

## Comments to GMCB on Act167 public input

Thank you for the opportunity to comment on the needs and opportunities for health care transformation in our state. Cathedral Square has been providing affordable housing and long-term care services for some of the most vulnerable Vermonters for over four decades. We are the founder of the statewide SASH (Support and Services at Home) model and as statewide administrator, work with a network of twenty-one affordable housing organizations and over sixty-five community partners (including hospitals) to ensure SASH is delivered to approximately 5,000 Vermonters in every county. SASH is part of the Blueprint for Health and works as extenders of primary care into the home.

Through this statewide work we have seen up close the challenges that our residents and SASH participants face every day in navigating and accessing the healthcare they need. We have also seen the lasting and positive impact a value and population-based model of healthcare and prevention services, SASH, can have.

In its call for health care reform, Act 167 specifically points to the need for Vermont's system to improve in four areas: access, affordability, quality and sustainability. While improvements in these areas will not be easy or quick, the good news is that the state has, in SASH, a very successful example of a value-based system of care and support delivering results in all four areas.

**Access** – By embedding a Community Health Worker (SASH Coordinator) and Wellness Nurse in 140 affordable housing sites around our state, preventative health services for the 5,000 + people served could not be more accessible.

**Affordability** – The SASH model is cost effective because it uses the existing infrastructure of affordable housing communities to anchor the services and supports and provide for equitable access to health services to a fixed population of people with very low-income and high-health needs. In fact, the SASH data shows that statewide, SASH participants have statistically higher levels of complex care needs – on average 8 chronic conditions per person, taking an average of 8.1 medications a day. These buildings provide the scale needed for staff and community partner agencies to be as efficient as possible in delivering services and preventing costly and unnecessary hospital stays. Importantly, SASH is free to those participating. SASH staff serve an average of 100 participants a year, with many participants seeing their SASH team multiple times a week, and some choosing to engage only a handful of times a year – based on their individual needs. The average cost per person is \$1,400 per person per year!

Quality – Through formalized partnerships with community providers, the SASH model works to ensure staff are working at the top of their license and providing the best quality care and service to those participating. Rigorous quality assurance measures are in place to ensure model fidelity with the SASH Statewide Administrative team working with all SASH panels across the state; sharing best practices and innovative ideas.

Sustainability – SASH is a value-based payment model. By providing a capitated payment per panel, the staff calibrate the support provided based on everyone's needs and circumstances- not 15-minute billing increments. This focus on quality, not quantity, has led to documented reductions in the growth of healthcare costs- both Medicare and Medicaid- for SASH participants. Reducing the cost of health care by investing in prevention and focusing on the social drivers of health will provide for a sustainable health care delivery system.

Medicare has invested in the innovation of SASH for the past 14 years, with over \$46M dollars in funding coming to the State of Vermont. This investment has provided documented improvements in the quality of life and health for over 12,000 participants as well as reductions in the growth of health care spending. We cannot lose this primary and essential funding for SASH. If Medicare dollars are lost, over 5,000 SASH participants would lose their services, health care costs would increase and over 120 staff would lose their jobs.

I urge you to ensure that the SASH model continues to be invested in and expanded, including the innovations currently being piloted- SASH for All and the Embedded Mental Health program. We could easily expand by an additional 1,200 people or over 6,000 total participants, as there are waitlists in many regions of the state, but ideally, we would expand by 2,500 people to 7,500 total across the State. In addition, SASH for All supporting families, could expand to 14,400 people across the State if funded. Housing based care management models are an integral part of the solution to our health care and housing crisis.