Evaluation of Health Outcomes and Medicare Expenditures

National Safe and Healthy Housing Coalition
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Abigail Crocker, PhD
Research Assistant Professor, Department of Mathematics and Statistics
University of Vermont
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)

<table>
<thead>
<tr>
<th></th>
<th>Oct 31 2014 (n=3076)</th>
<th>Apr 30 2015 (n=3603)</th>
<th>Oct 31 2015 (n=3807)</th>
<th>Apr 30 2016 (n=4098)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advance Directives</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documented</td>
<td>53%</td>
<td>53%</td>
<td>54%</td>
<td>59%</td>
</tr>
<tr>
<td><strong>Immunizations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shingles Vaccine</td>
<td>20%</td>
<td>26%</td>
<td>30%</td>
<td>34%</td>
</tr>
<tr>
<td>Pneumococcal Vaccine</td>
<td>53%</td>
<td>57%</td>
<td>60%</td>
<td>63%</td>
</tr>
<tr>
<td>Flu Vaccine (seasonal)</td>
<td>19%</td>
<td>42%</td>
<td>11%</td>
<td>61%</td>
</tr>
<tr>
<td><strong>Falls</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fall (within 12 months)</td>
<td>29%</td>
<td>28%</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Blood Pressure</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checked within 6 months</td>
<td>52%</td>
<td>49%</td>
<td>39%</td>
<td>59%</td>
</tr>
<tr>
<td>If checked, in control</td>
<td>76%</td>
<td>74%</td>
<td>76%</td>
<td>77%</td>
</tr>
</tbody>
</table>
Percent of SASH participants who have fallen in the past 12 months
1. Does the SASH model benefit health outcomes?

2. Does the SASH model help control the growth of health care expenditures?
SASH Medicare Evaluation

SUPPORT AND SERVICES AT HOME (SASH) EVALUATION:

Leading Age and RTI International

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: 2\textsuperscript{nd} 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 $\text{1,536}$ 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!

Contact Information:
Abigail Crocker, PhD
Research Assistant Professor of Statistics
University of Vermont
e-mail: Abigail.Crocker@uvm.edu

SASH program:
www.sashvt.org

Cathedral Square Corporation
www.cathedralsquare.org