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June 11, 2019

Physician-Focused Payment Model Technical Advisory Committee
C/o U.S. DHHS Asst. Secretary of Planning and Evaluation Office of Health Policy
200 Independence Avenue S.W.
Washington, D.C. 20201

Subject: Letter of Intent

Submitter: Sun Medical Care, PC

Proposal Topic: Skilled Residential Homes for the "Medically Homeless"

Dear Committee Members,

On behalf of Sun Medical Care, PC, please accept this letter as our expression of intent to submit a Physician-Focused Payment Model for PTAC Review on August 1, 2019.

Skilled Residential Homes Overview

The current model of small congregate care homes, licensed Family Type Homes with concierge physicians providing care, would be revised and expanded to better accommodate the needs of seniors afflicted with dementia with behaviors. The current model no longer permits admission and retention of seniors who have been involuntarily discharged from assisted living facilities or nursing homes. During the past five years, the current model has achieved drastic reduction in health care expenditures such as: zero hospital readmission, minimal hospitalization, and emergency room services. All of the residents of the current model are considered to be "super utilizers" of Medicare dollars. The proposed physician led Skilled Residential Home with up to 10 residents would continue the progress made in covering the critical gap in care experienced by seniors with difficult placement issues attributed primarily to dementia with behaviors. **The proposed model will achieve approximately 90 percent reduction of Medicare expenditures for these "super utilizers".** Sun Medical Care, PC internal medicine and geriatric psychiatrists would provide medical services to the residents of these homes and oversight of operations.

Goals of the Model

The primary goal of this model is to provide vigilant medical monitoring and intervention in small residential facilities to meet the needs of the “medically homeless”, seniors with behaviors who have been evicted from assisted living facilities, dumped by nursing homes at ERs, or warehoused at hospitals without ability to be placed in a long term care setting. The secondary goals are continuation of resultant zero re-admission rates achieved during the past five years, reduction of hospital services, and optimized care. The tertiary goal is to share the concepts of operation and methods achieved by this model to physician groups in communities throughout the nation so that similar outcomes can be achieved.

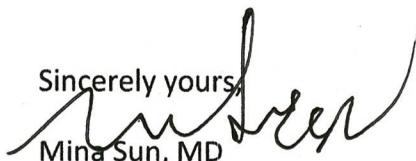
Implementation Strategy

With approval of the Secretary, the skilled residential home will be authorized as a care model for medically homeless seniors in small modified residential settings that are under physician oversight. Physician oversight will be of the resident RNs as well as the execution of the care plans and protocols. Six available homes can be immediately placed under the model and expansion to additional homes as needed by other communities can be accommodated.

Timeline

We plan on submitting proposal for PTAC and Secretary approval not later than August 1, 2019. Upon CMS approval, regulation of existing homes licensed under the New York State Office of Children and Family Services will be transferred to the model authorized by the Secretary to permit congregate living under the supervision of a panel of physicians established to oversee the pilot and monitor the quality of care.

Sincerely yours,



Mina Sun, MD

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