

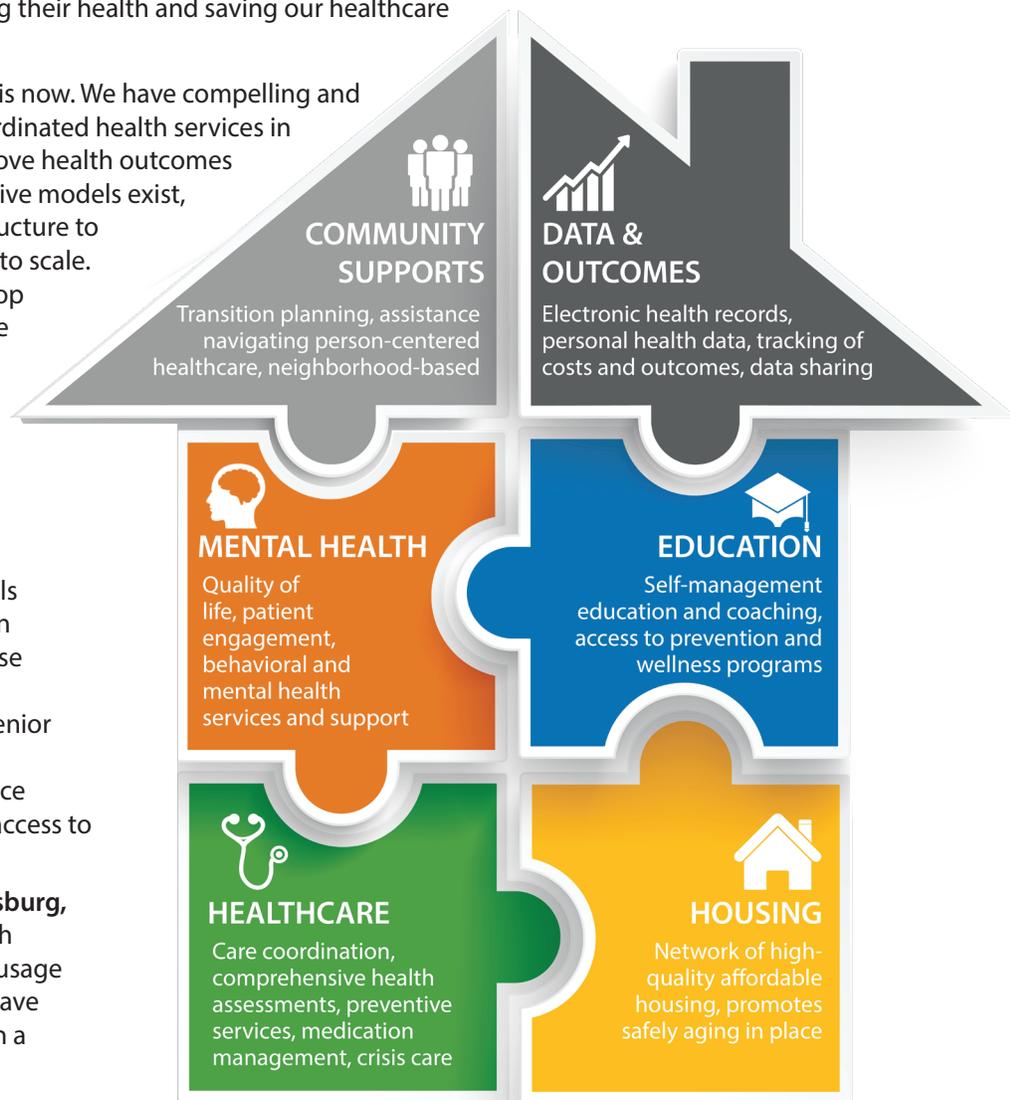
Our aging population is growing, and more than ever older adults are interested in aging safely in their own homes and communities. What if we had a network of housing designed intentionally to provide the care and services to make this dream a reality for American seniors? Could we use that housing as a platform to move beyond providing costly, episodic care and focus on providing coordinated, personalized, patient-driven care that helps older adults age safely and comfortably in their own homes? Could we help seniors reach their goal of aging in place while simultaneously improving their health and saving our healthcare sector money?

The answer is yes, and the opportunity is now. We have compelling and mounting evidence that providing coordinated health services in an affordable housing setting can improve health outcomes and reduce costs for older adults. Effective models exist, but we currently lack a national infrastructure to replicate these models and bring them to scale. This document outlines a plan to develop that infrastructure so that we can realize the full potential of using affordable housing as a platform for improving senior health, containing costs, and transforming lives and communities.

EXISTING MODELS

There are several well-developed models of health system reform that are built on the platform of affordable housing. These include models developed by cutting-edge nonprofits such as Presbyterian Senior Living, Cedar Sinai Park, and Cathedral Square. The models are proving to reduce costs, improve health, and/or increase access to services.

- **Presbyterian Senior Living in Harrisburg, PA**, is partnering with PinnacleHealth System to reduce emergency room usage by low-income seniors. The results have been stunning; the hospital has seen a reduction of over 50% in ER use.
- **Cedar Sinai Park in Portland, OR**, has partnered with the state's largest Medicaid payer, CareOregon, to form a limited liability corporation serving 11 of the largest low-income housing developments in the city. Their model focuses on the distinct needs of seven populations, including Hispanics, Russians, Iranians, and several Asian cultures. They are increasing services for hard-to-reach populations through resident engagement.
- **Vermont's Support and Services at Home (SASH)** model has reduced Medicare expenditures, increased access to primary care services, and improved health conditions by building integrated health teams into the network of affordable housing communities across the state. These high-quality residential communities provide the perfect setting for health interventions at home.



In all these models, housing is an asset to the healthcare system – it's a key partner in health reform.

INVESTING IN THE INFRASTRUCTURE TO BRING SUCCESSFUL MODELS TO SCALE

Replication of these successful models has been stymied by the lack of some critical infrastructure. To bring these models to scale we need a national database, sustainable funding models, and intensive technical assistance and support.



National Database

A national database to enter personal health information for participants from across the country would enable the collection of a uniform data set, state-to-state comparisons, and outcomes evaluation on large populations. A ready-made database will facilitate the adoption of home-based models for organizations that lack the resources to create and maintain a complex data system but are otherwise well-positioned to provide coordinated services.



Sustainable Funding Models

Successful models have been funded primarily through Medicare, Medicaid, and hospitals. Permanent authority to use public insurance to support these models and long-term agreements with payers and provider networks are needed to bring these models to scale nationally. Roadmaps are needed to partner with ACOs and federal demonstrations, such as the Comprehensive Primary Care Initiatives (CPCIs).



Intensive Technical Assistance Support

The organizations behind the models outlined above are focused on implementing and sustaining their programs and do not have the capacity to bring national attention to their success and provide the intensive multiyear technical assistance essential to replicating their models. A system of intensive technical assistance and support will catalyze the replication of models and provide a mechanism for quality assurance.

THE PLAN TO BRING MODELS TO SCALE

There are a number of organizations committed to bringing successful models to scale nationally. The opportunity is ripe to join forces and establish a national coalition devoted to bringing these models to their full potential by:

Building the Foundation.

- **Building the national coalition.** We will seek partners whose missions are aligned and who bring unique skills to this collaboration.
- **Defining exactly what we mean by “home-based health system reform.”** What are the essential components of these models? We will identify models that include the essential components and offer a menu of models for replication.
- **Naming the coalition.** Our work is constrained by confusion over the distinction between housing plus services, supportive housing, healthy housing, health and housing models, health at home, and service-enriched housing. Just as certain market sectors (such as condominiums) have grown due to strong branding, it is time to give this new sector a name.
- **Developing a multiyear business plan.** Develop a business plan in conjunction with coalition members that quantifies the impact our work will have on vulnerable populations.

Developing the Framework.

- **Establishing partnerships with funders.** The coalition will design a multiyear plan to invite a network of funders to invest in this important work.
- **Agreeing on uniform measures.** Align the data we collect and the outcomes we measure with 2020 public health goals and healthcare reform measures.
- **Establishing a national personal health information database.** Build, own, and manage a database that is ready-made for organizations prepared to adopt one of the models.

- **Developing funding options.** A mix of funding models will allow for the variation in regulatory and financing environments among states. The funding models could include ACO funding, private payers, hospitals, Medicaid, Medicare, and out-of-pocket.
- **Assuring quality.** The coalition will identify national membership organizations known for high standards of quality control and accelerate replication by working with their members.

Bringing Models to Scale.

- **Creating a national technical assistance center.** The coalition will develop deep technical assistance capacity in collaboration with the model's founders to bring the models to scale.
- **Entering into sublicensing agreements.** Enter into three-party agreements between the founder of each model, sublicensees, and NCHH. Detail the roles and responsibilities of each party. Establish technical assistance, licensing, and monitoring fees.
- **Capitalizing a subsidy pool.** Obtain grant(s) to subsidize sublicensees lacking the financial resources to pay the full cost of the technical assistance, licensing, and monitoring package.
- **Designing tools in the toolkit.** Develop tools essential to operationalizing models in various labor markets and communities of all sizes. For example, create a capitation calculator that uses local workforce labor rates to establish capitation rates.
- **Transferring models to other populations.** Although many of the successful models were founded by nonprofits serving older adults, most of these models can be transferred to other age groups or multiple generations.

THE OPPORTUNITY FOR IMPACT IS NOW

Our elderly and disabled populations are growing. To meet their increasing needs, we need a system of care that acknowledges the reality that people want to remain in their homes and communities. We also need long-term, holistic strategies that address the social determinants of health and behaviors underlying so many chronic conditions. With strong collaborative partners, we can bring proven models to scale, reduce health disparities among the lowest income populations, and provide needed savings to our healthcare sector.



In their words...

“SASH keeps me motivated.”

“We are so grateful for the care and services extended to Mom during her years at [Cedar Sinai Park].”

“I was beginning to feel afraid living in my house alone. Now I feel secure.”