# *Affordable Senior Housing Plus Services*
# A National Perspective

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Center for Housing Plus Services

# Why think about affordable senior housing plus services?

## Demographics and health.

# Seniors in assisted housing are. . . .

**Poor**

Median income = $10,236

**Growing older**

Median age (2006) = 74
≈ 30% 80+

Median age (at move in) = 70
≈ 14% 80+

**Diverse**

Hispanic = 13%
Black = 19%
White = 56%
Other = 19%

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

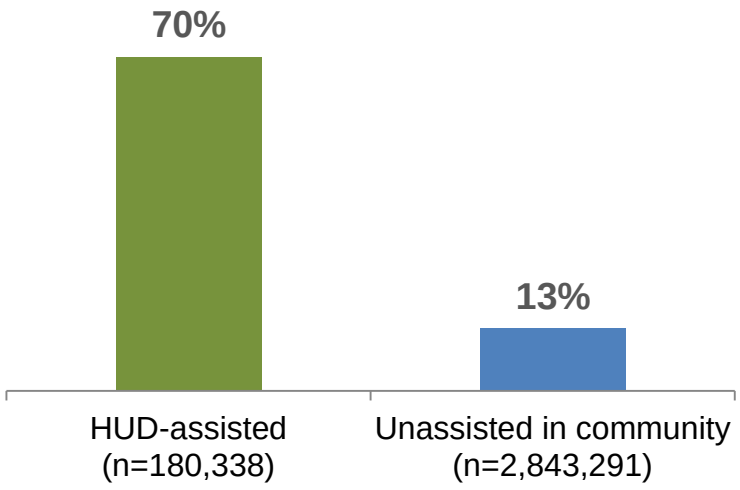
Source: *Section 202 Supportive Housing for the Elderly Program Status & Performance Measurement;* Data is for residents of Section 202 housing properties, 2006

# "A Picture of Housing & Health"

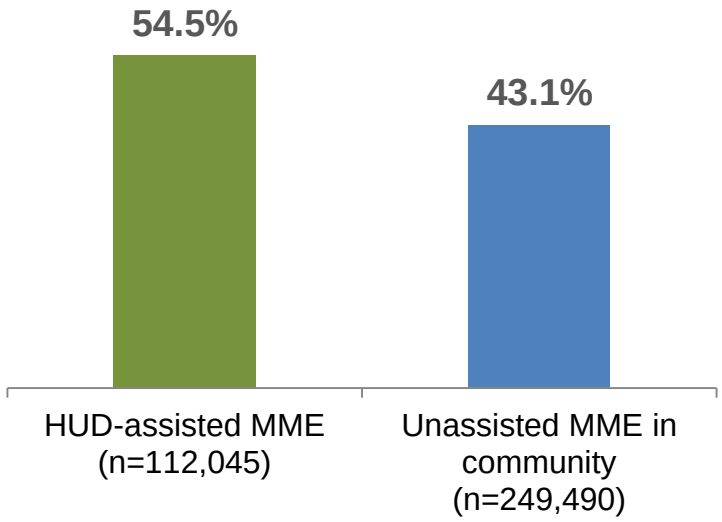
- Match of 2008 HUD tenant-level administrative data to 2008 Medicare and Medicaid administrative data
  - 12 geographic areas
  - All types of HUD assistance (voucher, public housing, multi-family housing)
- Estimate enrollment of HUD-assisted Medicare beneficiaries in select Federal health assistance programs
  - Medicare Part D (prescription drug) Low Income Subsidy (LIS)
  - Medicare Savings Program
  - Full Medicaid
- Compare Medicare and Medicaid cost and utilization for HUD-assisted Medicare beneficiaries and unassisted beneficiaries in community

# High Level of Chronic Illness

**Proportion of Medicare beneficiaries dually enrolled in Medicaid**




**Proportion of Medicare-Medicaid enrollees with 5+ chronic conditions**




Source: *A Picture of Housing & Health*, found at http://aspe.hhs.gov/daltcp/reports/2014/HUDpic.pdf

# High Medicare Use and Costs

| | HUD-Assisted MMEs | Unassisted MMEs | % Difference |
|---|---|---|---|
| | *N=112,045* | *N=249,490* | |
| Average Medicare PMPM | $1,222 | $1,054 | 16% |

| *Medicare services utilization per 1000 member months* | HUD-Assisted MMEs | Unassisted MMEs | % Difference |
|---|---|---|---|
| | *N = 112,045* | *N = 249,490* | |
| 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% |

# High Medicaid Use and Costs

| | HUD-Assisted MMEs | Unassisted MMEs | % Difference |
|---|---|---|---|
| | *N = 106,764* | *N = 227,186* | |
| Average Medicaid PMPM | $1,180 | $895 | 32% |

| *Medicaid services utilization per 1000 member months* | HUD-Assisted MMEs | Unassisted MMEs | % Difference |
|---|---|---|---|
| | *N = 106,764* | *N = 227,186* | |
| 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.

# Resident Profile of 4 San Francisco Properties

- Median age – 78 years old
- Gender – 37% male, 63% female
- 60 %  live alone
- Race/Ethnicity
  - Hispanic – 9%
  - White – 34% (Russian immigrants)
  - Black – 3%
  - Asian – 58%
  - Native Hawaiian/Pacific Islander – .3%
  - American Indian/Alaska Native – 1%
- Diversity
  - 14% born in the U.S.
  - 16% English first language
- 71% health fair to poor; 29% good to excellent
- 54% report 3+ chronic conditions
- Functional limitations
  - No IADLs/ADL – 25%
  - Only IADLs  – 21%
  - 1+ ADL – 55%
- 35% fall in the past year
- 32% ER visit in past year
- 20% hospital stay in past year

# Why think about affordable senior housing plus services?

## The Research.

# 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
  - Service staff and services or activities that were purposely available onsite to residents in 2008
- Does the availability of onsite services have any association with residents' health care utilization and spending?
  - * Limitation: only have information on availability, not utilization

# Survey Background

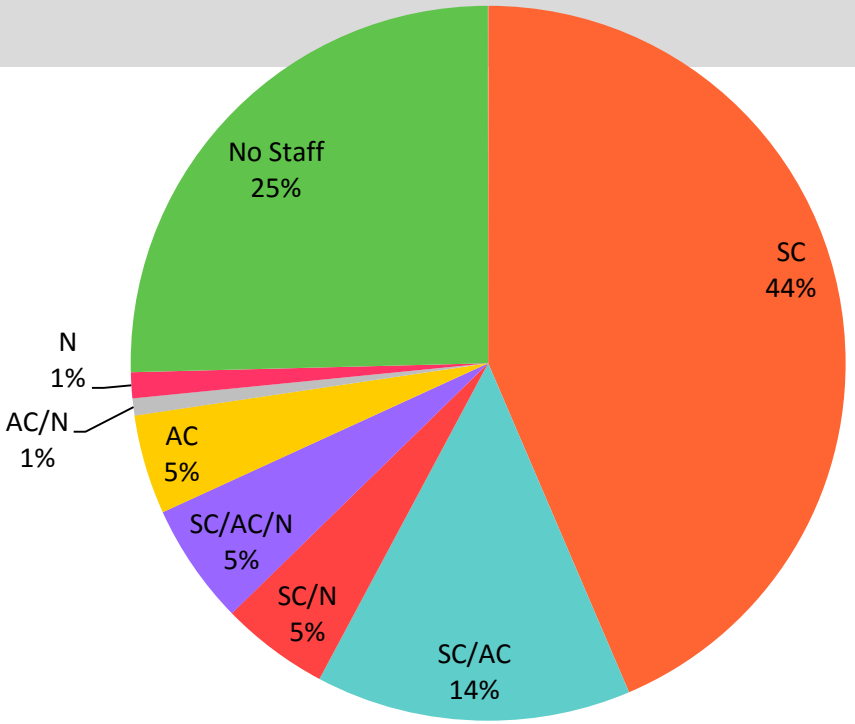
| Property Type | | |
|---|---|---|
| Public Housing | 85 | 16.6% |
| Section 202 | 236 | 46.1% |
| Other Multifamily | 191 | 37.3% |

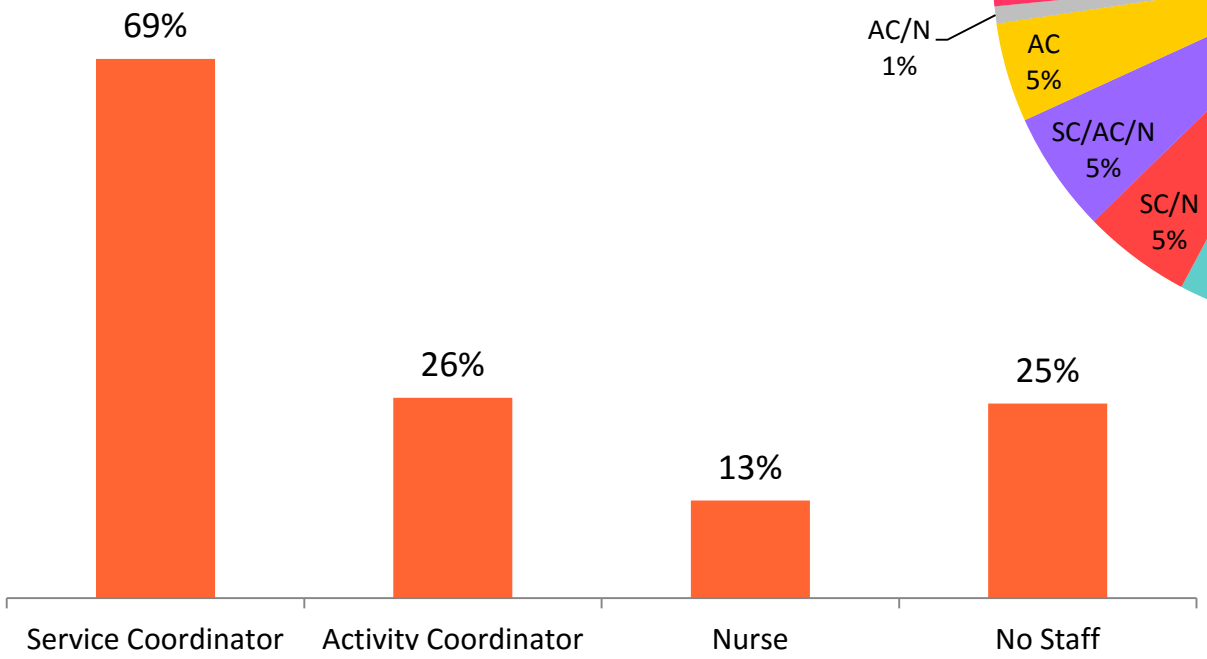
| Property Size (in units) | | |
|---|---|---|
| Under 50 | 121 | 23.6% |
| 50-99 | 153 | 29.9% |
| 100+ | 238 | 46.5% |

| Service Staff Presence | | |
|---|---|---|
| No Service Coordinator | 163 | 31.9% |
| Service Coordinator | 296 | 57.8% |
| Service Coordinator & Nurse | 53 | 10.4% |

**Preliminary Results – Not for Public Disclosure**

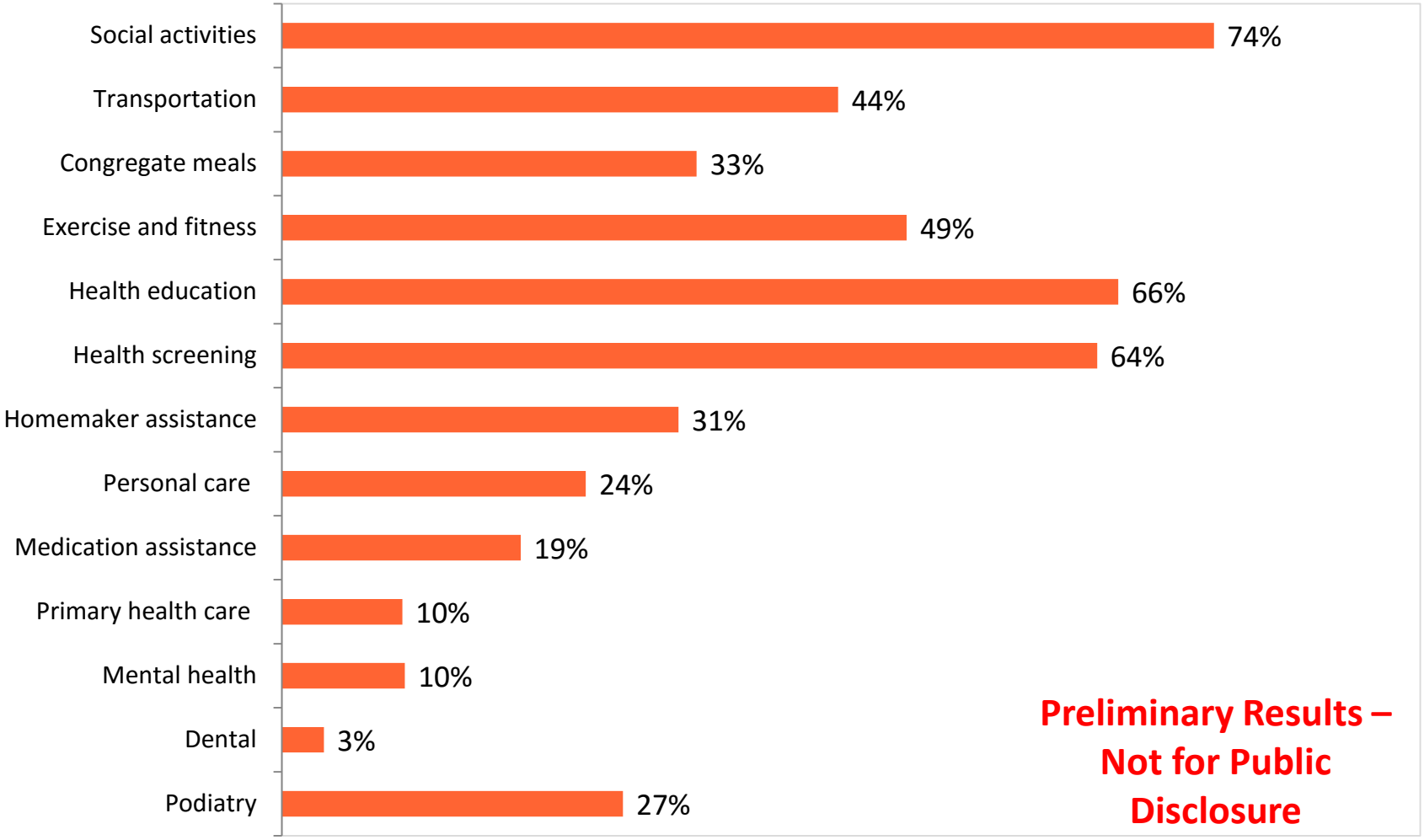
# Available Services Staff, 2008




**Preliminary Results – Not for Public Disclosure**

# Available Onsite Services, 2008



# Overview of Onsite Service Availability Association with Outcomes

| Outcome | Increase | Decrease |
|---|---|---|
| Medicare ED visits without an admission per enrolled month, 2008 | Exercise: 20% ($p<.05$) | |
| Odds of at least one Medicare ED visit without admission during 2008 | | Service coordinator: 14% ($p<.05$) |
| Medicare acute inpatient admissions per enrolled month, 2008 | | Exercise: 12% ($p<.05$)<br>*Primary Care: 18% ($p<.10$)*<br>*Nurse: 12% ($p<.10$)* |
| Odds of at least one Medicare acute inpatient admission in 2008 | Mental Health: 44% ($p<.05$) | Exercise: 23% ($p<.05$)<br>Service coordinator: 20% ($p<.05$)<br>*Nurse: 19% ($p<.10$)* |
| Medicare physician office visits per enrolled month, 2008 | | *Primary Care: 8% ($p<.10$)* |
| Medicare medical payments per enrolled month, 2008 | | Exercise: 17% ($p<.05$) |
| Medicare Part D payments per enrolled month, 2008 | | *Primary Care: 12% ($p<.10$)* |
| Medicaid payments per enrolled month, 2008 | Mental Health: 13% ($p<.05$)<br>*Exercise: 26% ($p<.10$)*<br>*Service Coordinator: 13% ($p<.10$)* | Medication management: 22% ($p<.05$) |

**Preliminary Results – Not for Public Disclosure**

# Supports and Services at Home (SASH) , Vermont

- Developed by Cathedral Square Corporation
- 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) , Vermont

- 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: July 1, 2011-June 30, 2013
  - SASH is bending cost curve: Growth in annual total Medicare expenditures was $1,756 - $2,197 lower for SASH participants in well-established panels than for two comparison groups
  - Increase in all-cause hospitalizations (driven by later joiners) compared to both groups

**Source:** *Support and Services at Home (SASH) Evaluation: First Annual Report*, found at: http://aspe.hhs.gov/daltcp/reports/2014/SASH1.pdf

# Staying at Home Program, Pittsburgh PA

- Provided by University of Pittsburgh Medical Center
- Social worker and RN provide care coordination and additional health services in congregate housing
- Compared participants in 7 buildings with program to residents in 4 buildings without
- Participants were significantly:

Less likely to

- Visit the ER
- Have unscheduled hospital stays
- Report negative health conditions
- Move to a nursing home

More likely to

- Visit the dentist
- Use health care services
- Use health services outside of hospital
- Report health improvements

**Source:** *Service-enriched housing: The Staying at Home program,* Journal of Applied Gerontology, July 9, 2014.

# Why think about affordable senior housing plus services?

**Public Policy.**

# Policy Priorities

- Expansion of home and community-based service options
- Improve health outcomes and lower health care costs
- Improve coordination and integration of health and long-term care services and supports – particular focus on dual eligibles

# Example Reform Activities

- Medicare Advanced Primary Care Practices Demonstration
- State Demonstration to Integrate Care for Dual Eligible Individuals
- Money Follows the Person
- Balanced Payment Incentives Program
- Accountable Care Organizations
- Community-based Care Transitions Program
- Independence at Home Demonstration
- FQHC Advanced Practice Demonstration
- Medicaid Incentives for the Prevention of Chronic Diseases
- State Innovation Models Initiative
- Bundled Payments
- Comprehensive Primary Care Initiative

# Why think about affordable senior housing plus services?

# Putting it all together.

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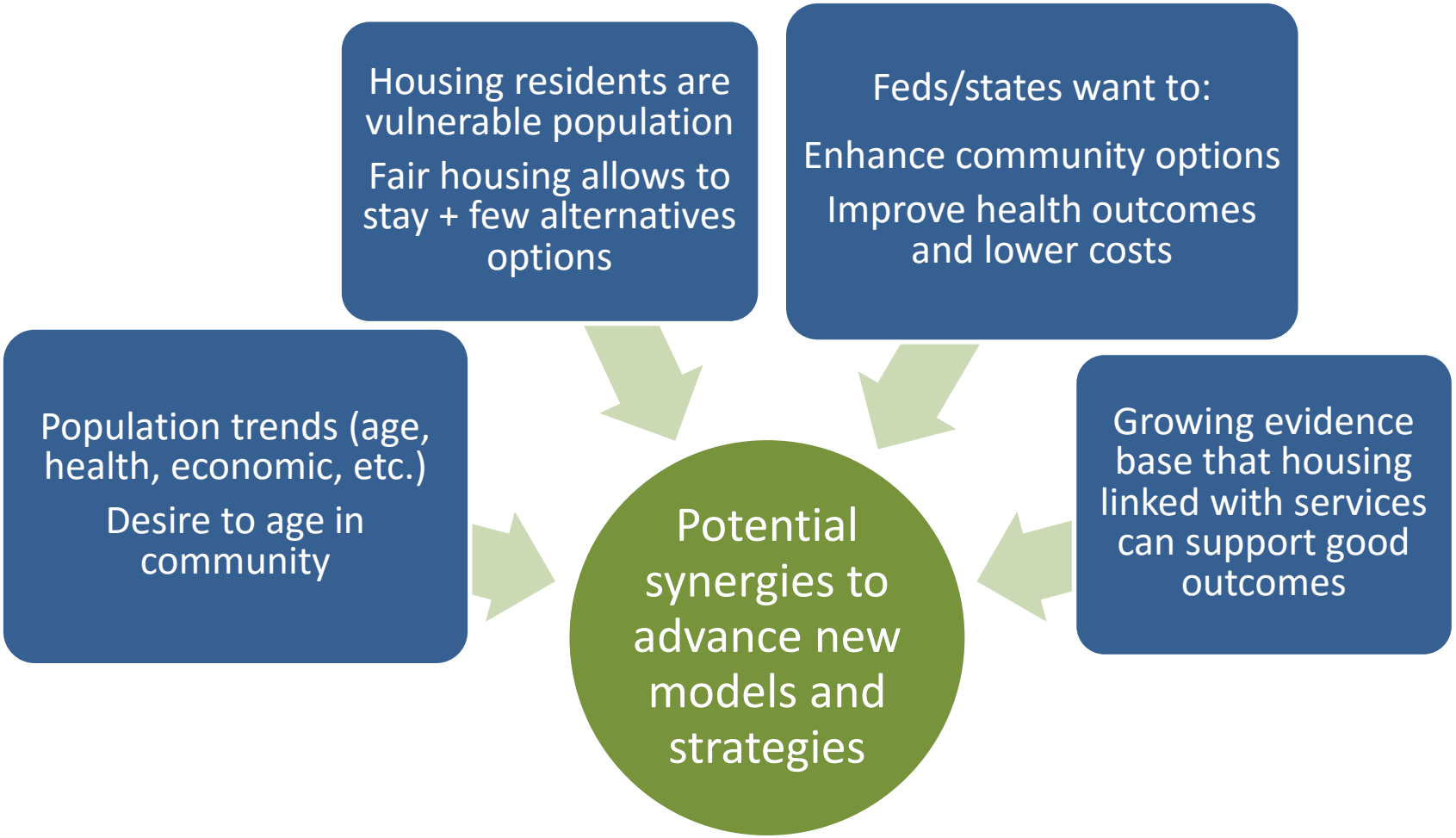


# Value of Housing Plus Services

- Build on existing infrastructure of housing, health and community service networks
- Provides potential concentration of high-risk/high-cost individuals (many are dual eligibles)
- Offers economies of scale; can increase delivery efficiencies for providers and affordability for seniors
- Provides residents easy access to services; may encourage greater utilization and follow-through
- Offer a more regular staff presence on site with residents; can help build
  - Knowledge of resident needs, abilities and resources
  - A sense of trust among residents, which encourages better use of services
  - Early recognition of potential issues before they become costly crises
- Help preserve seniors' autonomy and independence

# Examples of Affordable Senior Housing Plus Services Strategies.

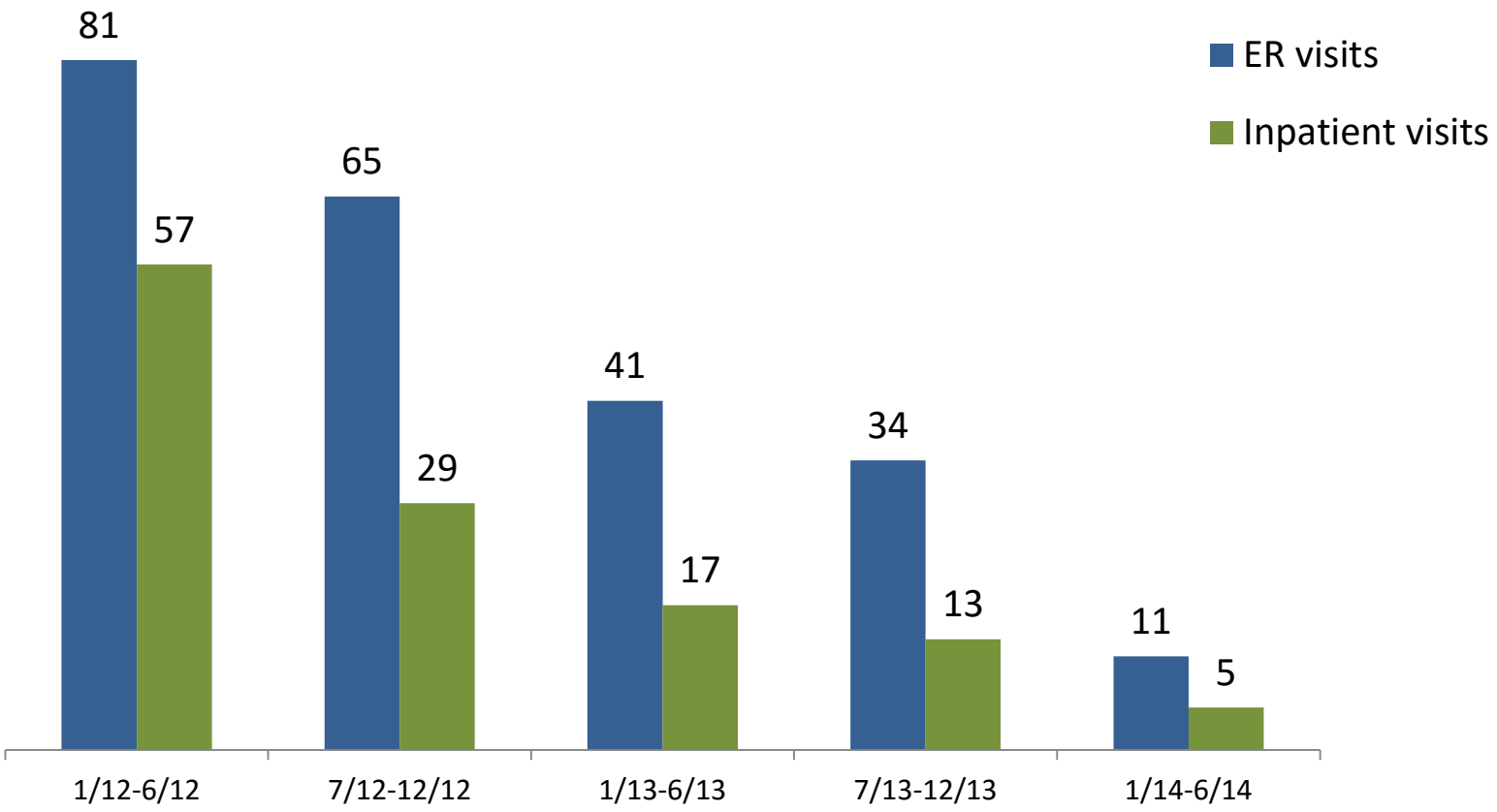
# WellElder Program, NCPHS
# San Francisco, CA

- Provide wellness and health education, health monitoring, assistance identifying and accessing health and supportive resources
- Teams service coordinator with part-time health educator (RN or LVN) → comprehensive set of skills/expertise
  - SC: help navigating service and resource networks, monitoring and motivating, education, etc.
  - HE: monitors vital signs, assessments, individual and group education, help communicate with health providers, monitors returns from hospital/rehab, etc.
- SC & HE assist residents independently and jointly
- Health educator contracted from community provider

# Presbyterian Senior Living & PinnacleHealth Partnership

- Weekly onsite clinic
  - Staffed by MD, RN, MSW; work with service coordinator
- Care navigation program – clinical and social
- ID high utilizers, but serve all
  - Identify barriers to care – navigate through health system or help coordinate needed social services
  - Coordinate with PCP (or serve as PCP, if one needed)
- Utilize Pinnacle's EHR

# Presbyterian Senior Living & PinnacleHealth Partnership



# Housing with Services Initiative
# Portland, OR

- Formal consortium of housing and service providers (physical and mental health, social, long-term care)
- Goals: promote health and healthy behaviors, empower resident participation in health, address gaps in care, support access to health and social services
  - Decrease health care utilization, lower costs, delay/avoid institutionalization
- Core service: Health navigator works with service coordinators
  - Referrals, to LLC partners/other community providers
- CareOregon, Medicaid Health plan, funding care navigators; ultimate goal to bring in multiple funders

# Eliza Jennings Wellness Clinics in Senior Housing

- Operate by Eliza Jennings home health division in 5 housing properties
- Opened M-F, 8-5
- Staffed by NP, nurse and clinic coordinator
- Provide:
  - Urgent and primary care (serve as PCP or bridge to PCP)
  - Wellness and prevention
  - Care coordination, navigation, transitional care
  - Supportive services
  - Home healthcare and therapy

# Peter Sanborn Place, Reading, MA

- Tenant selection plan: 40% daily services, 30% weekly scheduled services, 30% who may choose to use services
- Assist residents through sister corporation, Sanborn Home Care – assigned “cluster” provider for Sanborn Place and Reading HA
- Located onsite allowing for more flexible 24/7 assistance and monitoring
- Provides case management/service coordination, personal care, medication monitoring, homemaker services, transportation, meals
- Services paid for through variety of mechanisms (public programs, LTC insurance, out-of-pocket, service fund from building refinance)

# Housing and Health Care Partnerships.

# 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
  - 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

# Housing and Healthcare Partnerships Toolkit

- Return on Investment Calculator
- Videos
  - How housing can help healthcare
  - Healthcare providers on the value of housing
  - Why housing should be interested
- Other Resource materials

www.LeadingAge.org/housinghealth