

HEALTH & WELL-BEING BEGIN AT HOME

SASH[®] uses the home as a platform to provide comprehensive care management and coordination. One of the country's best-known and widely cited housing-and-health models, SASH has been shown to improve population health, reduce costs and enable people to age in place safely and healthfully, helping participants avoid the distress and expense of unnecessary hospitalizations and premature transitions to long-term care facilities.

HOW SASH WORKS

Affordable housing organizations throughout Vermont provide for a home-based SASH coordinator and a wellness nurse, who work with a team of social-service and health providers to help meet the individual goals set by each SASH participant.

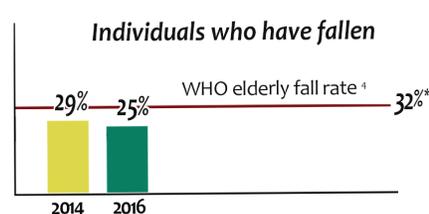
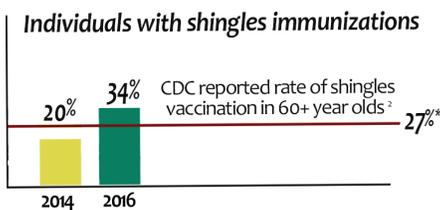
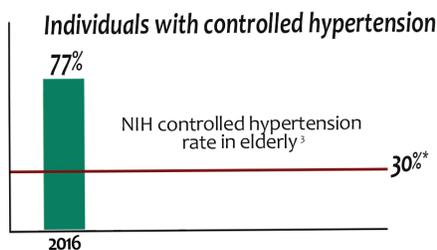
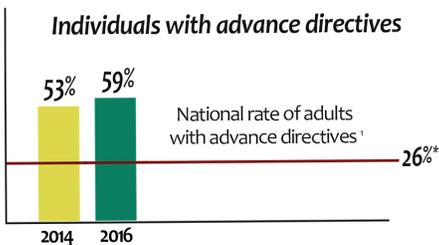
SASH primarily serves Medicare recipients living in congregate housing and the surrounding community. It is available statewide, in every Vermont county, and currently serves approximately 5,000 people.

Age range: 20–101 | Average age: 72



HEALTHIER PEOPLE

SASH has demonstrated consistent and significant improvements in quality metrics and in many cases exceeds national benchmarks.



SMARTER SPENDING

SASH participants experienced a reduction in total average annual Medicare expenditure growth, **saving \$1,536 per beneficiary per year.**⁵

SASH participants with newly controlled hypertension thanks to self-monitoring and SASH support could potentially **avoid \$153,175 in costs.**⁶

The increase in SASH participants with advance directives could potentially **save nearly \$1.6 million in costs for end-of-life care.**⁷

1) [http://www.ajpmonline.org/article/S0749-3797\(13\)00521-7/abstract](http://www.ajpmonline.org/article/S0749-3797(13)00521-7/abstract) 2) <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4046467> 3) <http://www.cdc.gov/mmwr/volumes/65/ss/ss6501a1.htm> 4) http://www.who.int/aging/projects/falls_prevention_older_age/en 5) "Cost-Benefit Analysis of Home Blood Pressure Monitoring in Hypertension Diagnosis and Treatment: An Insurer Perspective," Alejandro Arrieta, John R. Woods, Nan Qiao, Stephen J. Jay 6) Support And Services at Home (SASH) Annual Report, 2nd Report, U.S. Department of Health and Human Services Assistant Secretary for Planning and Evaluation Office of Disability, Aging and Long-Term Care Policy 7) JAMA. 2011 Oct 5;306(13):1447-53. doi: 10.1001/jama.2011.1410. Regional variation in the association between advance directives and end-of-life Medicare expenditures. Nicholas LH1, Langa KM, Iwashyna TJ, Weir DR.