

SASH

SUPPORT & SERVICES

— at HOME —

a care partnership

Nancy Rockett Eldridge, Executive Director
Cathedral Square Corporation

A member of

LeadingAge[™]
Vermont

The SASH Alliance

Government Entities

- Division of Health Care Reform
- Department of Aging
- Department of Public Health
- Medicaid Division
- Legislature

Non Profit Business Sector

- Housing: Non Profit and PHAs
- Hospitals
- Medical Homes
- Home Health
- PACE
- AAA's
- Community Mental Health Agencies

Philanthropic Leaders

- Vermont Health Foundation
- McArthur Foundation
- Enterprise Community Partners
- People's United Bank Foundation
- United Way

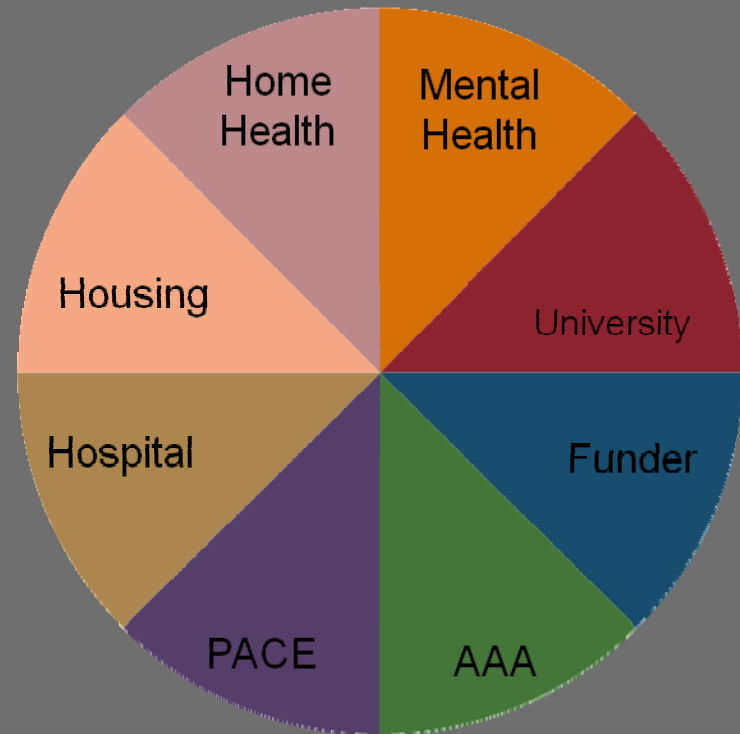
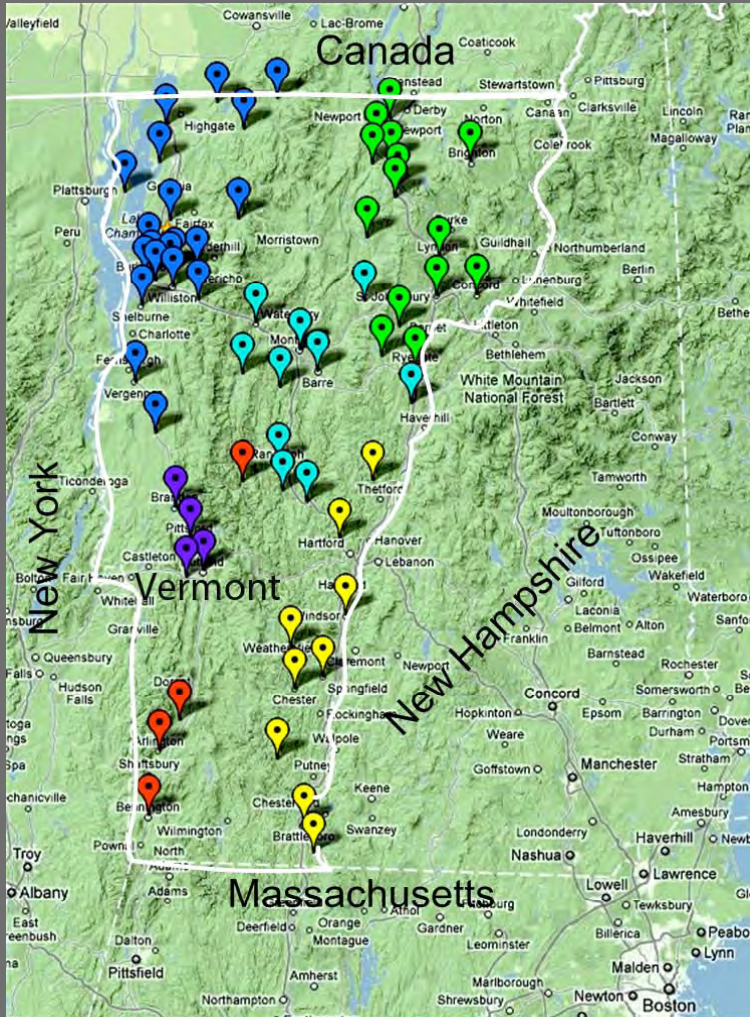
Academic Experts

- University of Vermont, Center on Aging – Geriatric Fellows
- Albany College of Pharmacy
- Castleton School of Nursing

Other

- AARP

Regional Collaborative Agreements

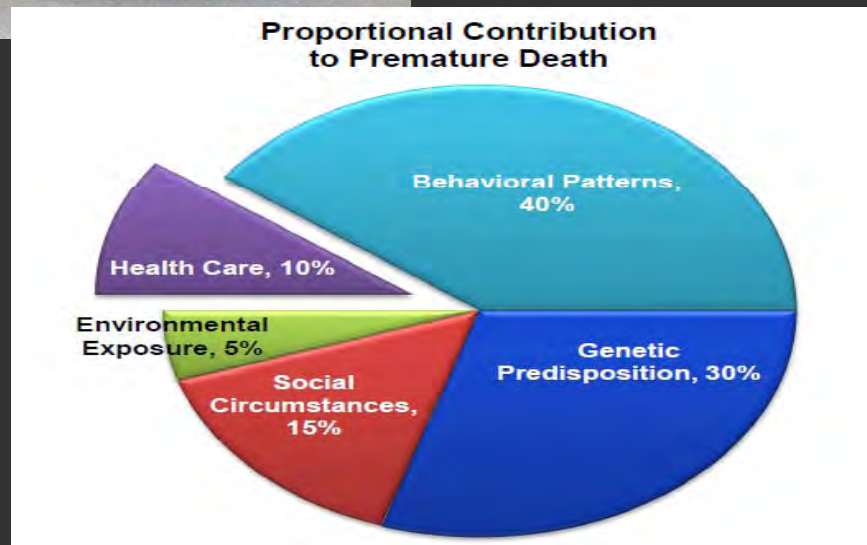


The SASH Care Teams

- Care Manager
- Wellness Nurse
- Acute Care Nurse
- Case Manager
- Mental Health Expert
- PACE Intake
- Assessments
- Person Centered Plans
- Individualized Supports
- Transitions Support
- Self-Management of Chronic Conditions
- Care Coordination

Care Management Begins

at Home



Information Sharing



Chronic Care Services

- Evidence Based Programs
- CDC Grant
- Technology Embedded Home



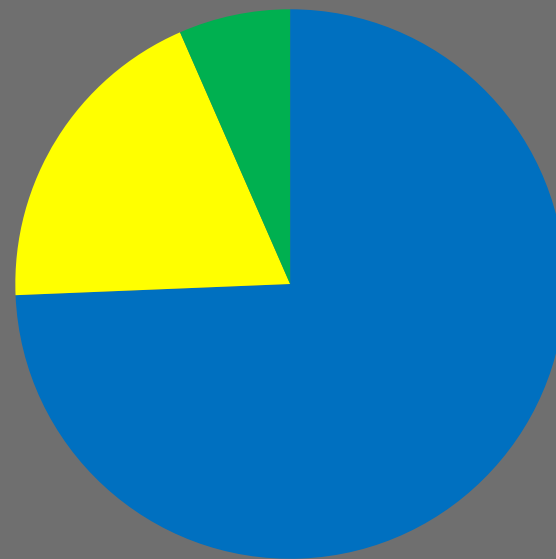
The Business Case Model

- **Cost Reductions**

- Inpatient and outpatient hospital
- Inpatient physician
- Emergency Dept
- Pharmacy
- Labs
- SNFs

- **Cost Increases**

- Home Health
- Community Mental Health
- Labs
- Outpatient Physician



■ **Federal/Blueprint**
\$10,200,000

■ **State/Federal**
\$2,619,576

■ **Private Nonprofit**
\$900,000

Organizational Structures Promoting Cross Site, Interdisciplinary Services Models

- Alliance Members: operational and culture change
- Collaborative Agreements: Memorandum of Understanding
- The Next Generation

Results

- 19% reduction in hospitalizations
- No bounce backs to SNFs
- Reduced falls
- Increased physical activity
- Reduced nutritional risk
- Reduced Adverse Drug Events

Better health, better care & lower costs



The Value of Systems



- Connecting Medical Homes to Home
- Information Sharing and Outcomes Measurement
- A Scalable Population Base AND Targeted Approach
- Consistent Person Centered Care Management Protocols
- Interdisciplinary Training and Cross-Agency Planning
- Avoiding Duplication and Waste
- A Platform to Build Replicable Creative Solutions
- Making the Highest and Best Use of the Workforce

Challenges

- Lack of Long Term Care Policy and System
- Fear of Change
- Anticipating Cross Sector Opportunities
- Communication
- Leadership



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HEALTHY HOMES

CARING COMMUNITIES

POSITIVE AGING