

## **Juniper's Connect4Life Model Shows Opportunity in Reducing Cost of Care**

With a hospitalization rate 50 percent lower than a comparable Medicare population, Juniper Communities' integrate housing model, Connect4Life, has demonstrated potential cost reductions while providing a high quality of health care for their residents.

The recently released analysis conducted by Anne Tumlinson Innovations (ATI) found the introduction of on-site primary care, when combined with lab services and pharmacy and residential support, achieves better clinical outcomes and suggests substantial Medicare savings. By comparing the model's data with the broader population of Medicare beneficiaries, as well as those with needs similar to Juniper's residents, the study found Connect4Life likely contributes to lower hospital admissions for the high-need and high-cost population. Achieved through an ability to better manage care with more targeted interventions, the model integrates the range of services needed and addresses recent health policy changes.

If Juniper's hospitalization rate could be achieved, the analysis projected that Medicare savings could be between \$10 billion and \$15.3 billion on annual aggregate hospital spending and between \$2,912 and \$4,472 on a per capita basis for the 3.4 million Medicare beneficiaries identified by ATI as comparable to Juniper residents.

### **Achieving Results Through High-Tech and High-Touch Communication**

Juniper's Connect4Life also provides the resident and team with high-tech/high touch communication. Data is shared through an electronic health record used by all the providers and allows access to real-time information.

## Comparing Juniper Residents to the Medicare Population

Table 2: Comparing Juniper Residents to the Medicare Population

	All Medicare Beneficiaries	Juniper Residents	Medicare Benchmark Population
Population Size	50.04 million (2012)	N/A	3.36 million (2012)
Sample Size	10,547	471	795
Average Age	N/A	87 years	N/A
<65	17%	2%	0%
65-74	46%	6%	36%
75-84	26%	18%	34%
85+	11%	73%	30%
Average Number of ADLs	0.87	1.9	1.75
0 ADLs	83%	18%	13%
1 ADL	8%	27%	39%
2 ADLs	4%	18%	19%
3 ADLs	3%	14%	16%
4 ADLs	2%	22%	13%
Reports Cognitive Impairment	4%	34%	30%
Medicaid Eligible	18%	0%	0%

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Lynne Katzmann, founder and chief executive officer of Juniper Communities, says human contact is essential for the service-enriched housing model.

“We had the high-tech but knew we needed the high-touch,” she says. Care is coordinated in-person, connecting the residents, caregivers and providers through medical concierges. They also provide patient education to encourage engagement and help the resident be an active partner in their own care. “These navigators are the touch point for the resident, their family, and the provider,” Katzmann says.

## Estimated Hospital Inpatient Savings to Medicare of Connect4Life

Table 1: Estimated Hospital Inpatient Savings to Medicare of Connect4Life

	Per Capita Savings	Juniper Population Aggregate Savings*	Medicare Population Aggregate Savings
Low-End Estimate (0.28 avoided hospitalizations per person)	\$2,912	\$3.93 million	\$10.0 billion
Mid-Range Estimate (0.35 avoided hospitalizations)	\$3,440	\$4.93 million	\$12.4 billion
High-End Estimate (0.43 avoided hospitalizations)	\$4,472	\$6.04 million	\$15.3 billion

\*Applies per capita savings derived from study population of 471 full year residents – see methods below.

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For the model to work, Katzmann says there were a few non-negotiables. “Providers must enter their data into the electronic health record and have a regular and consistent presence on-site. They also participate in resident engagement and ongoing education, and are part of the discussion,” she says. It’s also important to note that the doctors and nurse practitioners are paid for by Medicare and do not come out of the operating budget.

They knew the model was a success, Katzmann says, but they were still surprised when the analysis revealed just how much. “Our results suggest the benefits of integrating clinical care in a seniors housing environment for those with chronic conditions and functional limitations,” she says. “There’s also real value in managing the health of this population and being able to target possible interventions.”

## **It Takes a Team**

“What’s powerful is that everybody is working for the resident,” says Anne Tumlinson, founder and chief executive officer of ATI. “They’re all connected, sharing the information as a team. And it really does take a team to care for a 90-year-old. That’s why it’s so hard for a family caregiver at home,” she says. “At Juniper, their program wraps a person with the team approach and resolves the issues so hopefully they won’t have to go to a hospital.”

The benefits of the Connect4Life model go beyond financial savings and improved health monitoring; they found it also increased their residents’ length of stay on average by one month. Benefits also include the possibility of increased referrals and relieving families from the added stress of coordinating health care.

## **Recommendations for Going Forward**

“We all need to be at the table for policy conversations,” Katzmann says. “The savings are in keeping residents out of the hospitals and keeping them healthier. Service-enriched housing is a big part of the solution to the health care crisis.”

## Share of Hospital Spending



## Meeting Demand Through Differentiation

Tumlinson recommends that the Centers for Medicare and Medicaid Services and others continue research on the impact of care integration in senior housing and encourage and reward those who integrate care on behalf of their residents.

Both Katzmann and Tumlinson say more investment from seniors housing providers is needed to support health care integration.

Residents and their families are going to start to demand this, Tumlinson says. "This model is a way communities can differentiate themselves, which will enter into the decision-making process of consumers."