

Better Care, Healthier People, Smarter Spending

What is SASH?

SASHSM, part of Vermont's Blueprint for Health, is a care management model that harnesses the strengths of social service agencies, community health providers and non-profit housing organizations to work together to support Vermonters to live safely and healthfully at home.



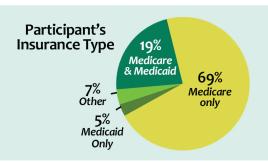
Who is served?

SASH STATEWIDE LOCATION MAP



SASH Demographics (*As of 8/31/15)

4485 total SASH Participants*
Average age: 72
Age range: 20 - 101



SASH Facts

- Created over 67 jobs (FTEs) across the state
- SASH is available in 138 affordable housing sites
- SASH is available in every county and Health Service Area in the state
- Wellness Nurse and SASH Coordinator embedded in affordable housing
- 65 partner agencies have signed SASH Collaboration Agreements.
 Key Partners include: Hospitals, Primary Care, Home Health Agencies,
 Affordable Housing Organizations, Area Agencies on Aging, and
 Designated Mental Health Agencies

What's Next?

- Need to secure a permanent funding source for the SASH Model (Current MAPCP Demonstration funding expires Dec 31, 2016)
- Improvement in the following outcome measures:
 - Reduce premature nursing home placements
 - Increase end-of-life planning
 - Increase immunization levels
 - Reduce falls & social isolation
 - Continue improvements in chronic disease management
- Continue to decrease the rate of growth in Medicare spending





SASH Outcomes

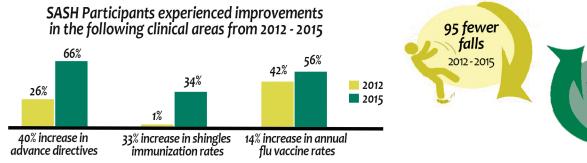
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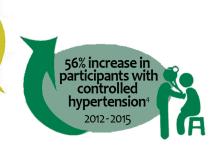
Better Care

The SASH model provides

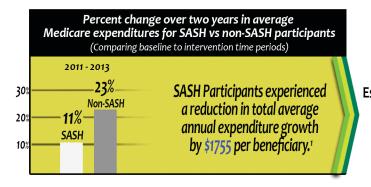
- Individualized and person-centered care coordination by fully trained SASH Coordinator and SASH Wellness Nurse
- Transitions support from hospital or rehabilitation facility, including in-home visit(s) following discharge
- Health Coaching focused on self-management of chronic health conditions
- Wellness Nursing providing one-on-one visits and group health education sessions
- Multi-disciplinary team approach to service provision (SASH team members include: Home Health Agencies, Area Agencies on Aging, Housing Organizations, Community Mental Health Organizations and Blueprint Community Health Teams)
- Weekly blood pressure clinics led by Wellness Nurse
- Comprehensive health assessment
- Referral services
- Regular offerings of Evidence Based Programs including Chronic Disease Self-Management workshops and Tai Chi

Healthier People





Smarter Spending



Estimated cost of SASH... \$1,000 per participant/year

\$1,574,970

Potential cost avoidance in end of life care costs resulting from increase in SASH participants with advance directives.²

\$153,175

Potential cost avoidance for SASH participants with newly controlled hypertension through self-monitoring and SASH support.³

SASH www.sashvt.org Molly Dugan, Director, SASH dugan@cathedralsquare.org

¹⁻ Support And Services at Home (SASH) Annual Report, Sept 2014, U.S. Department of Health and Human Services Assistant Secretary for Planning and Evaluation Office of Disability, Aging and Long-Term Care Policy 2- JAMA. 2011 Oct 5;306(13):1447-53. doi: 10.1001/jama.2011.1410. Regional variation in the association between advance directives and end-of-life Medicare expenditures. Nicholas LH1, Langa KM, Iwashyna TJ, Weir DR.

³⁻ Cost-Benefit Analysis of Home Blood Pressure Monitoring in Hypertension Diagnosis and Treatment: An Insurer Perspective Alejandro Arrieta, John R. Woods, Nan Qiao, Stephen J. Jay

^{4 -} NQF Measure 18, controlled Hypertension is defined as follows: Percentage of patients 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mmHg) during the measurement period.