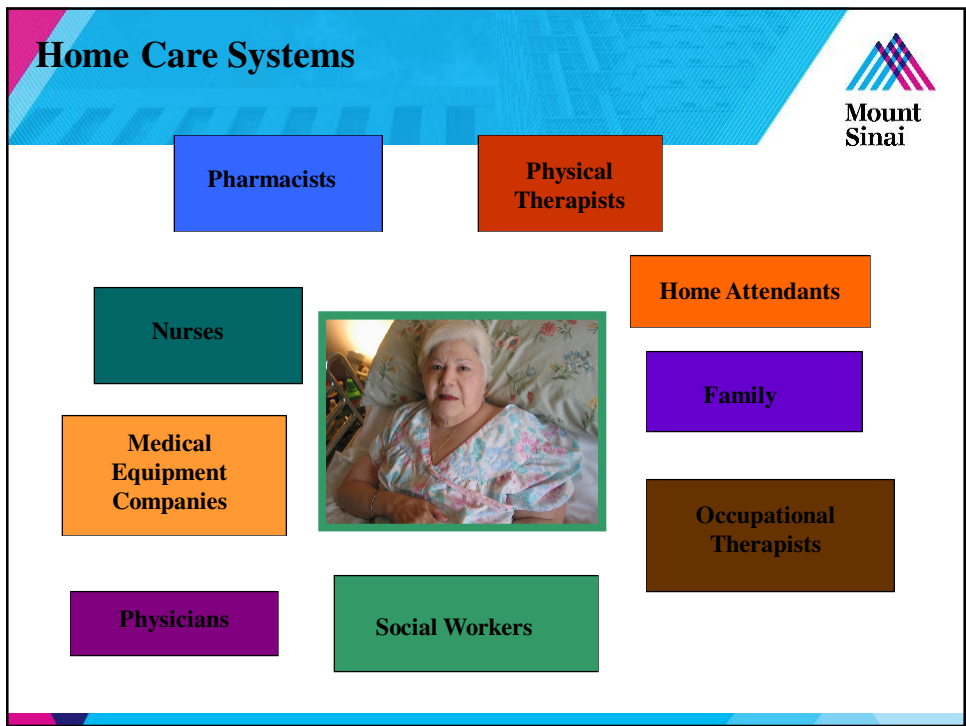


- ▶ ACGME competencies
- ▶ Geriatrics and Palliative Care principles
- ▶ Interdisciplinary learning
- ▶ All levels of learners can gain something
- ▶ Population health

ACGME Competencies:



1. **Medical Knowledge:** Home care patients exhibit a wide variety of chronic medical conditions common to adult & geriatric populations
2. **Patient Care:** Home visits: an opportunity to teach students the importance of incorporating environmental and social factors in patient care plans, function, drug management, home safety, and wound care
3. **Systems-Based Practice:** Describe the role of visiting nurses, home health aides/personal care attendants, home PT/OT/ST



ACGME Competencies:

The slide lists two ACGME competencies relevant to home care:

- 4. Practice-Based Learning:** Learners can reflect how care differs in home setting than in traditional outpatient or inpatient settings; Evidence-based medical care can be provided in the home, but it may be challenging
- 5. Interpersonal and Communication Skills and Professionalism :**
 - Being in a patient's home necessitates a different kind of interaction
 - Learn to communicate with caregivers
 - Effective communication with members of the multidisciplinary care team is crucial
 - Chance to observe trainees and have trainees observe you

The Mount Sinai logo is located in the top right corner of the slide.

Methods for engaging trainees in home care and house calls



- ▶ Target questions around chief complaint or specific follow-up issue
- ▶ Link exam findings to function
- ▶ Ask trainee to observe a specific part of history or physical and reflect afterwards

Methods for engaging trainees in home care and house calls



- ▶ Student-student pairings
- ▶ SAM-like programs
- ▶ Resident-student pairings
- ▶ Urgent vs. follow-up visits
- ▶ Post-discharge assessments
- ▶ Nurse-student pairings

Barriers to teaching in the home



- ▶ Safety
- ▶ Electronic Medical Records
- ▶ Transportation
- ▶ Coordination/scheduling
- ▶ Finances of home care
- ▶ Buy-in from institution (financially)

So where do the other dollars come from?



- ▶ Grants?
- ▶ Philanthropy?
- ▶ GME Dollars?
- ▶ The Medical School Dean?
- ▶ The Hospital System?

Workforce in House calls



- ▶ Challenging to hire all types of providers who go to the home
- ▶ Having a program where trainees can be exposed increases your pool of workforce