

# New Strategies for Aging in Place: Linking Housing and Healthcare

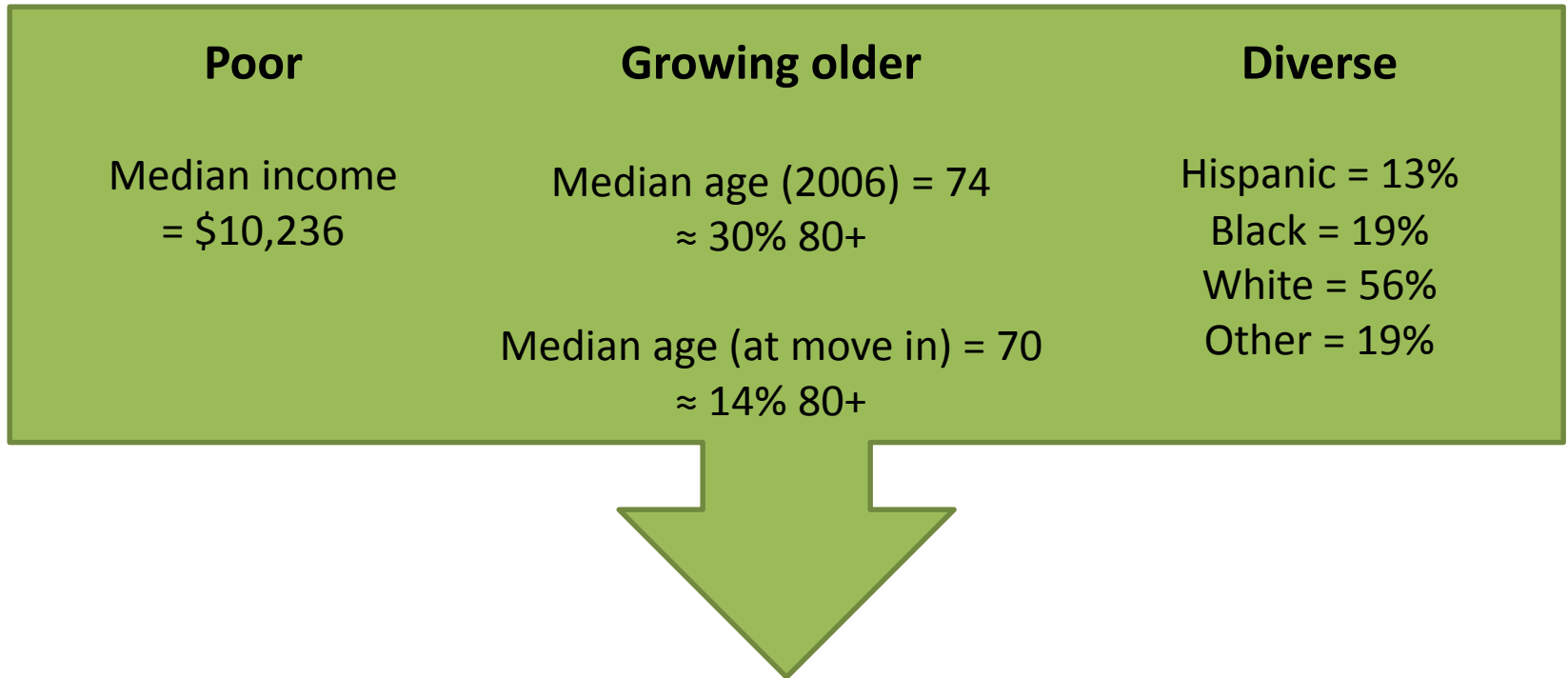
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# Seniors in assisted housing are. . . .

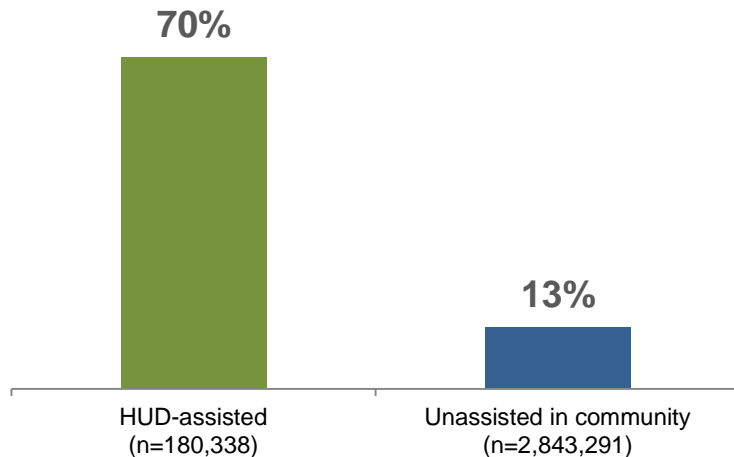


**Chronic conditions and functional limitations more prevalent among  
advanced ages, lower incomes, minorities**

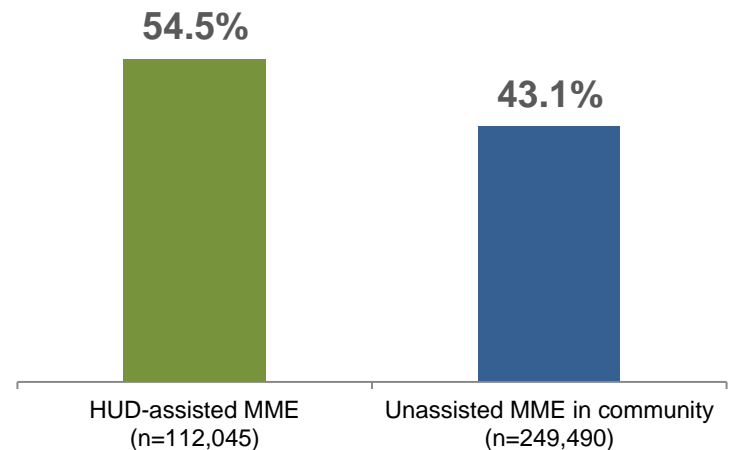
# “A Picture of Housing & Health”

Medicare per member per month (PMPM)	HUD Assisted Medicare Beneficiaries	Unassisted Medicare Beneficiaries	% Difference
	\$1,479	\$937	57.8%

Proportion of Medicare beneficiaries dually enrolled in Medicaid.



Proportion of Medicare-Medicaid enrollees (MMEs) with 5+ chronic conditions



## HUD-Assisted Medicare-Medicaid Enrollees (MMEs) Spend More: Medicare cost and service comparison

	HUD-Assisted MMEs	Unassisted MMEs	% Difference
	<i>N=112,045</i>	<i>N=249,490</i>	
Average Medicare PMPM	\$1,222	\$1,054	16%

<i>Medicare services utilization per 1000 member months</i>	HUD-Assisted MMEs	Unassisted MMEs	% Difference
	<i>N = 112,045</i>	<i>N = 249,490</i>	
Acute stay admissions	31.4	29.4	6.8%
Hospital readmissions	5.2	4.9	6.1%
Medicare home health visits	581.5	445.5	30.5%
Total emergency room visits	58.4	51.6	13.2%
Physician office visits	1,652.3	1,307.9	26.3%
Ambulatory surgery center visits	14.5	10.0	45.0%

## HUD Assisted Medicare-Medicaid Enrollees (MMEs) Spend More: Medicaid cost and service comparison

	HUD-Assisted MMEs	Unassisted MMEs	% Difference
	<i>N = 106,764</i>	<i>N = 227,186</i>	
Average Medicaid PMPM	\$1,180	\$895	32%

<i>Medicaid services utilization per 1000 member months</i>	HUD-Assisted MMEs	Unassisted MMEs	% Difference
	<i>N = 106,764</i>	<i>N = 227,186</i>	
Personal Care services	4,512.4	2,149.1	110.0%
DME	380.0	227.7	66.9%
Other HCBS services	3,309.8	1,840.6	79.8%

Other HCBS services includes private duty nursing, adult day care, home health, rehab, targeted case management, transportation and hospice.

# How Housing Matters

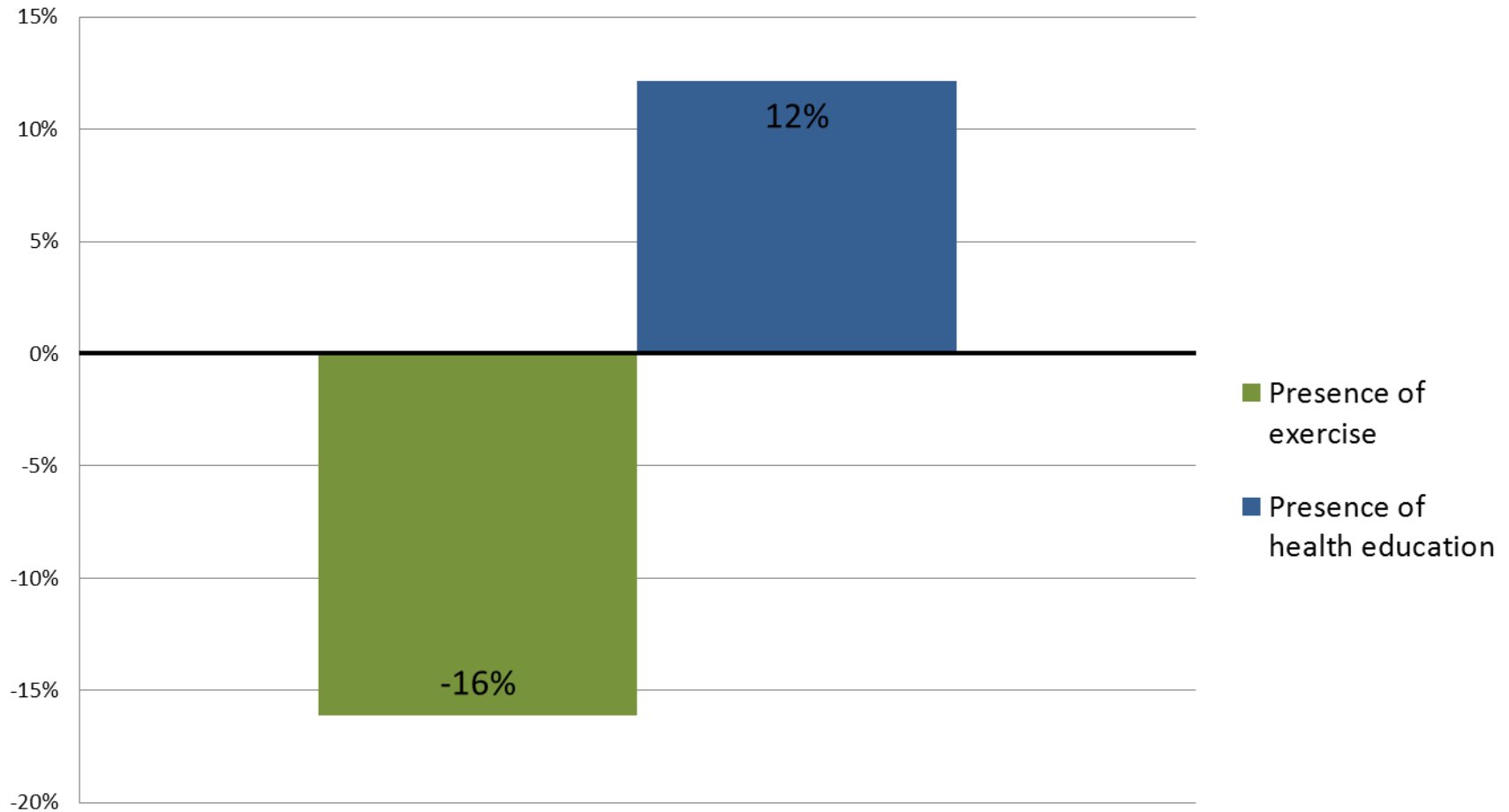
- What services are available onsite in HUD-assisted senior housing?
  - Surveyed 2,017 HUD-assisted senior housing properties in HHS/HUD dataset
  - Services or activities that were purposely available onsite to residents in 2008
- Does the availability of onsite services have any relationship to residents' health care utilization and spending?
  - ! **Limitation:** only have information on availability, not utilization

# Survey Background

Services Staff	Types of Services
Service Coordinator	Social Activities
Activities Coordinator	Transportation
Nurse	Congregate meals
	Exercise and fitness
	Health education
	Health screening or monitoring
	Homemaker assistance
	Personal care
	Medication assistance
	Primary health care
	Mental health
	Dental
	Podiatry

# Acute stays per enrolled month

*(preliminary results; please do not cite)*

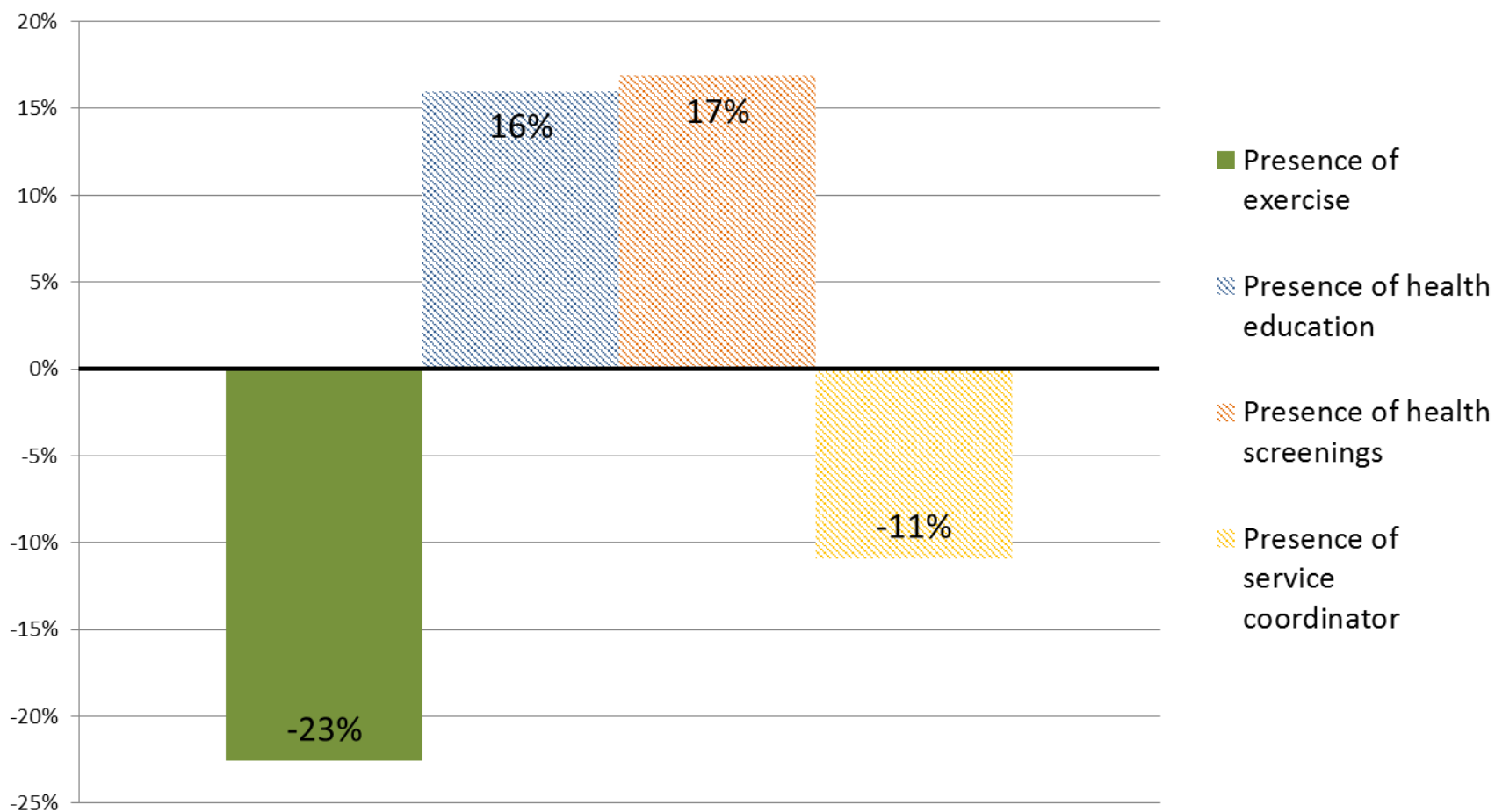


Solid bars are significant at  $p < .05$ ; Shaded bars are borderline significant at  $p < .10$ .



# Odds of at least one acute stay during 2008

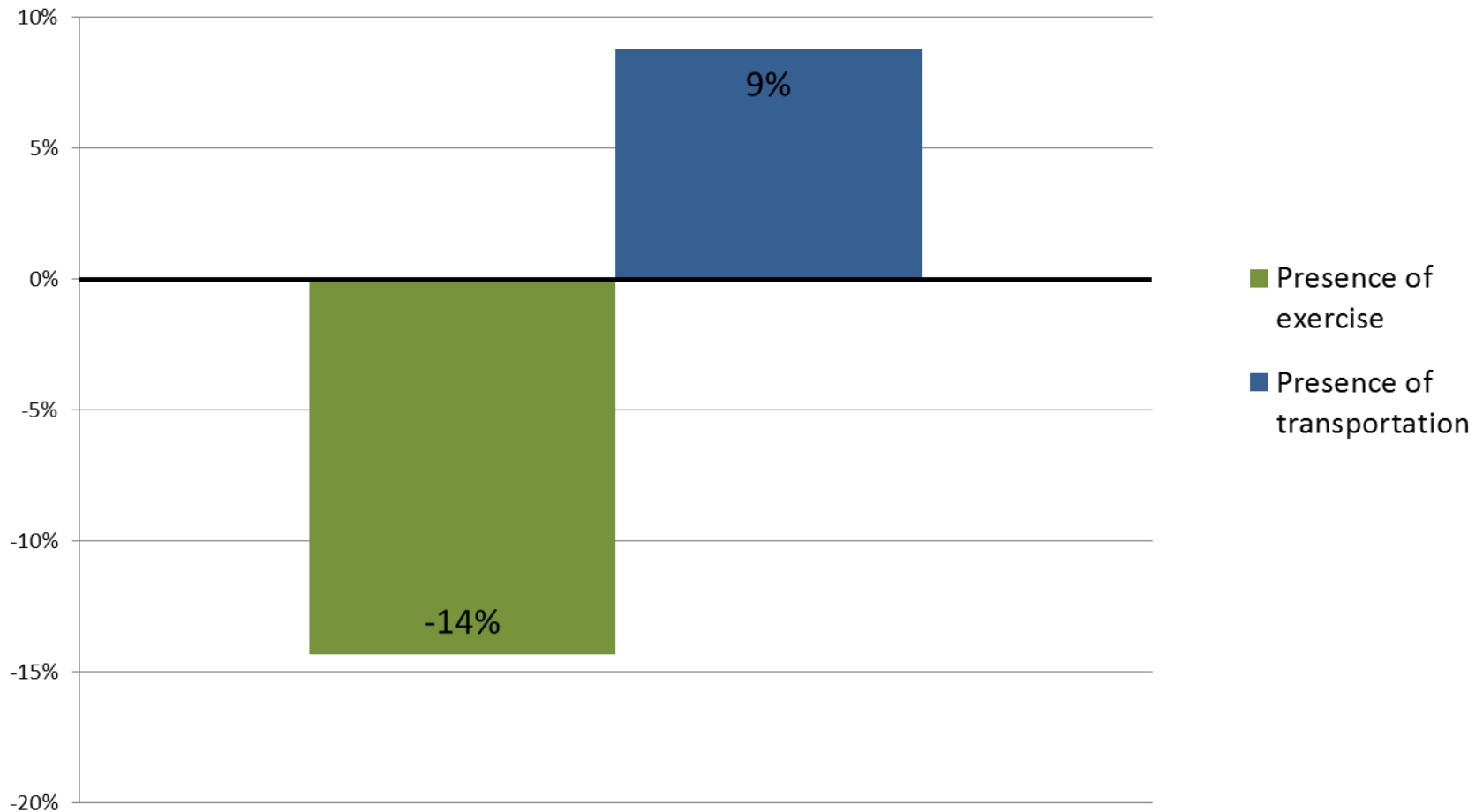
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# Medicare expenditures per enrolled month (Medical)

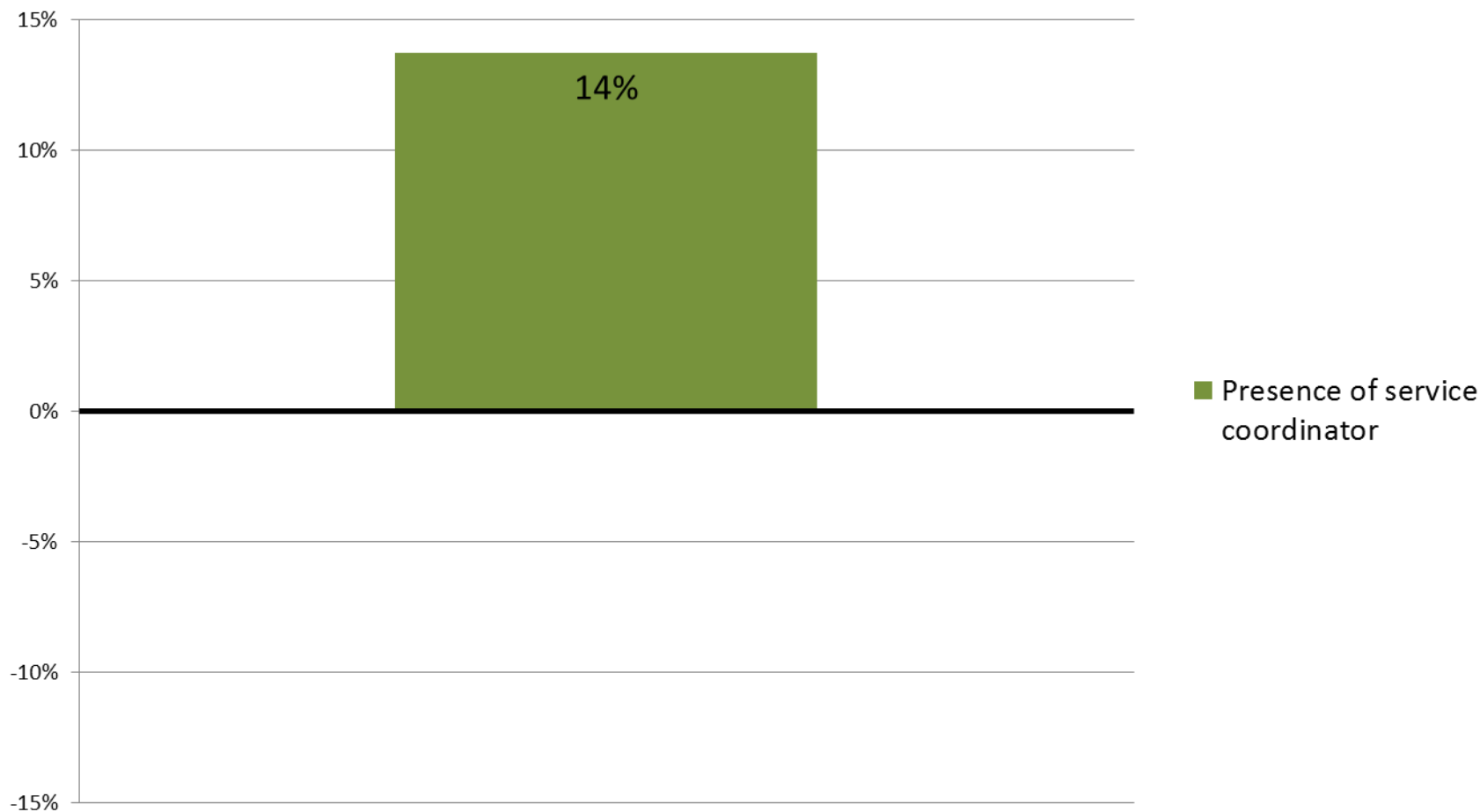
*(preliminary results; please do not cite)*



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# Medicaid expenditures per enrolled month (among Full Benefit MMEs)

*(preliminary results; please do not cite)*



Solid bars are significant at  $p < .05$ ; Shaded bars are borderline significant at  $p < .10$

# Supports and Services at Home (SASH) Program Evaluation

- Care coordination model anchored in senior housing
- Interdisciplinary team
  - Housing-based staff: SASH coordinator, wellness nurse
  - Network of community-based providers: home health agency, area agency on aging, mental health providers, etc.
- Linked in with state's health reform efforts
  - Medical homes supported by community health teams
  - SASH extender of community health teams
- Statewide expansion supported through Medicare MAPCP demonstration

# Supports and Services at Home (SASH) Program Evaluation

- Comparing SASH participants to:
  - Individuals in MAPCP demo, non-SASH properties (in VT)
  - Individuals not in MAPCP demo, non-SASH properties (in NY)
- Early results: SASH is bending cost curve
  - Growth in annual total Medicare expenditures was \$1,756 - \$2,197 lower for SASH participants than for two comparison groups

# Housing & Health Partnerships: Why Now?

- Health and long-term care reform efforts at national and state level
- Goal: Better address health care needs of all Americans, particularly vulnerable populations
- Affordable senior housing residents represent the vulnerable individuals population-based health reform efforts are designed to target

# Housing & Health Partnerships: Why Now?

- Striving to address population health
  - More effectively managing care of high-need and costly patients
  - Early intervention with lower-risk patients to avoid need for more expensive care over time
- Focus on lowering health care costs through
  - Timely, preventative care
  - Improved care coordination & service integration
  - Reduction in over-utilization of expensive services

# Benefits of Affordable Senior Housing

- Concentrated population
- Operating efficiencies
  - Streamlined access
  - Programming that reaches multiple individuals
  - Facilitate greater follow-through and compliance
  - More complete understanding of social factors
- Physical and personnel infrastructure



# Health Care Challenges

- Affordable senior housing properties can assist by helping health care entities
  - Manage chronic illness, both physical and mental
  - Ensure smooth transitions from acute/post-acute settings
  - Minimize avoidable hospital readmissions
  - Address medication complications
  - Increase patient engagement
  - Address social determinants of health
  - Tackle special needs of “super-utilizers”

# Housing and Healthcare Partnerships Toolkit

- Guide: “Housing & Health Care: Partners in Healthy Aging”
  - Understanding health care reform
  - Benefits of a housing and health partnership
  - Health care challenges that housing can help address
  - How housing and health entities can collaborate
  - Identifying and cultivating a partner
  - Structuring the partnership

[www.LeadingAge.org/housinghealth](http://www.LeadingAge.org/housinghealth)