Bringing personal and health care services into housing:

Finding the money

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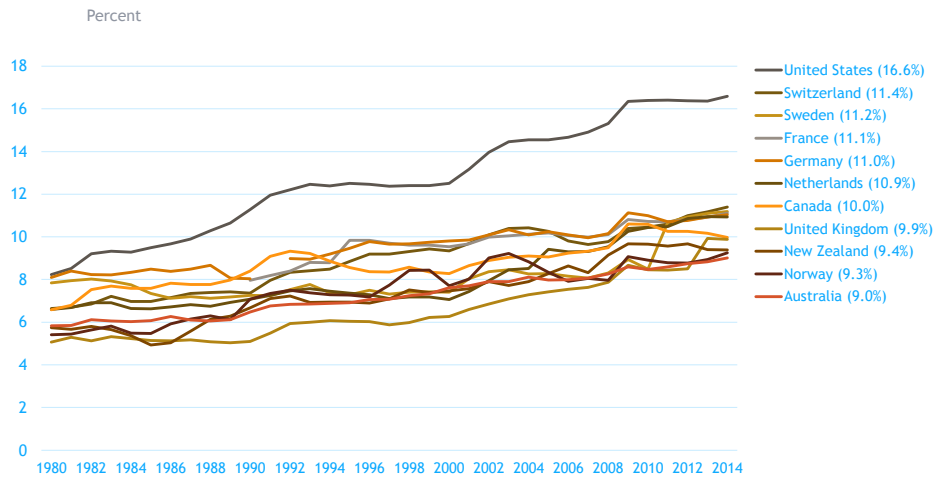www.ltsscenter.org

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Background

- ➤ Residents of subsidized senior housing (SSH) already receive personal/health care services, in place, from—
    - ❑ **"In-house" staff, including service coordinators**
    - ❑ **Home care and home health care agencies**
    - ❑ **Private individuals**
    - ❑ **ASAPs**
    - ❑ **SCO programs**
    - ❑ **PACE programs**
- ➤ However, services are fragmented and uncoordinated
- ➤ And services provided by SSH are not reimbursed

Background (cont'd.)

- Evidence (while limited) suggests that providing personal/health care services in SSH can improve outcomes and save cost

  ❑ **Residents in properties with an onsite service coordinator had 18% lower odds of having a hospital stay during the year.**

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Health Care Spending as a Percentage of GDP, 1980–2014

Percent

Legend:
- United States (16.6%)
- Switzerland (11.4%)
- Sweden (11.2%)
- France (11.1%)
- Germany (11.0%)
- Netherlands (10.9%)
- Canada (10.0%)
- United Kingdom (9.9%)
- New Zealand (9.4%)
- Norway (9.3%)
- Australia (9.0%)

GDP refers to gross domestic product. Data in legend are for 2014.
Source: OECD Health Data 2016. Data are for current spending only, and exclude spending on capital formation of health care providers.

The Commonwealth Fund

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Health and Social Service Expenditures as % of GDP

Total Social Service Expenditures
Total Health Service Expenditures

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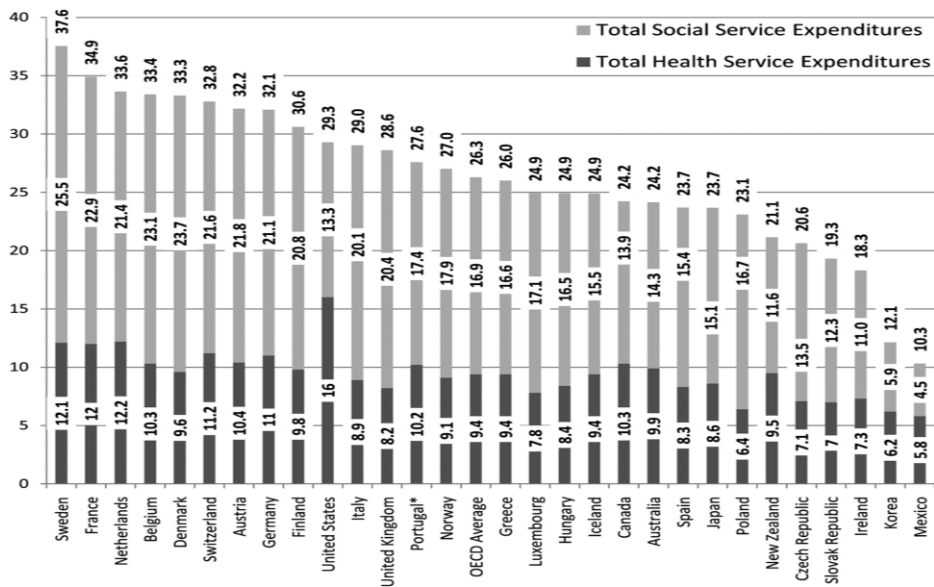
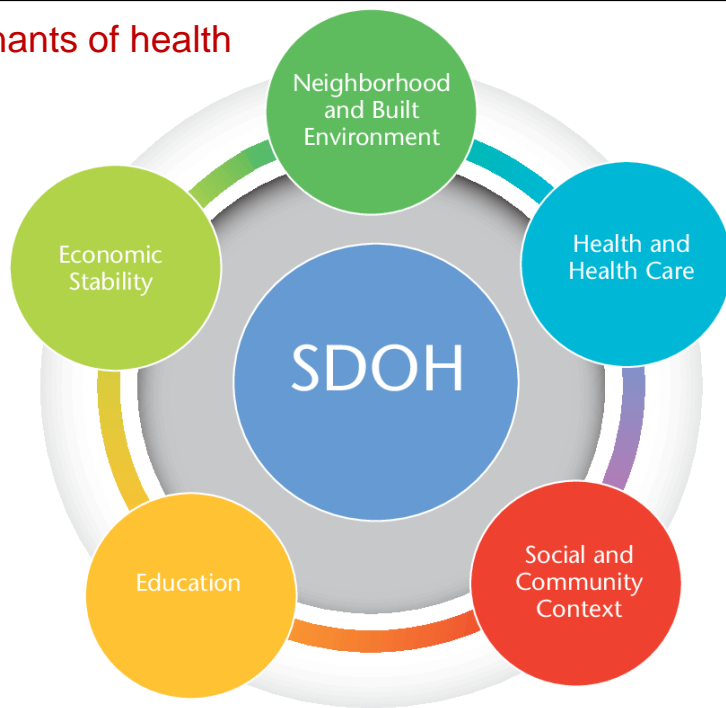Social determinants of health

Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Why use subsidized senior housing (SSH) as a platform to deliver personal/health care services?

➤ Health care characteristics of residents

    ❑ **Dual-eligibles living in SSH (~70%) use health care services more, and are more expensive than their community counterparts (Medicare +16%; Medicaid +32%)**

➤ Concentrated population

    ❑ **Operating efficiencies**

    ❑ **Streamlined access**

    ❑ **Programming that reaches multiple individuals**

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Why use SSH (SSH) as a platform? (cont'd.)

- Ability to influence social determinants of health
  - **Economic stability**
  - **Safe and secure housing**
  - **Social integration**
  - **Community engagement**
  - **Support systems—including**
    - Trusting relationships; know preferences, needs, capacities
    - Ability to monitor and notice emerging issues
    - Ability to facilitate greater follow-through and compliance

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Finding the money (cont'd.)

➢ Besides the patient (and her family) who benefits when unnecessary health care utilization is avoided?
  ❑ This includes *avoidable*—
    ❑ **Emergency room visits**
    ❑ **Hospitalizations**
    ❑ **Hospital readmissions**
    ❑ **Nursing home admissions**