



2/25/2019

SASH Participant

• Things could always be worse. That is something my parents would always remind me of, and they could. It can become overwhelming dealing with the physical and emotional (mental) problems that some of us have to face. You find yourself isolated. There are times when I wouldn't leave the house for months, because I didn't think anybody cared. That was until a friend of mine approached me about a new program called sash. After explaining to me what it was, I thought what a great idea and signed up. Before long I was getting assistance with all aspects of my health. I had people who would talk to me and listen. They helped me out the door, treated me as a friend rather than a number. That was and continues to be as important as the medication the doctors prescribe. Sash checks my BP, takes my weight and more often than not assists me with my appointments all the while advocating for me. It is truly life changing. Before sash and there various programs my diabetes, BP and various other medical problems were really out of control. To be clear these wonderful caring people are just as important if not more so than any doctor who will eventually treat you. One pilot program was essential in getting my diabetes under control, through the help of sash and pharmacy. They were able to find a more effective way to treat my diabetes, and for that it is well under control. Sash is a lifeline to get you through to the next step to better health and longevity. I can't imagine where I would be without them. Things could have been a lot worse...

Harley Peryer

SASH Participant

A handwritten signature in blue ink, appearing to read "Harley Peryer", written over a horizontal line.

CONTINUED
FUNDING

COMMUNITY-CLINICAL LINKAGES

SASH Diabetes Pilot, Rutland

In October 2017, representatives from the Vermont Department of Health, the SASH administrative team, the Rutland Housing Authority SASH Team for Templewood Court/Sheldon Towers, and Beauchamp & O'Rourke Pharmacy designed a pilot project to measure the impact of adding a pharmacist to the SASH team for the purpose of helping SASH participants with diabetes or pre-diabetes better manage their condition.

The pilot began in January 2018, with the Templewood Court/Sheldon Towers SASH Team, a pharmacist from Beauchamp & O'Rourke and SASH participants with diabetes, pre-diabetes and possible pre-diabetes. Team members were Carol Keefe, SASH supervisor and implementation manager; Cathleen Paulin, SASH wellness nurse; Erica Raiche, SASH coordinator; and Martin Irons, RPh, CDE, Beauchamp & O'Rourke pharmacist. Funding was provided by the Centers for Disease Control & Prevention (State Public Health Actions [1305] grant).



PILOT DETAILS

Goal: To measure the impact of adding a local pharmacist to the team in a supportive-services model (aka SASH), on lowering HbA1c and/or weight in Medicare/Medicaid recipients in affordable housing

Timeframe: January 1 – June 30, 2018

Participants: 25 SASH participants with diabetes, pre-diabetes or possible pre-diabetes

Activities conducted as part of the pilot included the following:

- On-site "Healthy Living with Diabetes" program
- Dietician-led "The Sweet & Sour of Diabetes" program
- Wellness nurse talk on diabetes
- Pharmacist talk on diabetes
- Pharmacist participation at SASH team meetings
- Select 1:1 meetings between SASH participants and pharmacist

RESULTS (See chart for specific findings. Note that negative changes are POSITIVE changes and that ANY change in A1c can reduce the risk of diabetes complications. In some cases weight change is over two years.)

- The goal of the pilot was to positively impact A1c and weight, and we did just that. ("Can you imagine the results with some fine tuning?" — Carol Keefe, SASH supervisor and implementation manager)
- We learned a significant amount of information as it relates to our work as SASH staff and the management of a very complex chronic disease.
- Communication gaps were identified among team members, as was the need to further define team member roles.
- Review of medication and lab results at the beginning of the project was key to the pilot's success.
- The pilot had many successes, including one star participant who lowered their A1c by 4 points! The participant's parting words: "I haven't felt this good in a long time." As a result of the pilot's success, we are exploring the possibility of replicating this program at another panel.

Clinical Measure	Average PRE	Average POST	Average Change	Range of Change	Sample with more than 1 Measurement
HgA1c	7.9%	6.9%	-1.03%	-0.4% to -4.1%	13
Systolic Blood Pressure	127mmHg	126mmHg	-0.3mmHg	-60 to -30mmHg	23
LDL Cholesterol	101 mg/dl	65 mg/dl	-35.5 mg/dl	-117 to -20 mg/dl	8
BMI	33.0	31.8	-1.2	-15.1 to -2.3	22
Weight	203 lbs.	195 lbs.	-7.7 lbs.	-99 to -13 lbs.	22





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:

Kim Fitzgerald, Cathedral Square CEO
fitzgerald@cathedralsquare.org
802.859.8808

Molly Dugan, Director of SASH
Dugan@cathedralsquare.org
802.859.8803