

Green Mountain Care Board Approval of Vermont All-Payer Model Supports Continuation of Successful SASH Program

South Burlington, VT—[Support And Services at Home](#) (SASH), a statewide, housing-based care management model which serves as an extension of the Blueprint for Health, is proud to announce its ongoing funding as a result of today's decision by the Green Mountain Care Board to approve the All-Payer Model.

- As a Medicare demonstration, SASH® funding was due to expire at the end of 2016 along with the Blueprint for Health Medicare funding. State and local officials advocated strongly not to let this happen.
- Over the past 5 years SASH has become a nationally recognized model; using the home as a hub for health care coordination and evidence-based programs.
- SASH serves over 5,000 Medicare eligible adults and employs approximately 150 full and part-time care coordinators and nurses through housing organizations, home health agencies and hospitals to provide care management and coordinated services to Vermonters at home.
- The SASH program has demonstrated improved population health while slowing Medicare expenditures by over \$1500 per person per year [according to a rigorous 3-year independent evaluation of SASH](#).

“We are thrilled that SASH funding is being continued through the All Payer Model,” said Kim Fitzgerald, CEO of Cathedral Square, the Statewide Administrator for SASH. “SASH provides both a crucial safety net for vulnerable adults and a population health model to keep Vermonters healthy and well at home.”

Larry, a proud, independent Vermonter in Franklin County, was one of many SASH participants who found that he could no longer enjoy the daily tasks of life he used to because of increased complications from his chronic conditions, namely diabetes. Once Larry connected with SASH and had a care coordinator and nurse regularly helping him to manage his diabetes from home, everything changed. Not only did his glucose levels improve which allowed him to walk and enjoy life again, but the communication with his doctor improved, he took diabetes self-management classes at the local hospital and feels safe knowing he has a care team at his disposal for the long term.

Further Detail on SASH Outcomes:

- The U.S. Department of Housing and Urban Development (HUD) and U.S. Department of Health and Human Services (HHS) contracted RTI International, an international research firm, to conduct a rigorous multi-year evaluation. Researchers used claims data for a sample of Medicare fee-for-service beneficiaries to analyze health care utilization and expenditures among SASH participants compared to a control group of Medicare beneficiaries who were living in Vermont-based affordable housing properties that were not in the SASH program. Key findings from First and Second Annual Evaluation Reports include:
 - Growth in annual Medicare expenditures was lower by an estimated \$1,536 per beneficiary among beneficiaries enrolled in SASH panels established before April 2012, as compared to the control group.
 - The SASH cohort also experienced *statistically significant* lower growth in expenditures for emergency room (ER) visits, hospital outpatient department visits, and primary care/specialist physician visits.
 - A major SASH program implementation success has been the linkages the program has created among different community organizations.
 - Analysis of SASH statewide data demonstrates improved population health outcomes for SASH participants in four health domains: immunizations, end of life planning, falls prevention and hypertension management. Positive results have continued over time and compare favorably to national data in most areas

About SASH®

The SASH® (Support And Services at Home) model uses a population health approach to improve the health and well-being of Vermonters by creating clinical linkages through a network of providers, using the home as the nexus of care coordination. Affordable housing organizations across the state provide for a home-based care coordinator and wellness nurse to work collaboratively with a team of providers to meet the self-identified goals of SASH participants and improve population health. www.sashvt.org

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