Mount Sinai Signs Definitive Agreement to Combine with Continuum Health Partners

The Boards of Trustees of both The Mount Sinai Medical Center and Continuum Health Partners have respectively voted unanimously to create a new, integrated health care system—The Mount Sinai Health System. A definitive agreement has been signed, and the combination is subject to approval by government authorities, anticipated to take place by early September.

The announcement of the vote and the signing was made to faculty, staff, and students on Wednesday, July 17, by Peter W. May, Chairman, Boards of Trustees, The Mount Sinai Medical Center, Kenneth L. Davis, MD, President and Chief Executive Officer, The Mount Sinai Medical Center; and Dennis S. Charney, MD, Anne and Joel Ehrenkranz Dean, Icahn School of Medicine at Mount Sinai and Executive Vice President for Academic Affairs, The Mount Sinai Medical Center. Mount Sinai’s Boards voted on Monday, July 15, and Continuum’s trustees voted on Tuesday, July 16.

Continuum Health Partners has five hospital campuses throughout Manhattan and Brooklyn, and many ambulatory health centers and group and private practices throughout the New York metropolitan region. The Mount Sinai Health System will better serve patients with increased efficiencies and expanded access to advanced primary and specialty care throughout a large, citywide network.

All affiliations that Continuum currently has with other medical schools will be transitioned to the Icahn School of Medicine at Mount Sinai over time. Scientists and physicians affiliated with Continuum will become Mount Sinai faculty members, and Mount Sinai students will have clinical training and mentorship opportunities at all Health System hospitals, which will greatly extend clinical and translational research across a larger network and accelerate the development of best practices and breakthrough treatments.

The Mount Sinai Health System, A Bold New Chapter

The Mount Sinai Medical Center is about to embark on a new chapter, one that calls for growth and expansion through a planned combination with Continuum Health Partners, and continued success within a challenging health care environment.

That message was conveyed by leaders of The Mount Sinai Medical Center at three Town Hall meetings held on Tuesday, July 9, and Wednesday, July 10, in Stern Auditorium.

“Our combination with Continuum is about preserving Mount Sinai for decades to come as a great institution,” said Kenneth L. Davis, MD, President and Chief Executive Officer of The Mount Sinai Medical Center, before a
A Question-and-Answer Session with Mount Sinai’s Leadership

Among the many questions asked by Mount Sinai faculty, staff, and students, were:

Q. How do we maintain Mount Sinai as a great institution while taking on the financial responsibility of upgrading the Continuum Health System?

Dr. Davis: There will be an investment, and the return on that investment may not happen for a few years thereafter. We are fortunate that we are able to do this. To survive and thrive we need to be able to position ourselves for the future of health care, and that will require us to be a large system that can manage populations. When all is said and done, the Mount Sinai Health System will be the largest employer of health care in New York State, and one of the largest not-for-profit systems in the country, so it’s a big job.

Dr. Charney: We’ve done a lot of homework and have concluded that this combination is a very good thing for Mount Sinai. There is a lot of quality in the Continuum Health System that synergizes with the quality of Mount Sinai. To make this work we will have to come together and welcome the Continuum physicians, nurses, and all of their staff in this venture in which we can do great things together.

Dr. Reich: We’re focusing on our infrastructure and we’re focusing on patient care. We’re doing what we need to do to make this a great campus within a larger Mount Sinai Health System.

Q. Where do you see Mount Sinai three-to-five years from now?

Dr. Davis: I see centers of excellence that are distributed over the whole system, where some hospitals specialize in psychiatry, some in coronary bypass surgery. The hospitals will not be mirror images of each other. This system will be so comprehensive in size and capability that patients will think there is no health issue we cannot solve. We will provide great care throughout patients’ lives, from the time they’re born to the end of life.

Q. Can you discuss plans for integrating research programs?

Dr. Davis: The members of the Continuum staff know that without a strong medical school they’re going to lose tertiary care. They come to us with a great deal of enthusiasm, and they know that our values are close to their values.

Dr. Charney: Continuum’s faculty will be fully integrated into our faculty. We’ve also looked at Continuum’s research capacity in terms of space, and we have some ideas about utilizing that research space. We see a lot of opportunities there.

continued on page 4

WORD ON THE STREET

Attendees comment on the Town Hall meetings

Vivian Dillon
Director of Corporate Compliance

“The Town Hall meeting was encouraging and enlightening. It provided us with an understanding of why it’s strategically important to combine with Continuum.”

Olivier Saidi, PhD
Director of Information Biology and Systems Pathology in the Department of Pathology

“We cannot grow organically. Combining with Continuum is strategic and timely. We’re lucky to have leaders who see where we need to be.”
standing-room-only crowd of faculty, staff, and students on Wednesday morning. “It is time that we move to the next step in health care and that is an integrated health care delivery system.”

Dr. Davis told the audiences there were several reasons why the proposed combination would benefit patients and the communities served.

- **Economies of scale:** “With revenues shrinking and expenses staying on the trajectory they’ve always been on, we had to find a way to be more efficient, and we can do that with size and scale,” he said. “We can save on corporate back office spaces, and do better in other ways because of size.”

- **A changing health care business model:** As medicine moves from a fee-for-service system to a population-based risk management system, Dr. Davis said, “Suddenly prevention is more important, value is more important. We have the same incentive to keep people well and out of the hospital. But which systems are going to be best prepared to meet that challenge? They’ve got to be very large systems.”

- **Complementary strengths:** “When you superimpose Continuum’s ambulatory and primary care system on ours, we find that it rarely overlaps and is quite robust,” said Dr. Davis. “We will have the largest distribution of primary care doctors among all the health care groups in the city. We’ll have more confidence that the actuarial risk over a larger population of patients will be diminished.”

- **Additional capacity:** “Our operating rooms are chock full, our beds are chock full, our Emergency Department is all filled, and very quickly our laboratories and the Dean’s facilities are going to be all filled,” Dr. Davis said. “To continue on our strategy of growth we need capacity. The Continuum system gives us that capacity.”

Over time, all of Continuum’s affiliations with other medical schools will be transitioned to the Icahn School of Medicine at Mount Sinai, which will serve all seven campuses. With Continuum’s faculty fully integrated into Mount Sinai’s, the new health care system will be part of an academic medical center and one of the top medical schools in the country, said Dennis S. Charney, MD, Anne and Joel Ehrenkranz Dean, Icahn School of Medicine at Mount Sinai and Executive Vice President for Academic Affairs, The Mount Sinai Medical Center.

The combination will expand opportunities for Mount Sinai’s medical students, who will have “an incredible menu of clinical experience to choose from so they won’t have to go outside of the Mount Sinai Health System for their training,” said Dr. Charney. “Continuum has a robust series of residencies and fellowships, and we’ll be able to look together at these programs and decide over time what programs should remain separate and what should merge in some fashion to increase the quality of training experiences for our house staff and fellows.”

In addition, he said the enlarged Mount Sinai Health System will be able to create clinical centers of excellence across the spectrum of medical and psychiatric conditions. “Our clinical depth within these specialties will increase enormously. And that results in a better opportunity to conduct clinical research and discover new treatments that our patients with serious illness desperately need.”

In terms of satisfying demand for extra space prior to the combination, David L. Reich, MD, Interim President and Chief Operating Officer of The Mount Sinai Hospital, pointed out locations throughout the Manhattan campus and at Mount Sinai Queens that are being renovated and expanded.

He also congratulated the Mount Sinai team responsible for the hospital’s new certification as a Comprehensive Stroke Center—the first medical center in New York State to receive this designation from the Joint Commission.

---

**The Mount Sinai Health System, A Bold New Chapter**

(continued from page 1)

“**When you superimpose Continuum’s ambulatory and primary care system on ours, we find that it rarely overlaps and is quite robust.**”

—Kenneth L. Davis, MD, President and CEO, The Mount Sinai Medical Center

---

**Chung-Shien Lee**

**Oncology Pharmacy Resident**

“There aren’t many stand-alone hospitals anymore. Having multiple hospitals in a system provides multiple resources. It sounded like Mount Sinai’s leaders have a well-thought-out plan.”

---

**Carolina Marroquin**

**Labor Relations Specialist**

“At the end of the day, I believe that patients locally and nationally will benefit from this expansion. I plan to stay at Mount Sinai to watch as this vision becomes reality.”
Cardiovascular Care at Two Mount Sinai Manhattan Heart Locations

Mount Sinai Manhattan Heart now offers cardiovascular risk assessments and noninvasive cardiovascular services for Mount Sinai employees and their families at two locations: 638 Columbus Avenue at 91st Street, Second Floor; and 177 East 87th Street, #507. For appointments, call 212-828-3200, or visit www.manhattanheart.org.

Visit Mount Sinai’s Greenmarket

In an effort to bring healthier eating to East Harlem, Mount Sinai is collaborating with GrowNYC to host the annual Greenmarket, which will continue every Wednesday, from 8 am to 5 pm, through November. Stop by for fresh food items, cooking demonstrations, free samples, and more. To sign up for emails, contact Zoraya Nazario at 212-659-9094 or Greenmarket@mssm.edu.

Every Wednesday through November
8 am – 5 pm
Madison Avenue and 99th Street

<table>
<thead>
<tr>
<th>Grand Rounds</th>
<th>Pathology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Otolaryngology</td>
<td>Bruce M. Wenig, MD, Chairman, Department of Pathology, Beth Israel Medical Center, and St. Luke’s and Roosevelt Hospital, presents “Thyroid Papillary Carcinoma: Realities and Fallacies in Diagnosis.”</td>
</tr>
<tr>
<td>Wednesday, July 31</td>
<td>Noon – 1 pm</td>
</tr>
<tr>
<td>7:15 – 8:15 am</td>
<td>Hess Center</td>
</tr>
<tr>
<td>Annenberg 10-30</td>
<td></td>
</tr>
</tbody>
</table>

| Laboratory Medicine Seminar Series |
| Ding Wen Wu, MD, Associate Director, Transfusion Medicine and Cellular Therapy, presents “RBC Blood Group Antigens/Antibodies (Part III).” |
| Tuesday, July 30 |
| 8 – 9 am |
| Icahn Medical Institute |
| 8-40 Conference Room |

The Continuum system conducts a lot of clinical trials in cancer, for example, and is very strong in diabetes and obesity research. They have about $20 million to $25 million in NIH (National Institutes of Health) funding. The new system will increase our capacity to do translational research. Patients who are feeling hopeless can come to a Mount Sinai site and receive an experimental treatment that is available at few other places that may help treat their disease.

Q. Are we going to share electronic records?

Dr. Davis: The Continuum system is on a different IT (information technology) platform than we are. Over the next five years, we will invest $125 million to put everyone on the same Epic electronic records system. In the meantime, we are creating an IT solution that enables Continuum and Mount Sinai to coordinate a patient’s treatment throughout the system. For example, all of the cancer doctors will be able to check on their patients regardless of whether they receive their infusions on this campus or downtown.

Q. Have you formulated a plan for increasing primary care services?

Dr. Davis: The great news is that Continuum has an extremely robust primary care platform. Together we’ll probably have the largest primary care platform of all the major medical centers in the city. We will continue to build around primary care in order to manage population health.

Q. Will we combine administrative operations throughout the Mount Sinai Health System?

Dr. Davis: Corporate services are going to be integrated. We cannot have parallel processes. If we do, we won’t generate any of the efficiencies that we need to be successful.