



Evaluation of Health Outcomes and Medicare Expenditures

National Safe and Healthy Housing Coalition
June 7, 2016

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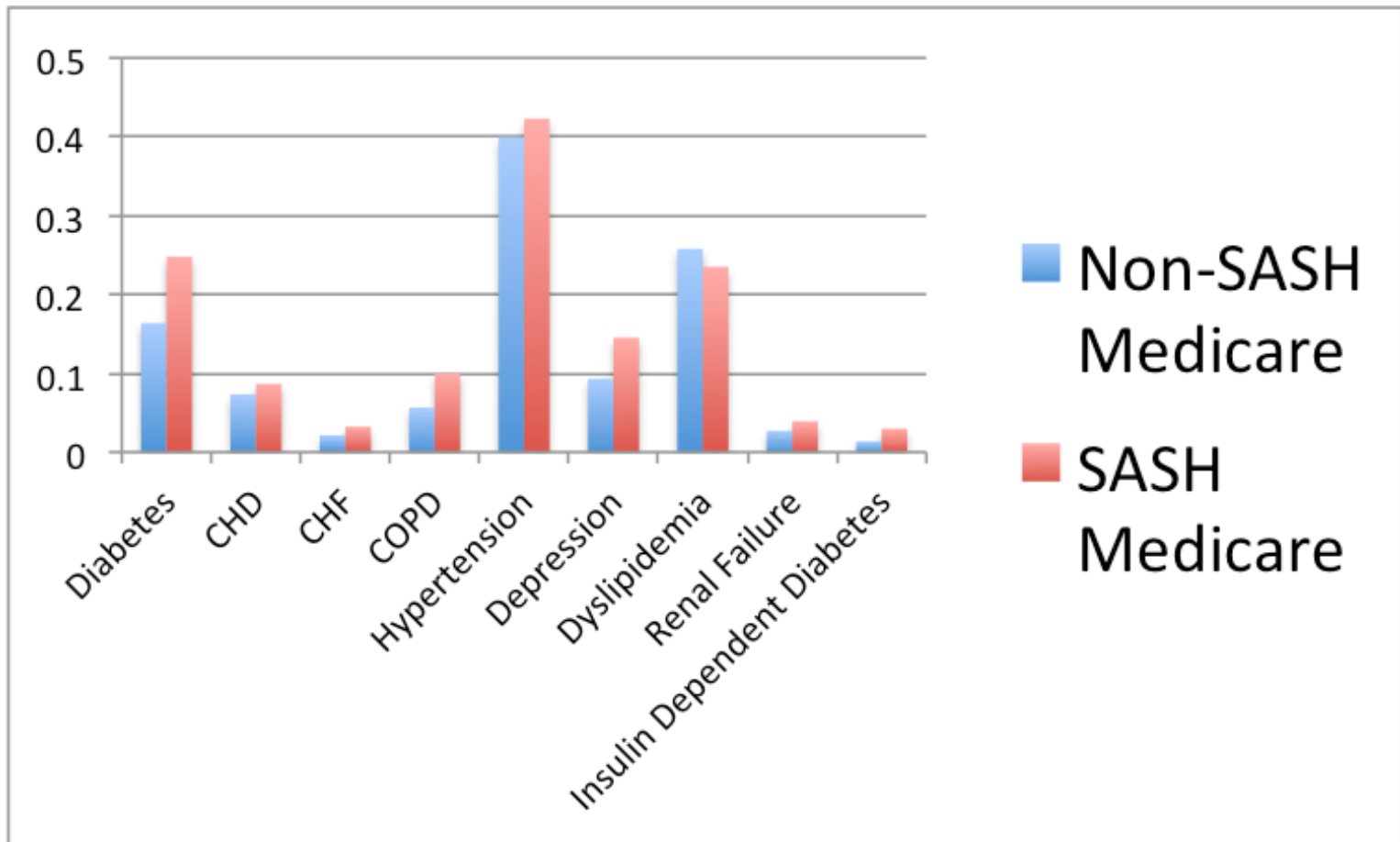
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Evaluation Questions

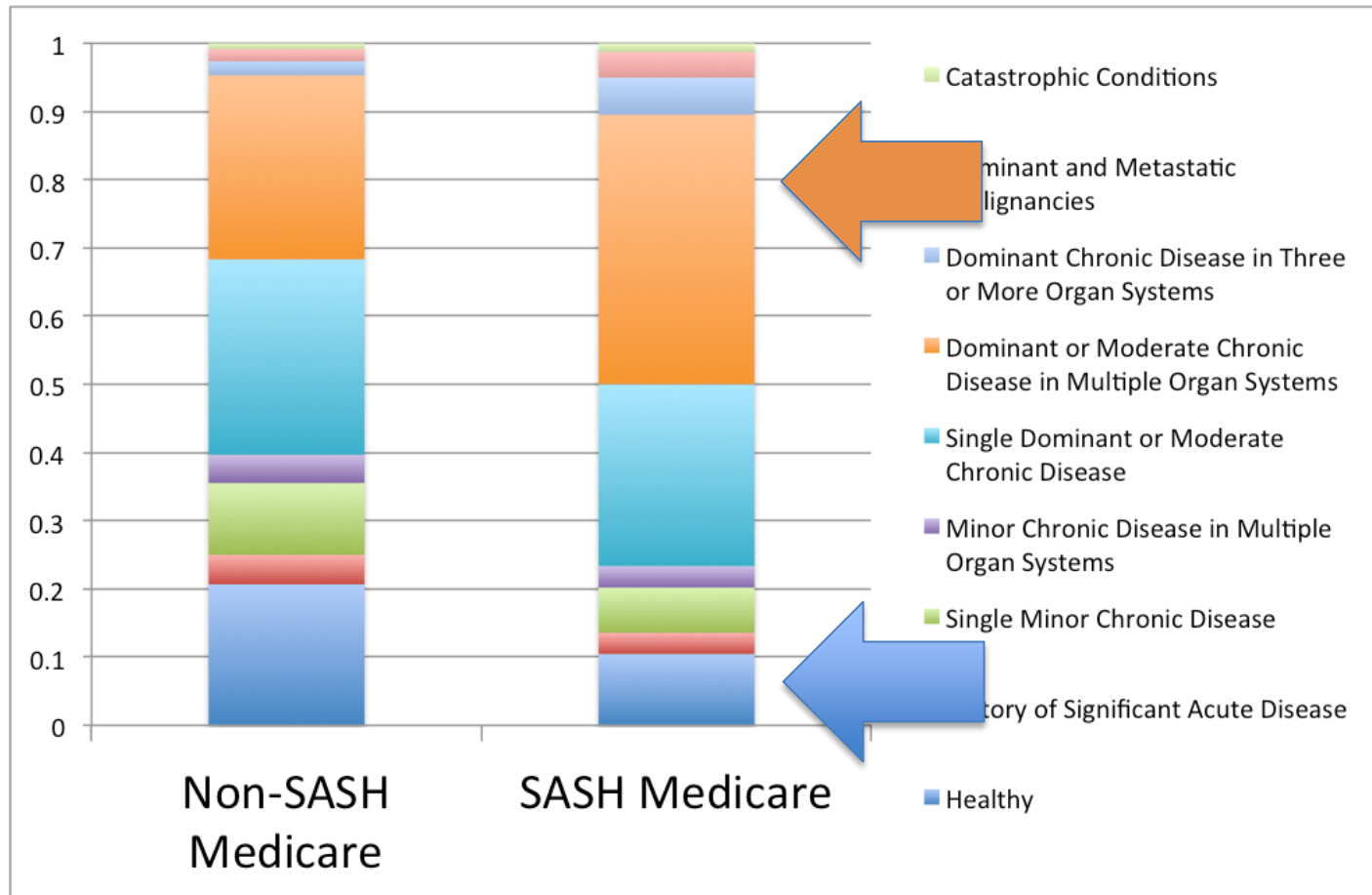
1. Does the SASH model benefit health outcomes?
2. Does the SASH model help control the growth of health care expenditures?

Health Conditions in SASH Participants compared to Non-SASH Participants



Source: Vermont's All Payer Claims Database

Clinical Risk Groupers (CRG) in SASH Participants compared to Non-SASH Participants



Source: Vermont's All Payer Claims Database

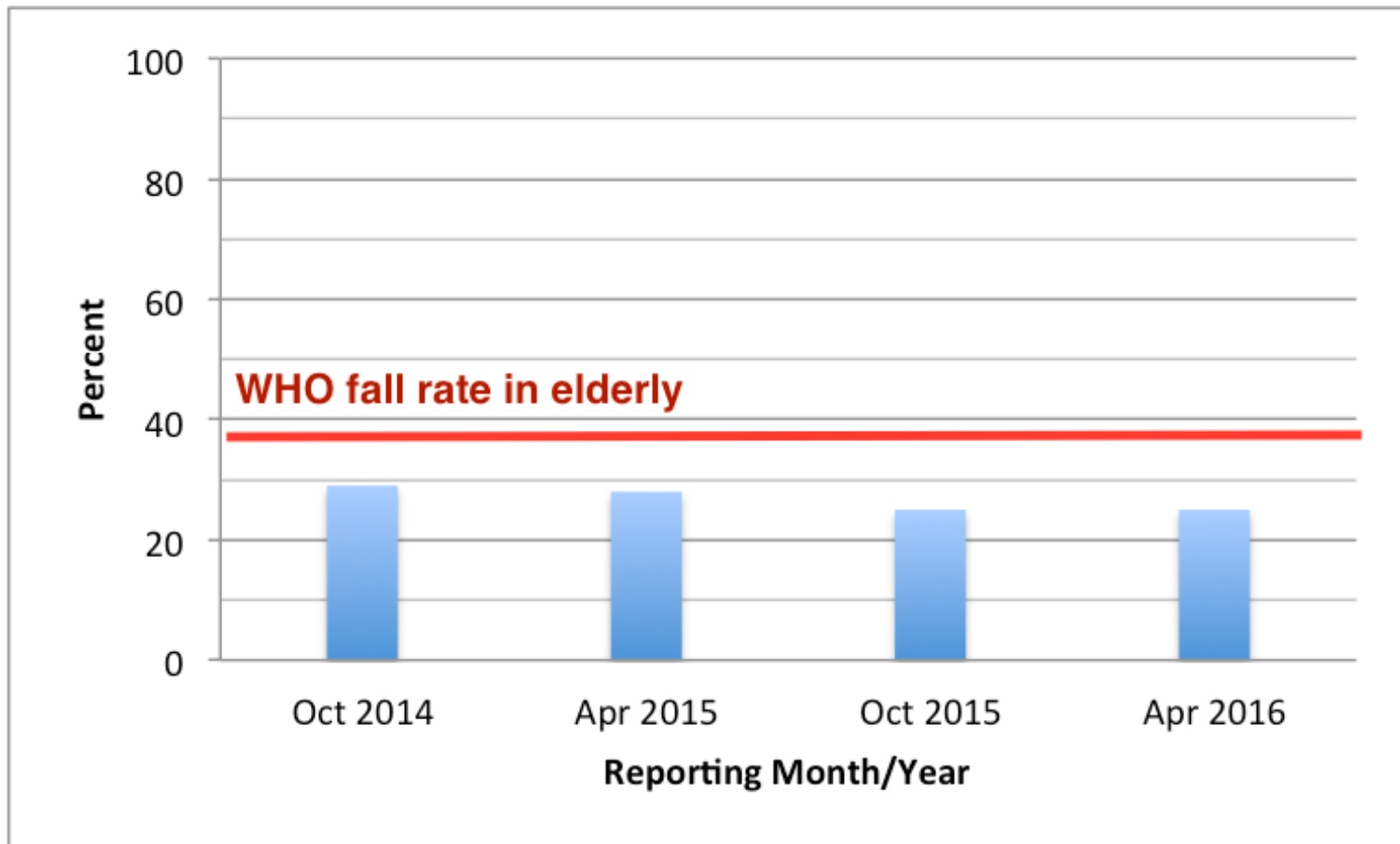
Does the SASH model benefit health outcomes?

- Documented Advanced Directives
- Immunization Rates
 - Shingles
 - Pneumococcal
 - Seasonal Flu
- Falls
- Controlled Hypertension (BP < 140/90)

SASH Health Outcomes (Oct 2014 – Apr 2016)

	Oct 31 2014 (n=3076)	Apr 30 2015 (n=3603)	Oct 31 2015 (n=3807)	Apr 30 2016 (n=4098)
Advance Directives				
Documented	53%	53%	54%	59%
Immunizations				
Shingles Vaccine	20%	26%	30%	34%
Pneumococcal Vaccine	53%	57%	60%	63%
Flu Vaccine (seasonal)	19%	42%	11%	61%
Falls				
Fall (within 12 months)	29%	28%	25%	25%
Blood Pressure				
Checked within 6 months	52%	49%	39%	59%
If checked, in control	76%	74%	76%	77%

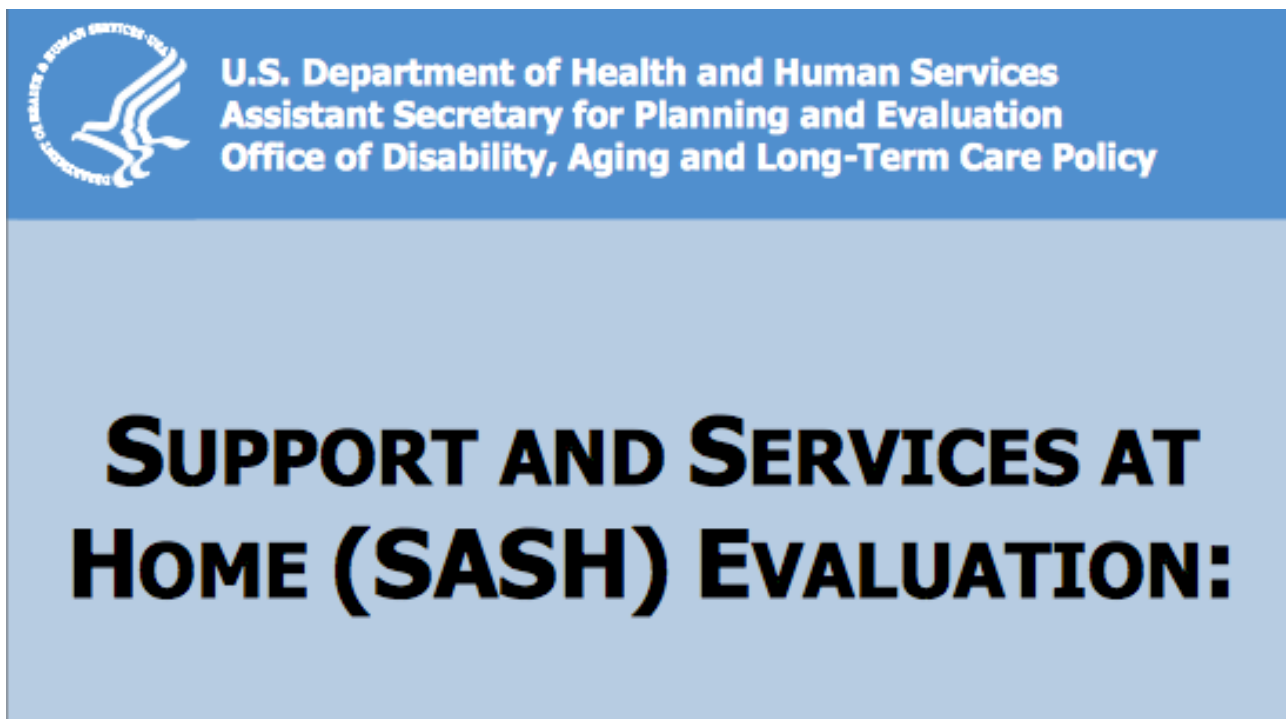
Percent of SASH participants who have fallen in the past 12 months



Evaluation Questions

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SASH Medicare Evaluation



Leading Age and RTI International

<https://aspe.hhs.gov/sites/default/files/pdf/198446/SASH2.pdf>

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SUPPORT AND SERVICES at HOME

SASH Medicare Evaluation

- Third-party evaluation conducted by LeadingAge and RTI International
- Claims data for a sample of Medicare fee-for-service beneficiaries
- Analyzed health care utilization and expenditures
- Comparison group of Medicare beneficiaries who were living in Vermont-based affordable housing properties that did not participate in SASH

Major Findings: 1st Annual Report

- September 2014
- SASH sample size = 549
- 1 year of implementation

*In established panels, the SASH program statistically significantly reduced annual Medicare expenditures by an estimated **\$1,756** per beneficiary*

Major Findings: 2nd Annual Report

- January 2016
- SASH sample size = 1602
- 3 years of implementation

SASH continues to slow the growth of total annual Medicare Expenditures

*Growth in annual Medicare expenditures was statistically significantly lower, by an estimated **\$1,536** per beneficiary, in early panels*

SASH Evaluation: Next Steps

- Health Outcomes
 - Expand set of targeted measures for targeted improvement
- Medicare Utilization and Expenditures
 - Explore in more detail the SASH community participants and community panels
 - Examine cost reductions in late panel cohorts

Thank You!

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SASH program:

www.sashvt.org

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