

Final Evaluation Report

Executive Summary

Right Care, Right Place, Right Time (R3):
Effectively Integrating Senior Care and Housing Initiative

June 30, 2021



Executive Summary

This report summarizes evaluation findings from the second phase of the Right Care, Right Place, Right Time (R3) Initiative -- called R3² (Jan 2019 - Sept 2020). The initiative is designed to integrate housing, health, and supportive care to residents of affordable senior housing using a wellness team (nurse and social worker). The embedded team works directly with residents to address health-related, educational, and informational needs and access to services - focusing on proactive outreach and prevention, coordination with providers, constant contact with residents, and targeting high-risk residents based on their health conditions, health utilization, and social needs such as food insecurity. The project was spearheaded by Hebrew SeniorLife, a Harvard-affiliated non-profit serving over 3,000 older adults in the Greater Boston area. The initiative aims to create a replicable, scalable, and sustainable model of housing with supportive services that enables independent living while reducing health care costs. Two wellness teams served approximately 400 participants at seven Boston-area buildings.

Evaluation activities included quantitative and qualitative components. Medicare claims and resident assessment data were analyzed using comparison groups. Program participants and non-participants at intervention and comparison sites were surveyed on program-related experiences. Focus groups were completed with payers, housing providers, and community stakeholders to provide insights about program sustainability and a workable financial model. Finally, key performance indicators were analyzed.

The evaluation provides strong evidence that the intervention reduces health care utilization, connects participants to needed supports, and improves residents' quality of life and ability to live independently. For example, results from the key performance indicators analysis indicate that on 4 of 5 five risk categories, the initiative engaged participants and addressed issues at a rate in excess of 90% (and at a rate of 75% for the 5th risk domain). Viewed in the context of managed care plans, this level of performance is noteworthy, and would earn the program a 5 Star rating. The buildings-level analysis of Medicare claims data found a strong and positive impact on multiple service utilization parameters in intervention buildings compared to comparison sites: in intervention buildings, a 16% decline inpatient hospitalization rates, a 25% decline in hospital admission days per beneficiary, a 12% decline in average hospital days, a 22% decline in hospital admission payments per beneficiary, and a 22% decline in 30 day hospital readmission rates compared to a 6%, 29%, 14%, 33% and 55% increase in these respective rates among residents in comparison buildings. As well, when accounting for the older age of the R3² residents, the size of decline recorded in ED admission rates was 6.7% greater for the R3² sites than the decline in comparison sites. Program participants also had very positive views of the program: 87% would recommend it to a friend.

Qualitative results indicate widespread support for the R3 model, especially among community partners. Emergency responders found particular value in collaboration with housing sites and wellness teams, and housing providers were also enthusiastic, suggesting several mechanisms for sustainable funding. All agreed that a focus on outcomes, collaboration and information-sharing were key, and that the biggest challenge to sustainability is the lack of "critical mass" for any payer stakeholder, suggesting that only state- or federal-level solutions can address the collective action challenge that housing sites present.

These strong findings of R3's impact on resident health and well-being -- and on probable savings to the healthcare system -- indicate that this model warrants further investment and future development, and sustained efforts to achieve a long-term financing model. This will likely require government leadership, particularly in addressing the challenge represented by a lack of critical mass of residents for any single payer and assuring clustering opportunities for community providers. Moreover, continuing investment is needed in Section 202 housing and other mechanisms that incentivize developers and housing providers to build and sustain supportive housing models. This study uncovered strong support and economic justification for moving such programs forward to help individuals in senior housing age well in the community and to leverage the congregate platform to meet this goal.