More than 2 million low-income seniors live in affordable housing properties across the country. 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, consequently threatening their independence. Many struggle financially, and their limited income leads to difficult choices among food, medical care, and other necessities.

**Better care, lower costs**
Hebrew SeniorLife is committed to developing a sustainable model of housing with services that can be replicated nationwide, with an important first step of proving value and sustainability.

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 comprising 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 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. MassHousing, the Massachusetts Department of Housing and Community Development, Enterprise Community Partners, Coverys Community Healthcare Foundation, Boston Scientific Foundation, Beacon Communities, Milton Residences for the Elderly, Winn’s The Village at Brookline, and individual donors have shown their support, allowing us to implement this innovative, integrated model believed to deliver better care at a lower cost.

**Outcomes**
Our research partner, the LeadingAge LTSS Center @ UMass Boston, has completed some data analysis from the first 18 months of R3. At the beginning of the
initiaive, we hypothesized that R3 could translate into a 15- to 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.

In fact, we achieved an 18.6 percent average decrease in transfers to emergency rooms across all seven intervention sites.

Focus groups led by UMass researchers indicate that participants felt supported and cared for and that the program enabled them to live more independently and at home longer.

**Sustainability**

Ultimately, we are determined to leverage these evaluation results to advocate for funding for supportive housing with services, both with health plans and at the local and national policy level.

To that end, HSL is working with Tufts Health Plan to implement a trial payment model for R3. This test period will determine what aspects are most important to health plans so that we can engage them in long-term sustainability. We are actively working with other health plans to expand the groups in the trial.

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.

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.