Effectively Integrating Senior Care and Housing

Hebrew SeniorLife (HSL) is an internationally recognized leader in the field of senior services, including research, teaching, and direct care. We offer a range of residential options as well as inpatient care, home health, and geriatric medical care for more than 3,500 seniors across Greater Boston. Our continuum of services includes three affordable housing communities serving over 1,000 older adults.

Across the country more than 2 million low-income seniors live in affordable housing properties. Most of them live alone. Many suffer from mobility issues, affecting their ability to perform fundamental activities needed to maintain independence and placing them at risk for falls.

With physical issues making it difficult to participate in activities, these seniors are also at risk for isolation and depression, negatively impacting their adherence to care plans and consequently threatening independence. Many struggle financially, and their limited income leads to difficult choices among food, medical care, and other necessities.

HSL is committed to developing a sustainable model of housing with services that can be replicated nationwide, with an important first step of proving value. In 2016, HSL received a two-year grant from the Massachusetts Health Policy Commission (HPC) for our Right Care, Right Place, Right Time (R3) initiative. R3 embeds Wellness Teams comprised of coordinators and nurses in affordable housing and builds on an "eyes-on" approach, where all



housing staff (including maintenance, dining, administrative support, and social work) are well-trained to share observations and contribute to care coordination efforts.

The R3 Wellness Teams serve as a link between housing and health care to efficiently support residents in the place where they spend most of their time, helping them achieve improved outcomes and live independently in their homes for as long as possible.

This pilot stage of the program showed encouraging results, and in 2018, HPC provided a second grant to expand the R3 initiative and explore creative payment models. We continue to strengthen the relationships with our partner organizations who are integral to R3's success.

We are grateful to have also received funding for this work from MassHousing, the Massachusetts Department of Housing and Community Development, Enterprise Community Partners, Coverys Community Healthcare Foundation, Boston Scientific Foundation, Beacon Communities, and individual donors, allowing us to implement this innovative, integrated model believed to deliver better care at a lower cost.

Anticipated Outcomes

R3 was designed to enhance preventive services for vulnerable seniors in affordable housing. Our research partner, the LeadingAge LTSS Center @ UMass Boston, is completing data analysis for R3. We project that R3 will translate into a 15-20 percent reduction in transfers to hospitals, emergency rooms, and long-term care for seniors, resulting in substantial cost savings and a slower rate of increase for seniors' overall medical costs. Projected savings per person are estimated at \$1,800 per year.

Additional anticipated outcomes for residents include:

- Improved connections to wellness programs, mental health care, and other services
- Focused support with falls prevention, medication management, and wellness checks
- Smoother transitions home from hospital and/or rehab stays with well-coordinated services
- More opportunities to participate in onsite and community-based health programs
- Improved quality of life and focus on self-care, including decreased feelings of loneliness and isolation and increased community connections

Sustainability

Our strategy for sustainability is to deliver results and convince payers that a minimal upfront investment in preventative services will result in significant long-term savings.

Evaluation results from the initial R3 interventions will be shared with health plans, hospitals, and accountable care organizations to develop a sustainable payment model. Leading indicators such as emergency room trips, hospitalizations, long-term care placements, and resident satisfaction will impact the system's interest in replication.

Once proven, the R3 model will be scalable regionally and nationally across any congregate senior housing site, supporting better outcomes for low-income seniors, families, and the health care system. If R3 were to be implemented in affordable senior housing nationwide, the projected annual savings would be more than \$3 billion.



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Kim Brooks has 25 years of experience in the development, delivery, and reimbursement of innovative housing and community-based services for seniors. She oversees operations of the five HSL senior living sites, including continuing care retirement communities and supportive housing. Ms. Brooks' experience includes strategic and fiscal planning, operations oversight, and development of senior services such as supportive independent living, HUD and tax credit housing, PACE (program of all-inclusive care for elders), skilled nursing, home care and adult day health, senior centers, and telehealth/remote monitoring. Kim received her B.S. from the Whittemore School of Business and Economics at the University of New Hampshire.