

Senior Housing:

Goodbye Landlord, Goodbye Tenant?
Hello, Care & Services Coordination

Aging Services of Washington

Housing Seniors in Rural Communities

November 9, 2011



Senior Housing:

Economic and Health Demographics

Supporting Choice & Preferences

Ideas That Work: Partnerships

Technology

Housing: A Partner in Health Care

The Seniors We (and Will) Serve

Economic and Health Demographics

Sources of Seniors' Income

- 38% Social Security
 - 21% Earnings
 - 19% Pensions

Source: Federal Interagency Forum on Aging Related Statistics

Economic and Health Demographics

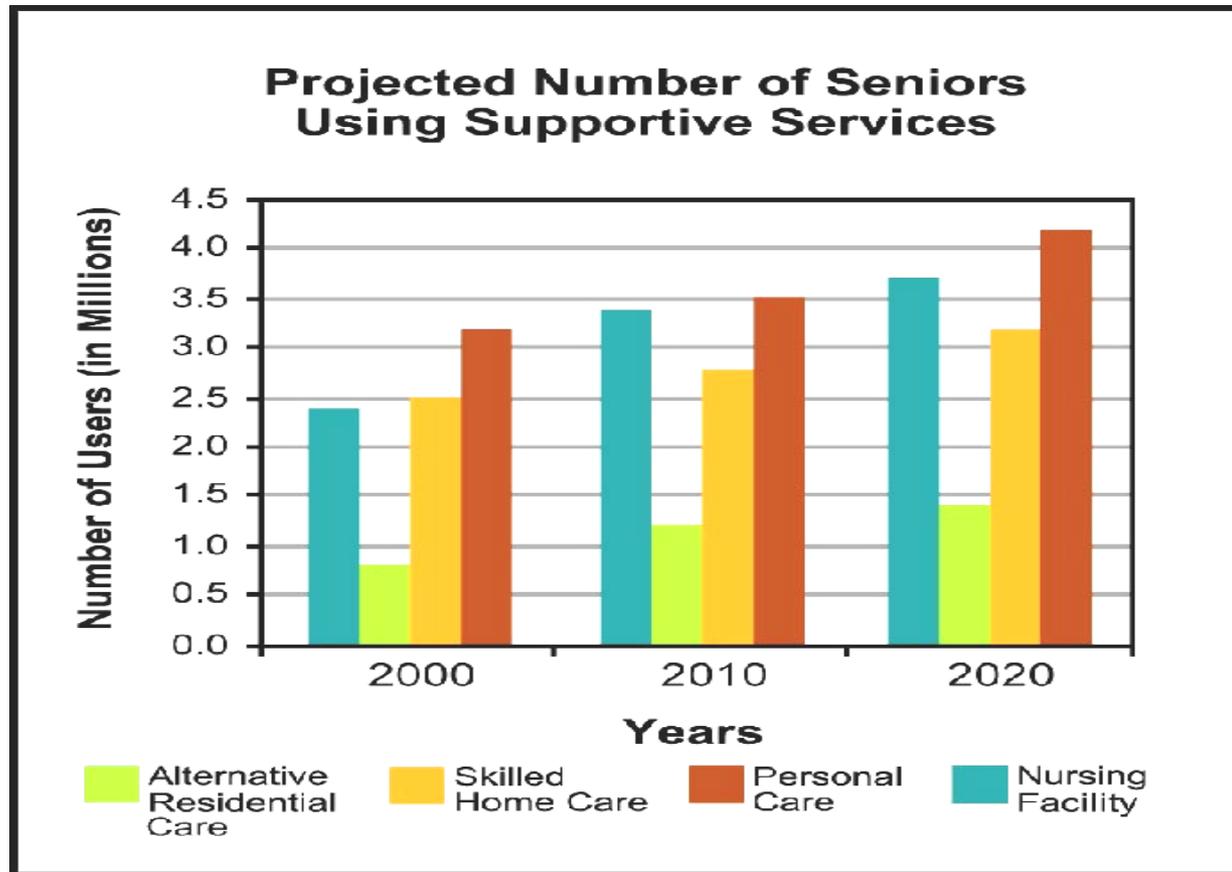
U.S. Disability Report – 2008

- Percent of people 80 and older with disabilities, the highest of any age group: **72%**
- Percent of adults 65-74 years who need help with personal care from others: **3.4%**
- Percent of adults 75 years and older who need help with personal care from other persons: **10%**

Source: [Summary Health Statistics for the U.S. Population: National Health Interview Survey, 2008, table 5](#)

Economic and Health Demographics

U.S. Supportive Service Needs



Source: *Seniors Commission Report: A Quiet Crisis in America*, 2002.

Economic and Health Demographics

Frequently Occurring Chronic Conditions Among Seniors 2006-2008

- 50% Diagnosed Arthritis
 - 38% Hypertension
 - 32% Heart Disease
 - 14% Sinusitis
 - 18% Diabetes
 - 22% Any Cancer
 - Hearing Impairments
 - Cataracts
- Orthopedic Impairments

Source: Administration on Aging

Economic and Health Demographics

Supporting Chronic Conditions at Home

ADLs (Assistance with Daily Living):

Dressing

Bathing

Mobility/Transferring

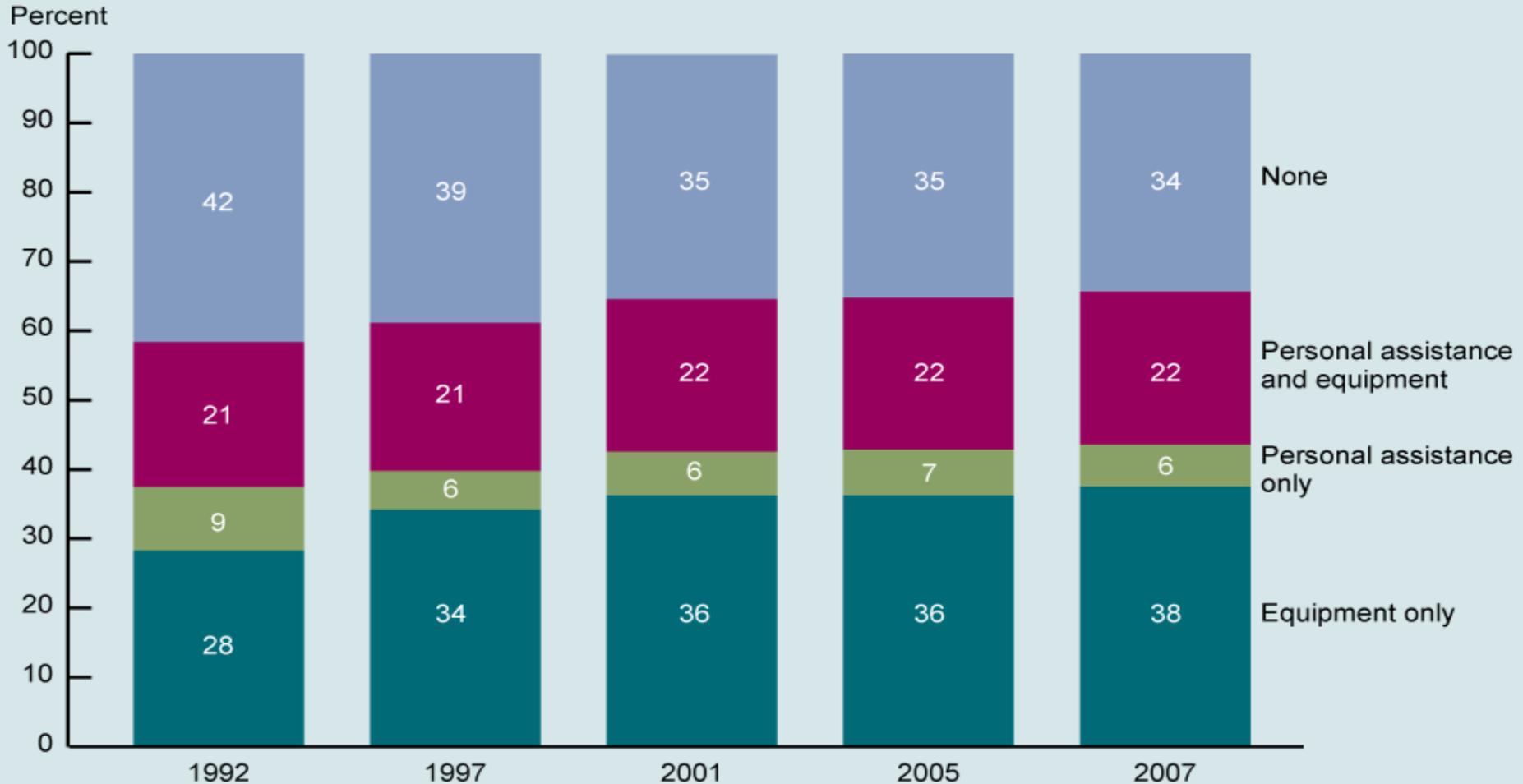
Ambulation

Toileting/Hygiene

Eating

Indicator 37 – Personal Assistance and Equipment

Percent distribution of noninstitutionalized Medicare enrollees age 65 and over who have limitations in activities of daily living (ADLs), by type of assistance, selected years 1992–2007



NOTE: ADL limitations refer to difficulty performing (or inability to perform for a health reason) one or more of the following tasks: bathing, dressing, eating, getting in/out of chairs, walking, or using the toilet. Respondents who report difficulty with an activity are subsequently asked about receiving help or supervision from another person with the activity and about using special equipment or aids. In this table, personal assistance does not include supervision. Reference population: These data refer to noninstitutionalized Medicare enrollees who have limitations with one or more ADLs.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Choice & Preferences

Many of our next customers:

- Plan to age 'actively';
- Communicate via email, are frequent users of the internet and social media outlets both personally and professionally, and technologically savvy;
- Will continue to be civically engaged;
- Expect to remain at home for significant post-retirement years;
- Will live longer but with increased chronic diseases;
- Will first seek home services from within their community for care assistance;
- Under the age of 75 will move out of their home primarily for a 'better place to live';
- Over the age of 75 will move out of their home primarily for health reasons;
- If of lower-to-middle income will be unable to locate subsidies or assistance to meet their needs;
- Live in a federally funded low-income elderly housing unit;
- Are on a multi-year waiting list for a federally funded low-income elderly housing unit;
- Will be unable to afford basic housing, care or services.

Choice & Preferences

Home-Based Care and Services

Fund Sources: Private Pay, Medicare, Medicaid

Adult Day Care/Health

Services may include Social Services, ADL Support, Health Management, Therapeutic Activities, Health Education, Skilled Nursing, Rehab Therapy (PT, ST, OT), Psych Counseling

Home Care/Home Health – Chore vs. Medical

Medical House Calls

Pharmaceutical ‘Brown Bag’ Visits

Geriatrician in training ‘rounds’

Mobile Mammography

Flu Shot Clinics

Ideas That Work: Partnerships

Medical House Call Program, Washington, D.C.

www.whcenter.org/body.cfm?id=556536

Eligibility: 60+, live in identified underserved zip codes near the participating hospital, with social, mental or physical limitations

Primary care must be transferred and/or provided by the Medical House Call Program

House calls take place of office and urgent care visits

2 Geriatricians, 2 NPs, 1 social worker, 2 office support staff

Medicare: Physician, NP services

Medicaid/Other non-HMO Insurance/Grants, etc.: Social Worker services

Ideas That Work: Partnerships

Maryland Dept. of Aging & Baltimore Housing Authority

Survey of Residents: Social, Health, Functional Status; Met & Unmet Needs

Survey of Community Providers: Who & What Is Available? Medical vs. services

Barriers Identified: No system for interventions to improve access to services & information, reduce hospitalizations and readmissions and nursing home placement among all the agencies and providers.

Ideas That Work: Partnerships

Women over the age of 75 will experience 10 years of non-driving

Men over the age of 75 will experience 6 years of non-driving

The Jewish Home and Hospital in New York solves the challenge of decreasing mobility through its transportation department. The department primarily serves the clients of the Jewish Home's Adult Day Health Center; however, the recent restructuring of Medicaid reimbursement will allow the department to respond to the frequent requests to expand their services. Currently the department's 24 para-transit vans run 77,000 trips annually.

Pick-up and drop-off routes are specially arranged to minimize waiting and trip time.

Ideas That Work: Partnerships

San Francisco's Well-Elder Program

The TEAM:

- Nurse health educator;
- Resident service coordinator;
- Housing staff

PROVIDES:

- Wellness and health education;
- Health monitoring;
- Individualized service coordination;
- Observation

Three properties operated by [Northern California Presbyterian Homes and Services](#) (NCPHS), 1 property operated by [Bethany Center Senior Housing](#).

Federally subsidized, 62+, Ethnically diverse, Significant health needs

WellElder Program, cont'd

Self-Reported Health Conditions

Self-administered resident surveys uncovered significant health needs among older people living in the four properties where WellElder operates.

% of Residents Reporting:

High blood pressure	67%
Arthritis	67%
Heart problems	42%
Memory-related disease	35%
Diabetes	30%
Emotional, nervous, or psychiatric problems	28%
Cancer	10%
Chronic lung disease	8%

WellElder Program, cont'd

According to research evaluation, the WellElder team and a majority of the housing property managers cited the following benefits:

- Enhances residents' ability to age in place;
- Serves residents who are most in need;
- Offers residents easy access to services in a low-stress environment;
- Provides ongoing support with complex problems;
- Reduces residents' anxiety about health issues;
- Supports family members in their caregiving roles;
- Allows housing managers to focus on property maintenance and operations;
- Assists community-based health and service providers in coordinating care.

Well-Elder Program, cont'd

WellElder enhances residents' ability to age in place.

Resident-Identified Benefits	Percent of Program Members
Helps me find out about resources and services I am not aware of;	66
I feel safer knowing that someone is available to answer my questions.	66
I will be able to stay in my apartment longer because of the assistance I receive from the nurse and service coordinator.	65
Helps me get services and assistance quicker than I can get on my own.	63
I feel safer knowing that someone is keeping an eye on me.	54
Helps me understand how to better take care of my health care needs.	50

WellElder, cont'd

WellElder: an attractive model for replication in other affordable senior housing communities seeking to help meet residents' health-related needs.

- Builds on an existing service coordinator infrastructure;
- Is relatively low-cost;
- Fits within various regulatory environments (licensed care vs education/coordination);
- Allows housing properties to stay within their comfort zone.

Technology & Senior Services

Goal ~ Will enable seniors to live independently, manage medications, control chronic conditions and improve cognition

- Consumers will demand access to health information and on-line services
- Medical information will be transmitted from home to health professionals for diagnosis and health monitoring
- Hospitals, nursing homes, assisted living communities and home health providers will utilize shared electronic health records to facilitate care management
- “Smart Home” technology will be used in independent living to promote independence (computers, appliances, sensors)

Technology & Senior Services

Benefits & Applications

- Overcoming isolation: Personal computers, access to the internet, printers
- Overcoming physical limitations – adaptive: trackballs, touchpads, alternative keyboards, screen magnification software, sound translation to text
- Game consoles, cognitive fitness devices or applications
- Improvement in patient perception of health status
- Feels like another person is keeping tabs on their health condition

Technology & Senior Services

Examples

- Comfort Keepers: www.comfortkeepers.com
 - Safety Choice Medication Solutions Easy-to-operate, cost-effective way to promote a senior's health and continued independence.
 - Portable PERS (GPS-based PERS Systems) Using state-of-the-art global tracking technology, this system can quickly locate a senior who becomes lost or needs assistance.
 - Bedside Pressure Mats

Technology & Senior Services

Telehealth

- Video Conferencing/consultations (Medicare pays for some rural beneficiaries)
 - blood pressures, pulse, weight, diabetes management
- Email and telephone applications
- Home monitoring of chronic conditions
- Tele-rehab for strokes, brain injuries and cardiac procedures – lessen disability, increase access to appropriate care, improve patient compliance and quality of life
- Reductions in unnecessary services such as lab tests, decreased or eliminated in-office consultation times;
- Increased access to specialty care for certain acute conditions targets transport and care to the hospital with the most appropriate specialists.
- Cost savings via savings in unnecessary patient transports and transport time to and from ERs and critical care settings;

Technology & Senior Services

National Church Residences

- Virtual Service Coordinators serving 3 tax credit properties
- Advanced Video Conferencing Technology – www.ageserv.com
- State of the art Visiting Service Center with large screen TV monitor, cameras, echo-cancelling microphones, electronics, cabinetry and lighting

- TouchTown TV – www.touchtown.us
- In-house TV channel
- Delivers community messages, event schedules, emergency messages, live video, background music etc.

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The Big Picture...

Targeted, managed home and community care within an integrated continuum consistently meet individual and system goals — maintains the health, well-being and autonomy of individuals and their caregivers; helps to solve key health system problems by decreasing the incidences of inappropriate use of emergency care, acute care and long-term care.

Targeted aging-in-place models of coordinated and managed on-site support for high-risk seniors living in income-assisted senior housing are cost-effective — allows for efficiencies in service delivery and links seniors to appropriate services when needed.

Lessons learned from evaluations of supportive housing for persons at risk of becoming homeless — appropriate forms of supportive housing are more cost-effective than the cost of no support, and overall costs are significantly higher for institutional responses versus community, residential-based options.

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