

What Role Can Senior Housing Play in Care Transitions?

Three models of senior housing with services show that innovative collaborations can lower costs, provide person-centered care, and avoid transitions by preventing hospital admissions.

The unprecedented growth of the older adult population and the unsustainable rate of healthcare spending have driven states and the federal government to consider more systemic interventions in the care of elders. As this issue of *Generations* points out, the focus of these interventions is often to reduce acute care hospitalizations, emergency room use, and costly nursing home stays. Affordable senior housing with services is an underutilized resource in this effort, and can serve as a complementary platform for addressing major healthcare issues affecting older adult health and healthcare costs.

Focusing on Hot Spots of Need

Why affordable senior housing? There are more than 670,000 units of Housing and Urban Development (HUD)-supported senior housing nationally, and an even higher number of below market senior housing units. The majority of residents in such affordable housing are dually eligible individuals—the highest cost subgroup within the Medicare population. Based on the concept of “hot-spotting,” as popularized in Atul

Gawande’s January 2011 article in *The New Yorker*, it makes sense to focus interventions, such as care transitions, on these senior living “dual-eligible hotspots” (Gawande, 2011). Senior housing providers have a unique ability to facilitate interventions within their communities that promote independence and healthy out-

It is common sense to focus interventions like care transitions on senior living ‘dual-eligible hotspots.’

comes, and reduce high-cost hospital readmissions and emergency room visits.

Housing providers provide both a setting for efficient delivery of on-site interventions in large congregate settings, and a community-embedded hub for surrounding residents. These providers are an underused asset, bringing a network of informed professionals, information, and resources to support aging at home.

Existing Models Bring Down Costs

The opportunity for the role of senior housing to support aging in community and help effect good transitions of care is stimulating the emergence of models (including the three men-

tioned below) of housing with services across the country.

The SASH model

Vermont is implementing the Support and Services at Home (SASH) model as part of its healthcare reform plan, with funding from the Centers for Medicare & Medicaid Services (CMS). Through its partnerships, SASH connects 112 subsidized housing communities across the state with the health and long-term-care systems. The SASH team, based at the housing sites, includes the Visiting Nurse Association, Area Agencies on Aging, mental health providers, housing providers, and other community agencies. The team is anchored by a housing-based care coordinator and a wellness nurse who provide care coordination, transitions planning, and self-care management education to residents and surrounding communities. SASH's statewide expansion was based on a pilot that showed a 19 percent decrease in hospitalizations, a 22 percent reduction in falls, and reduced skilled nursing facility admissions (LTQA, 2011).

The Mission Creek community

In San Francisco, there is the Mission Creek Senior Community, the result of Mercy Housing California's collaboration with the San Francisco Redevelopment Agency, the San Francisco Department of Public Health, and the San Francisco Public Library. In partnership with these organizations, Mercy developed 139 units of affordable senior housing, an adult day health center, operated by SteppingStone Adult Day Health, ground-floor retail space, and the newest branch of the San Francisco Public Library. A quarter of the residents were living in long-term skilled nursing facilities before moving to Mission Creek.

Mission Creek sits along a tidal creek and has walking trails and plentiful green space, yet is near public transit and neighborhood amenities. The community serves very low-income older

adults, many of whom are at risk of homelessness or have HIV/AIDS. In the year prior to moving into the facility, San Francisco General Hospital (SFGH) and Laguna Honda Hospital (LHH), the city's public skilled nursing facility, received an estimated \$1.7 million in Medicaid or Medicare reimbursement for services provided to the original fifty tenants of Mission Creek. In the year after moving in, this cohort generated \$253,000 in Medicare and Medicaid reimburse-

Mission Creek's program saved approximately \$29,000 per person annually.

ment to SFGH and LHH. This is an average annual reduction of approximately \$29,000 per person (San Francisco Department of Public Health, 2009).

The WellElder program

WellElder is a program of Northern California Presbyterian Homes and Services in collaboration with the Institute on Aging. Operating in four affordable senior housing properties in the San Francisco area, the program teams a part-time health education coordinator (an R.N. or L.V.N.) with a service coordinator; these professionals have the comprehensive expertise to support and meet residents' needs so that they can remain living in their own homes and communities. Together these coordinators monitor residents' vital signs (as requested), provide individual and group health and wellness education, help residents communicate with their healthcare providers, assist with understanding medical and insurance programs, monitor residents after hospital and rehab stays, and provide referrals for any health needs.

A study of the WellElder program by the LeadingAge Center for Applied Research found the program had the "potential to be a cost-effective approach to integrating the complex fragmented service system for medically complex, disabled individuals through the presences

of the nurse and service coordinator in the building” (Sanders and Stone, 2011). The study went on to note that the program could be replicated


WellElder is a replicable, low-cost program that builds on existing infrastructure and fits within regulatory environments.

because it builds on existing infrastructure, is relatively low in cost, and fits within existing regulatory environments.

The Work Continues

The basis for embedding certain interventions in affordable housing sites will be advanced by a

new study conducted by Dr. Robyn Stone and colleagues at the LeadingAge Center for Applied Research. Funded by the MacArthur Foundation, this grant will use CMS and HUD databases to assess whether affordable housing settings can serve as effective platforms for meeting the health and long-term-care needs of low-income older residents, while helping to reduce care costs.

While the study progresses, affordable housing providers nationwide are forging new relationships, or expanding existing ones, to keep residents healthy at home—and out of hospitals. 

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