The Future of Health and Housing - Bending the Cost Curve

LifeSTEPS
EMPOWERMENT ■ IMPACT ■ COMMUNITY
ONE STEP AT A TIME
Introducing Today’s Panel

• Geoff Brown, USA Properties Fund President and CEO

• Sharon Elizabeth Demeter, UC Davis Betty Irene School of Nursing Assistant Director Master’s Entry Program Nursing/Assistant Clinical Professor

• Beth Southorn, LifeSTEPS Executive Director

• Meredith Chillemi, LifeSTEPS Director of Aging and Education Services
The Health Cost Curve Matters to All Californians

- Our financial sustainability
- The dignity of our residents
- Our Aging Master Plan
Bending the cost curve definition: “reduce overall health care costs, while making the system perform better.”

Methods to bend the cost curve:
• Improved care coordination,
• more appropriate use of services, and
• growth in community-based care
The Social Determinants of Health
Factors that impact health outcomes and access to care

- Housing
- Age
- Gender
- Income and Employment
- Sexual Orientation
- Physical Environment
- Social/Cultural Networks
Where to Bend the Cost Curve: An Opportunity to Have High Impact in Housing

Together, housing developers and service providers impact 70% of the determinants of health in affordable housing.

If we don’t address the social determinants, then health care costs go up.
Bending the Cost Curve in Health and Housing, to Date

Onsite Service Coordinator – reduces odds of hospital admission by 18%

Home based RN care coordination saves more than $400 per month in Medicare expenditures

*Bend the Cost Curve

*Studies published by LeadingAge and the Journal of the American Geriatrics Society
Residents have trusted relationships with onsite staff

Economies of Efficiency

Ability to leverage and scale program model
Who We Are: LifeSTEPS

- 300+ Communities in CA
- 30,000+ Homes (40% Senior)
- 55,700+ Bedrooms
- Scattered Sites
- Wrap-Around Social Services to Affordable Housing Residents
- Supportive Services to Chronically Homeless, Veterans, Senior and Disabled populations
- Family Self-Sufficiency Program
Who We Are: Betty Irene Moore School of Nursing

Vision

The Betty Irene Moore School of Nursing at UC Davis advances health and ignites leadership through innovative education, transformative research and bold system change.
Flipping the Nursing Education Framework

Burden/ Not Meaningful

Historic Academic Approach:
- “Where are we going to put them?”
- Seeking “favors” from sites that are “willing to take” students

Historic Practice Approach:
- “Which of my RNs can I ask to take on this extra work?”
- The students can’t do much but observe

Historic Student Experience:
- “What does this have to do with nursing?”
- This is busy work

Resource/Mutually Impactful

Academic Approach:
- Choosing from many options

Practice Approach:
- Students are essential, integrated, ongoing resource

Student Experience:
- Love it; understand community health
- “I had the opportunity to make a difference in people’s lives”
Do you have any projects that you’d love to complete, but don’t have the resources for?

The Offer
- 720 hours of (free!) service
- Smart, enthusiastic, almost-ready-to-graduate nursing students who are passionate about making meaningful change
- An experienced registered nurse who will be on site at all times with the students as the Clinical Instructor
- Sustainable
### Who We Are: USA Properties Fund

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<thead>
<tr>
<th>About USA Properties Fund</th>
<th>Our Demographics</th>
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<tr>
<td>• Founded in 1981.</td>
<td>• Approximately 11,000 apartments.</td>
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<td>• Develops, builds, and manages communities on the West Coast.</td>
<td>• Of those, around 7,500 serve seniors (55+ or 62+).</td>
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<td>• Residents are between 30-60% Area Median Income.</td>
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The USA Properties Fund Mission

To create outstanding communities that meaningfully improve the lives of those within and around them.
The USA Properties Fund Mission

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<th>The JB Brown Fund</th>
<th>The RN Program</th>
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<td>• Raised over $1.1 million since 2011.</td>
<td>• As our residents age, so do their needs.</td>
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<td>• Provides scholarships, client assistance, and senior assistance grants.</td>
<td>• Assisted living is a difficult, expensive transition.</td>
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Each partner came ready to collaborate -

- USA and LifeSTEPS jointly funded our pilot RN Case Management program in 2016.

- In 2018, the UC Davis Betty Irene Moore School of Nursing began training our future community nurses within USA Properties sites.
Our Process: Ideas, Development, and Execution

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<th>Business Plan and Needs Assessments</th>
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<tr>
<td><strong>2016/2017</strong></td>
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<tr>
<td>Finding gaps in health care system</td>
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<td>Creating Trust with Residents</td>
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<td>Identifying Top Needs</td>
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<td>Property Management, Social Work and Nurse Team Cohesion</td>
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<th>Program Structure and Work Flow</th>
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<td><strong>2017/2018</strong></td>
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<tr>
<td>Care Coordination</td>
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<td>Chronic Disease Education and Management</td>
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<td>UC Davis Student Nurses Begin</td>
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<th>Outcomes</th>
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<td><strong>2018/2019</strong></td>
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<td>ER Visits and Hospital Re-admissions avoided</td>
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<td>Cost Savings</td>
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<td>Impact Narratives</td>
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<tr>
<td>UC Davis Nursing Students</td>
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What We Learned: Health Access Barriers

Common Barriers

- Low Health Literacy
- Red Tape
- Limited language access
- Lack of availability

These barriers to accessing health services lead to:

- Unmet health needs
- Delays in receiving appropriate care
- Inability to get preventative services
- Re-hospitalizations that could have been prevented
- Inability to Thrive (Age) in Place – lower quality of life, safety risks and premature institutionalization.
Outcomes: Positive Behavior Changes

Top 10 Chronic Diseases

- High Blood Pressure
- High Cholesterol
- Arthritis
- Heart Disease
- Diabetes
- Kidney Disease
- Heart Failure
- Depression
- Alzheimer’s/Dementia
- Chronic Obstructive Pulmonary Disease (COPD)

This LifeSTEPS RN program is now yielding 200-300 outcomes a month. The secret to positive behavior changes: It’s the Human Interaction! Residents are willing to change when they have trusted onsite relationships with management, case managers and RNs that include CARING, TRUST, and ACCOUNTABILITY.
Cost Savings Outcomes Examples

1. Managing blood pressure within normal range with monitoring, diet and medication management
2. Connecting residents to their medical providers to establish care and for follow up
3. Prescription and medication management
4. Safe repatriation back home from Skilled Nursing Facilities and Hospitals
A large health plan errored by not refilling a resident’s beta blocker medication. The LifeSTEPS RN:

1. assessed our resident in person
2. advocated with health plan for telephone refill instead of suggested ER visit
3. and picked up medication the same day

The RN’s time costs $75, and an ER visit would have billed Medicare for $3,000. This intervention bends the cost by $2,925.
Real Life Access Challenges: Nancy

LifeSTEPS resident Nancy received this bottle of prescription medication via mail order.

• Property management referred Nancy to LifeSTEPS RN Staci Moore.

• Nancy said she was giving up, and that her doctor was in a hurry and didn’t care about her.

• She was sleeping all the time and more depressed than ever before. She wasn’t taking able to take care of her basic needs.
With our program, Nancy regains independence

- RN Staci talked with Nancy about the potential side effects of this medication.

- Nancy followed Staci’s advice and explained to her doctor that her quality of life had drastically worsened since beginning the medication.

- Nancy was taken off the medication. Since the medication cleared her system, Nancy experiences fewer depression symptoms, has returned to a normal sleep schedule and has organized her apartment.
RN Staci also collaborated with LifeSTEPS Director of Social Services Joleen Esquivel to assist Nancy with the social determinants of health.

- Joleen connected Nancy with applying for paratransit, in-home support services, and CalFresh to meet her in home needs.

Since becoming involved with LifeSTEPS, Nancy’s quality of life has improved to the point that she is using her free time to help others as a volunteer.

Nancy is once again socializing with neighbors, restoring hope in her apartment community.

“LifeSTEPS helped me get back to being me.”
Strategic Partnerships
The current funding trend is focused Intensive Case Management within supportive housing for chronically homeless and mentally ill neighbors. This is wonderful, however:

Our population of seniors residing in 30 to 60% AMI units also has a huge potential for health care cost savings.
The choice is ours: let’s maximize human dignity while reducing health care spending

Affordable Housing residents age in place as valued members of their community

OR

Affordable Housing residents become part of California’s long term care Medi-Cal program in nursing homes
Continued Program Development

Enhanced analytical data on quality and costs savings
- More detailed cost savings tracking in LifeSTEPS database
- Actual Medicare savings with health plans

Workforce Development Strategy
- State Treasure’s Office

Intergenerational Mobile Technology Opportunities Program
- Chronic disease self-management with USC

Academic publishing in Registered Nursing Journals
- Co-authored by LifeSTEPS RN and UC Davis Leadership

UC Davis Community Health Course
- 8 students and clinical instructor will complete a project onsite
Project Model with Partners

We are seeking to formally partner with Counties, the State, hospitals, and health plans to fund on-site housing RNs and Service Coordinators.

TOGETHER, WE WILL:
• improve care and outcomes
• reduce institutionalization
• reduce total health care costs
• train our future workforce
Thank you!

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