

BETTER CARE, HEALTHIER PEOPLE, SMARTER SPENDING

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 older adults avoid the distress and expense of unnecessary hospitalization or nursing care.

HOW SASH WORKS

Affordable-housing organizations throughout Vermont provide for a home-based SASH care coordinator and a wellness nurse, who work with a team of providers in home health, agencies on aging, developmental/mental health/addiction services, and primary care to help each SASH participant meet their self-identified goals.

SASH primarily serves Medicare recipients living in congregate housing and in the surrounding community. It is available in every Vermont county and currently

serves about 5,000 people ranging in age from 20 to 101, with an average age of 72.

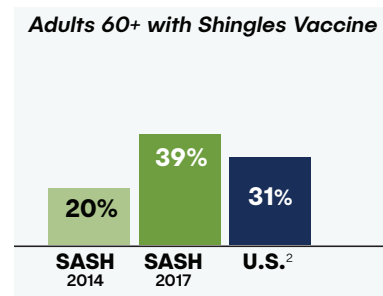
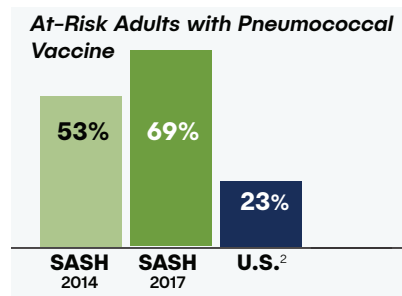
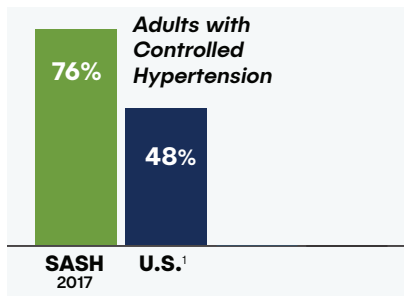
HEALTHIER PEOPLE

SASH has demonstrated consistent and significant improvements in quality metrics, in many cases exceeding national benchmarks (see charts).

SMARTER SPENDING

From July 2011 to June 2015, **SASH participants**

realized an average savings of \$1,227 per person per year in Medicare expenditures.* In addition, a study published in the *Journal of the American Medical Association*** indicates that the 3,300 SASH participants with advance directives could translate into a **savings of \$18.4 million in end-of-life care.**



1) cdc.gov/mmwr/volumes/66/wr/mm6632a3.htm#F1_down
2) cdc.gov/mmwr/volumes/66/ss/pdfs/ss6611.pdf
3) cdc.gov/mmwr/volumes/65/wr/mm6537a2.htm
4) Analysis of statewide SASH data

* Highlights of the First Four Years of SASH (summary of four-year evaluation), U.S. Dept. of Health & Human Services, Assistant Secretary for Planning and Evaluation: aspe.hhs.gov/pdf-report/support-and-services-home-sash-evaluation-highlights-first-four-years-research-summary

** *Journal of the American Medical Assn.*, 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; cites \$5,585 savings per decedent in Vermont's 2 Hospital Referral Regions.

