# BUILDING THE CASE FOR ENHANCED AFFORDABLE HOUSING FOR OLDER ADULTS: A REVIEW OF HEBREW SENIORLIFE'S R3 PROGRAM



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## INTRODUCTION

Hebrew SeniorLife (HSL) is a Harvard-Medical School affiliated non-profit provider of housing and health care services for seniors in the greater Boston area. Building on evidence from two prior demonstration projects and their own scientifically-grounded assessment system, HSL developed the Right Care, Right Place, Right Time (R3) initiative for care coordination by Wellness Teams at both HSL-owned and two partner-owned affordable housing sites.¹ Important goals of the R3 initiative were to support seniors living independently, improve quality of life, and reduce avoidable health care utilization for these residents.

HSL's additional goal was to leverage implementation findings to make the case with their residents' health insurance companies for a payment model for R3 care coordination services. Based on evidence from R3, HSL has initiated a pilot with two payers whose capitated payments support the R3 Wellness Teams at their members' housing sites. Although the two payers are initially covering only a small number of residents, the R3 payment pilot presents an exciting learning opportunity for further evolution and acceptance of a sustainable health insurance based payment model.

# CONTEXT FOR INNOVATION

In developing R3, HSL built on findings from its own wellness program, Vitalize360, and looked to evidence from two other projects demonstrating that improved health outcomes and cost savings could be achieved by embedding health care coordination services within affordable housing sites. Vitalize360 is a resident-directed approach to wellness coaching, and its service model framework and assessment tool were incorporated into the R3 model. The other projects -- The Vermont Support and Services at Home (SASH) and the Oregon Health and Housing Learning Collaborative (OHHLC) -- both demonstrated improved health status and reduced costs through health care coordination for residents at affordable housing sites. The SASH program demonstrated an average savings of \$1,227 per person per year in Medicare expenditures, and slowed the rate of growth for hospital and physician costs for participating residents.<sup>2</sup> The OHHLC demonstrated that residents of affordable

housing sites who received enhanced services increased their use of preventive health services and saw a decrease in the number of emergency department visits.<sup>3</sup>

Building on these programs, the HSL R3 care model embeds Wellness Teams comprised of a wellness nurse and wellness coach at the housing sites, one for each of the two geographic regions. The Teams coordinate health, social, nutrition, transportation, and housing services according to each resident's goals and needs identified in initial assessments and ongoing conversations. R3 participants attend on-site wellness classes, get monthly newsletters, and receive calls or in-person check-ins from their R3 coach, who assists participants with management and coordination of appointments, providers, medications, home maintenance, and family and social connections.

# INVESTMENT PROGRAM

To pilot the R3 integrated care model, HSL received grant funding from the Massachusetts Health Policy Commission (HPC) Health Care Innovation Investment (HCII) program. The HPC launched the HCII program in 2016 to provide funding for innovative approaches to delivery of better health care at a lower cost. The mission of the HPC is to advance a more transparent, accountable, and innovative health care system through independent policy leadership and innovative investment programs. The HPC's HCII award allowed HSL to implement the first iteration of R3 to demonstrate proof of concept to support a health insurance based payment model.

While early results were promising, HSL did not have sufficient data to support a value case that satisfied payers. A second iteration of the R3 program received a Sustainable Healthcare Innovations Fostering Transformations (SHIFT-Care) grant from the HPC in 2018, to support care model changes and provide additional time for model refinement, data collection and coalition building for HSL to make the case for R3's sustainability.

# SUPPORTING THE VALUE CASE

HSL envisioned a multipronged approach to sustainability of the R3 model: (1) demonstrate the merits of the enhanced care model at HSL and partner housing sites; (2) use findings from the pilot to define a value case based on a combination of operational and programmatic findings, financial outcomes, and resident satisfaction; (3) use that value case to support discussions with payers about sustainable payment models; and (4) build support through advocacy. HPC's investment allowed HSL to demonstrate programmatic viability, and catalyzed conversations with payers about payment strategies.

# FIGURE 1: Baseline and Implementation Ambulance Transfers (includes all R3 sites) - Baseline - R3 Note: Data for April, May and June 2017 excluded because assessments conducted with residents during baseline comprised a change in resident experience, impacting outcome.

#### **Key R3 Program Components**

- Embed Wellness Teams to work collaboratively with existing housing staff
- Teams identified the importance of being onsite to build a trusting relationship with residents, allowing Teams to broach topics that may have previously been off-limits
- □ Teams integrated existing housing staff into the care model, implementing "eyes on training" to broaden the program's reach by training food service, front desk, facilities and maintenance staff to identify physical and cognitive changes that may indicate residents need further supportive services
- Implement real-time data collection to improve the program and demonstrate impact
- Through ambulance daily logs, Wellness
   Teams identified some mental health-related root causes of ambulance transfers
   and enhanced the Teams' approaches
   to identifying and referring residents in need of mental health support
- HSL demonstrated a trend of decreasing use of ambulance transfers during R3 implementation

- To support ongoing R3 operations, convene a coalition of organizations that see mutual benefit in collaboration
- Municipal Emergency Medical Services (EMS) and Fire Departments
- Daily reports of ambulance transfers from EMS and the Fire Department informed follow up to reduce 911 calls
- Housing Site Representative
- HSL's housing site partners were interested in slowing the rate of resident turnover (leading to lost revenue) through enhanced services to support seniors living independently
- HSL received financial support from their two housing partners to supplement the HPC investment
- Mental Health Providers
- During implementation, Wellness
   Teams identified many residents
   with unmet mental health needs and
   reached out to local providers to
   increase access to mental health ser vices co-located at the housing site
- HSL was able to proactively address an underlying cause of many avoidable emergency ambulance calls

# HSL demonstrated decreased health care utilization for pilot sites while maintaining resident satisfaction with the initiative

- Average decrease in ambulance transfers was 18.2%, baseline to intervention, for all R3 sites<sup>4</sup>
- Rate of increase for inpatient hospitalizations for all R3 sites was 19% lower than for control sites (when controlling for age)<sup>5</sup>
- Limitation: Despite its relationship with a
   Medicare ACO and many area hospitals,
   HSL was unable to access health care
   claims data specific to R3 residents that
   could ultimately demonstrate programmatic impact.
- The Wellness Teams' close relationship with residents afforded immediate feedback on the program. HSL shared resident experiences with the housing site staff and the larger partner coalition on an ongoing basis.
- LeadingAge LTSS Center @UMass Boston conducted a series of resident focus groups as part of their mixed method evaluation of R3.6
- Residents reported positive experiences with the R3 program as well as with individual Wellness Team staff.

# Building support through advocacy and dissemination: R3 contributes to the growing evidence base for affordable housing sites as essential partners in effective health care intervention strategies.

- State-level legislative advocacy to try to advance a statewide housing and services demonstration project.
- Promoting R3 through media and award opportunities including winning the Pioneer Institute Better Government Competition, being featured in a LeadingAge podcast, and in McKnight's Long Term Care News and other publications.
- Partnering with key state and national housing and senior organizations, including MassHousing, Department of Housing & Community Development, Executive Office of Elder Affairs, and Department of Housing and Urban Development (HUD).
- Presenting at conferences, including National LeadingAge conference panels, the National Home & Community Based Services conference, and meeting with many local groups interested in the topic.
- Writing an open letter to Ben Carson, Secretary of HUD, with savings projections of a nationally scaled R3 program.

## CONCLUSION

The lack of a widely accepted health insurance payment model for preventive care at affordable housing sites has inhibited expansion of innovative models like R3. However despite challenges, HSL implemented a payment model pilot for R3 with two health insurers offering Medicare and Medicaid managed care plans, Tufts Health Plan (Senior Care Options and Medicare Advantage) and Commonwealth Care Alliance (Senior Care Options). The participating insurers contribute \$580 per member per year to support the R3 Wellness Teams at their members' housing sites, with a risk component of a 10% withhold tied to quality goals. Although these two payers are initially covering only a small number of housing site residents, the pilot presents an exciting learning opportunity for future payment models.

## CONTACT

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- 1. HSL sites include Simon C. Fireman Community (South Shore), Center Communities of Brookline (The Marilyn and Andrew Danesh Family Residences, The Diane and Mark Goldman Family Residences, The Julian and Carol Feinberg Cohen Residences) and non-HSL sites include WinnCompanies The Village at Brookline and Milton Residences for the Elderly (South Shore) Unquity House and Winter Valley.
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