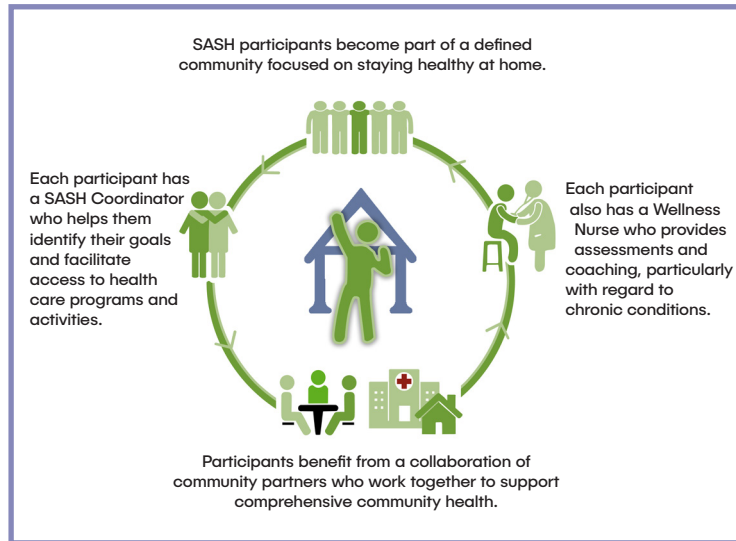


BETTER CARE, HEALTHIER PEOPLE, SMARTER SPENDING

HEALTH & WELL-BEING BEGIN AT HOME

SASH[®] uses the home as a platform to provide comprehensive care management and coordination.

One of the country's best-known and widely cited housing-and-health models, **SASH has been shown to improve population health, reduce costs and enable people to age in place safely and healthfully,** helping older adults avoid the distress and expense of unnecessary hospitalization or nursing care.



SASH primarily serves Medicare recipients living in congregate housing and in the surrounding community. It is available in every Vermont county and currently

serves about 5,000 people ranging in age from 20 to 101, with an average age of 72.

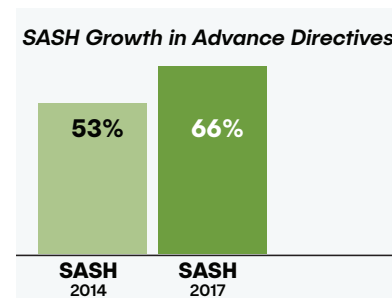
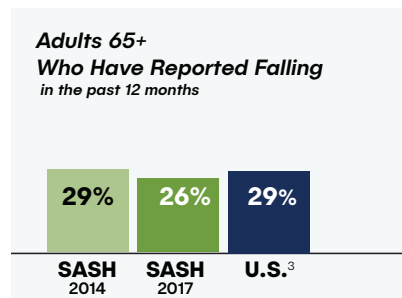
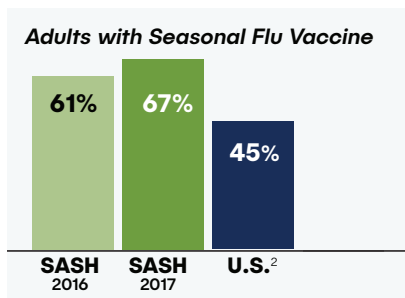
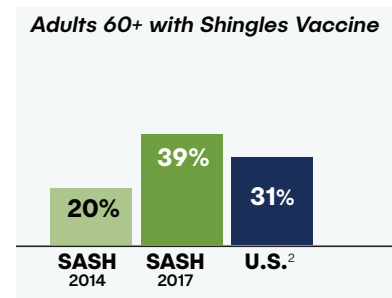
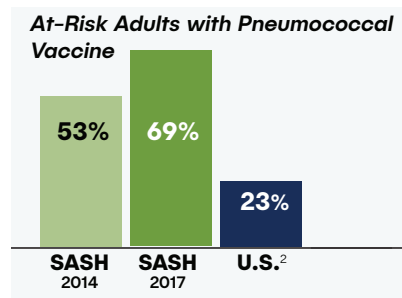
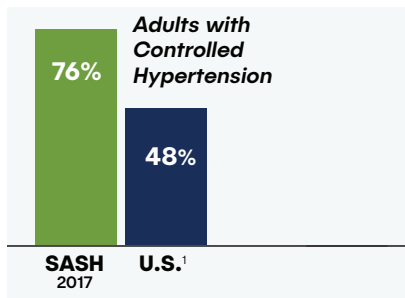
HEALTHIER PEOPLE

SASH has demonstrated consistent and significant improvements in quality metrics, in many cases exceeding national benchmarks (see charts).

SMARTER SPENDING

From July 2011 to June 2015, **SASH participants**

realized an average savings of \$1,227 per person per year in Medicare expenditures.* In addition, a study published in the *Journal of the American Medical Association*** indicates that the 3,300 SASH participants with advance directives could translate into a **savings of \$18.4 million in end-of-life care.**



1) cdc.gov/mmwr/volumes/66/wr/mm6632a3.htm#F1_down
2) cdc.gov/mmwr/volumes/66/ss/pdfs/ss6611.pdf
3) cdc.gov/mmwr/volumes/65/wr/mm6537a2.htm
4) Analysis of statewide SASH data

* Highlights of the First Four Years of SASH (summary of four-year evaluation), U.S. Dept. of Health & Human Services, Assistant Secretary for Planning and Evaluation: aspe.hhs.gov/pdf-report/support-and-services-at-home-sash-evaluation-highlights-first-four-years-research-summary

** *Journal of the American Medical Assn.*, 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; cites \$5,585 savings per decedent in Vermont's 2 Hospital Referral Regions.



The Issue: The Governor's proposed budget for SFY 2020 cuts funding for SASH statewide administration by 56%.

Action Needed: Reinstate the full SASH funding (\$974,000) in the DAIL (Department of Disabilities, Aging and Independent Living) budget for 2020.

SASH Facts:

DAIL funding for SASH has been in place since 2011 and is currently \$974K which includes critical funding for:

- Statewide SASH administration - supporting 120 SASH staff (employed by 22 non-profit housing organizations, public housing authorities and home health agencies) who support approximately 5,000 SASH participants in every county of the State. Administration includes staff training, model integrity, technical assistance support, data management and analysis, contract negotiations, and administration of \$3.8M in Medicare funding and HASS grants oversight.
- \$325k in HASS (Housing and Supportive Services) grants are passed through to 14 community sub-grantees providing essential services to vulnerable residents in affordable housing.
- Funding for six DRHOs (Designated Regional Housing Organizations) who support SASH housing hosts in their region, meet with partner agencies, and handle regional concerns.
- Community partner agency (home health, mental health, and agencies on aging) time to attend SASH team meetings on a monthly basis.

The DAIL funding protects the **\$3.8M in Medicare funding** that supports:

SASH Wellness nursing and SASH Care Coordination staff time **ONLY** - 120 staff around the State. DAIL funding is the only funding that supports training, oversight, technical assistance and data management of the SASH program.

Results

- SASH has been rigorously evaluated for four years by a federally contracted third party and shown to reduce Medicare expenditures by \$1,200 per person per year compared to a control group. Most recent results show **lower expenditures in hospital, emergency room and specialist visits** for most participants. Some of the largest cost savings has been for participants eligible for both Medicare and Medicaid.
- The SASH statewide system has been used repeatedly to spread innovative programs and best practices in partnership with many agencies of the State of Vermont. See attached sheet.

For more information or questions, please contact:

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The SASH Impact

HOW MUCH DID WE DO?

- 5,000 of Vermont's lowest income older adults and persons with a disability are participating.
- SASH is available in over 140 affordable housing sites across the state and surrounding communities.
- SASH is available in every county and Health Service Area in the state.
- We have created over 65 jobs (FTEs) across the state.
- SASH staff around the state are trained to lead evidence based programs, including; Stanford Chronic Disease Self-Management; Chronic Pain Management; Diabetes; Tai Chi for Arthritis, U Matter suicide prevention and Gatekeeper mental health training.
- SASH is addressing the social determinants of health impacting the five top chronic conditions that together account for a large percent of health care spending: arthritis, high blood pressure, vision problems, depression and anxiety.
- 67 partner agencies have signed SASH Collaboration Agreements. Key partners in SASH include hospitals, primary care, Home Health agencies, Area Agencies on Aging and the Designated Mental Health agencies.

HOW WELL DID WE DO IT?

- An independent, third party evaluation found *statistically significant reductions* in Medicare rates of spending growth for SASH participants when compared to control groups. Savings were estimated in the range of **\$1,200 per person per year**. (source: RTI, Final Evaluation Report, March 2017 prepared for the Office of the Assistant Secretary for Planning and Evaluation, HHS).
- Reductions in health care utilization and spending for SASH participants was most prevalent in hospital admissions, emergency department visits and specialty visits. ([Cityscape](#), 2018, Volume 20, Number 2)
- Increased rates of vaccinations, decreased unmanaged hypertension rates, and increased advance directives (source: SASH Data Management system, PHL, 2018).

IS ANYONE BETTER OFF?

- "SASH provides a network of care that will be available if I should need it" (source: SASH participant).
- "I feel much more confident in facing the rocks and shoals of advanced age with the very competent and comprehensive support provided by the SASH team" (source: SASH participant).
- "The SASH program allowed our mother to avoid the stress of moving to assisted living while giving her the extra *years* being able to live on her own with dignity (source: letter from the son of a SASH participant with Alzheimer's).
- "It is a great source of personal security and assistance to have help at close range" (source: SASH participant).