



# Mercy Housing Healthcare Partnership Opportunities

# How does service-enriched housing impact health?



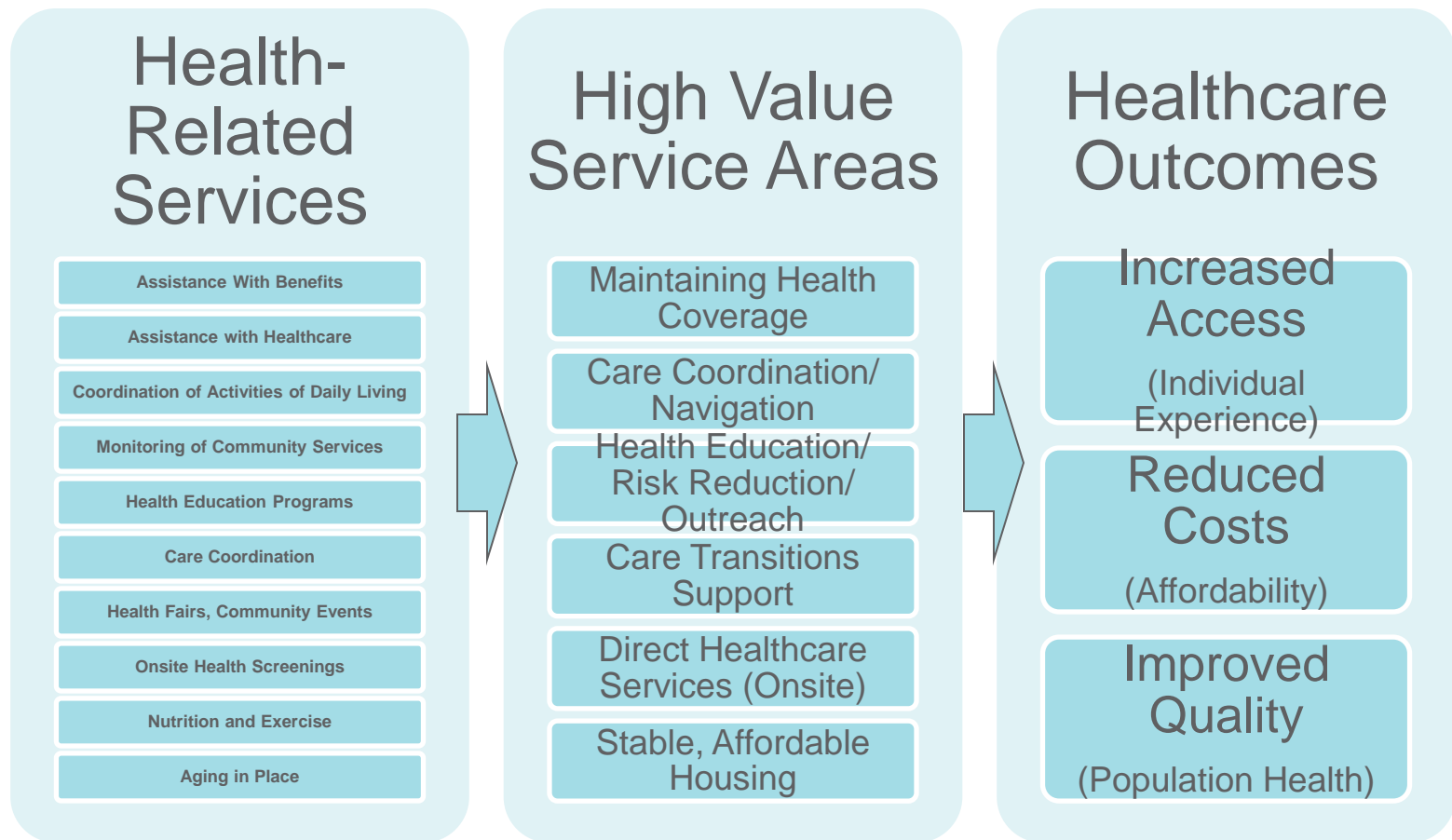
Live in Hope

# Why service-enriched housing?

- Mercy Housing communities provide a platform for comprehensive health promotion and risk reduction
- Mercy's on-site coordinators can deliver targeted care coordination services in a community-based setting
- Mercy staff coordinates delivery of third party services such as health screenings, physical activities, and food services.
- Mercy has the expertise and opportunity to reach individuals who elude clinic-based case management



# Services to Healthcare Outcomes



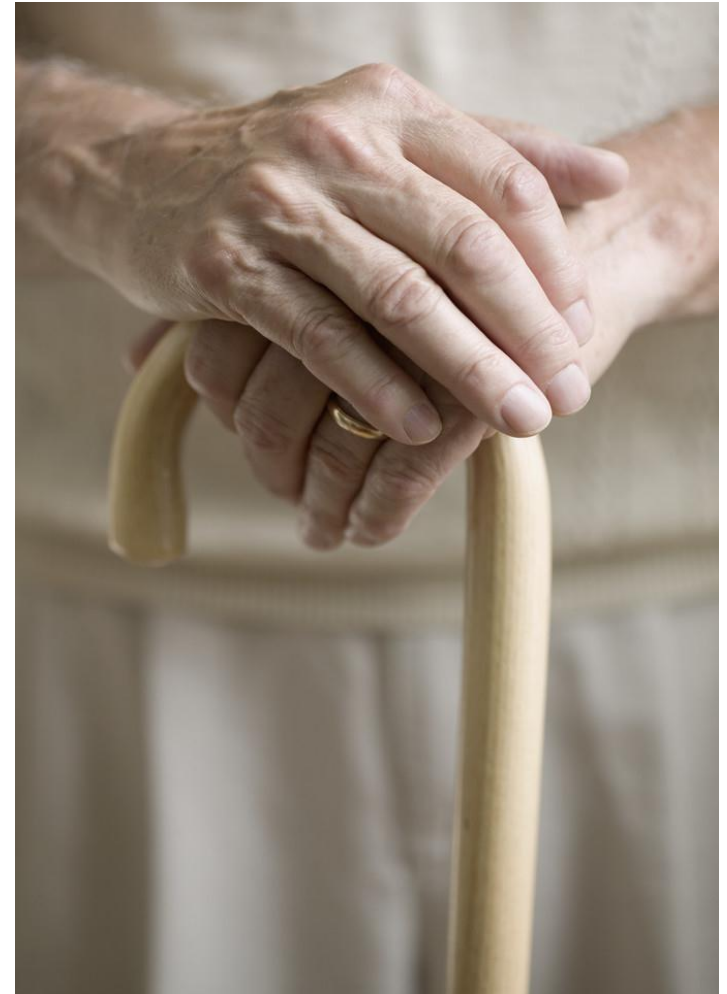
HMA report to SAHF (May 2013)



## Housing and Health Care Service Coordinators

# Core Wellness Practices and Programs

- Benefits Acquisition
- Health and Wellness Interview
- Health Education and Risk Reduction
- Nutrition
- Physical Activity
- WellBeing Checks
- Activities for Daily Living Screening and Support
- Activities to Minimize Social Isolation



# Third Party Services Coordinated by Mercy

- Health screenings and immunizations
- Health education/Exercise classes
- Hospice
- In-home Support Services/ Adult Day Health/ MSSP
- Nutrition: Meals on Wheels; Food Bank
- Paratransit







## Independent Long Term Care: Creating Consumer Choice and Cost Savings



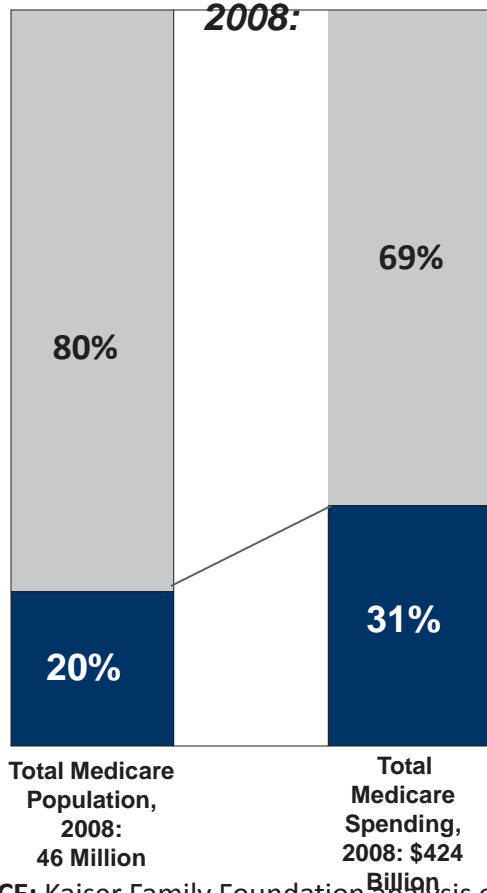
## **Problem #1:** Small number of “high cost” individuals driving health care costs

- High-cost Medicaid enrollees (over \$25,000 annual spending) are 4% of all enrollees, 49% of all spending
- 49% are elderly and 43% are disabled.
- **nursing homes or other long-term care represent 77% of cost attributable to elderly “high-cost enrollees” of Medicaid**

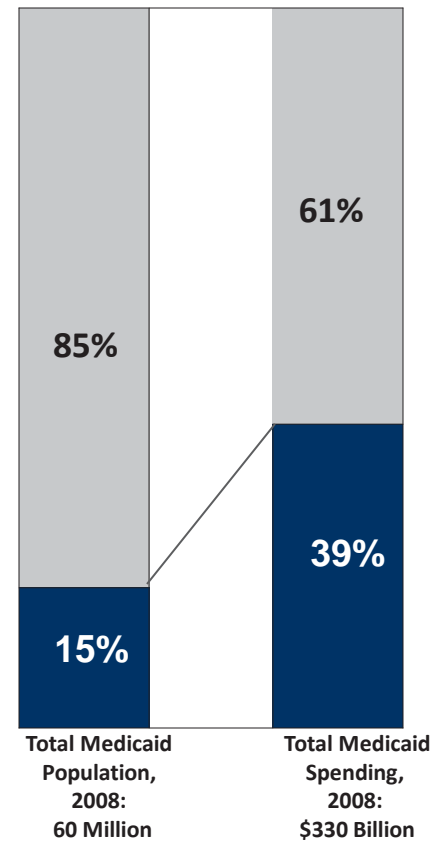


# Dual eligible beneficiaries account for a disproportionate share of Medicare and Medicaid spending

*Dual Eligibles as a Share of the Medicare Population and Medicare Spending, 2008:*



*Dual Eligibles as a Share of the Medicaid Population and Medicaid Spending, 2008:*



**SOURCE:** Kaiser Family Foundation analysis of the CMS Medicare Current Beneficiary Survey Cost and Use File, 2008, and Kaiser Commission on Medicaid and the Uninsured and Urban Institute estimates based on data from FY2008 MSIS and CMS Form

## **Problem #2:** Traditional “medical” solutions are unlikely to avoid key cost drivers of highest cost enrollees

- Nursing homes or other long-term care represent 77% of cost attributable to elderly “high-cost enrollees” of Medicaid
- Currently very few affordable alternatives to skilled nursing
- Extremely low income seniors, disabled individuals, and homeless individuals are often difficult to treat for illness and/or discharge from hospitals because they lack stable housing and often fail to access behavioral health supports.



## Who could we be serving?

- Individuals in skilled nursing that could live independently in a service-enriched setting
- Individuals at risk of being institutionalized or hospitalized because they lack stable housing or the family can no longer care for them at home
- Individuals in hospitals that cannot be discharged for lack of an appropriate home setting or who are likely to be readmitted if they do not have residential case management services

