

### Agenda

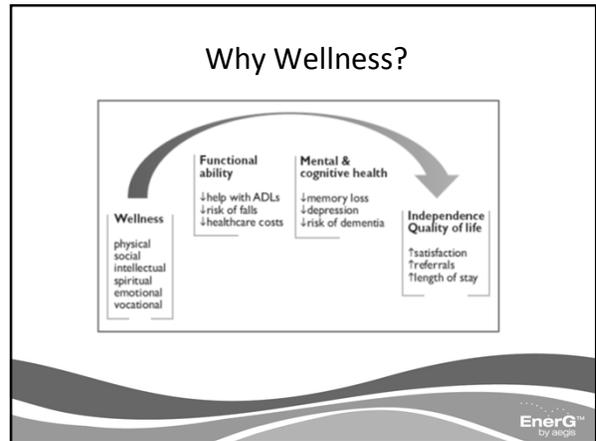
- Defining Wellness and a multi - dimensional model
- Review program development and delivery models
- Discuss current state of the wellness industry in senior living
- Identify key components of a community / institutional wellness assessment
- Case examples and outcomes
- Discuss outcomes and value proposition to the participant
- Review operational benefits and business case
- Questions

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### Question:

- Can you explain “WELLNESS”?
- What is the “Mission” of the program?

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### Applying Wellness

The National Wellness Institute devised three questions that can help persons and organizations assess the degree to which wellness is incorporated into a particular approach or program:

- Does this help people achieve their full potential?
- Does this recognize and address the whole person (multi-dimensional approach)?
- Does this affirm and mobilize peoples' positive qualities and strengths?

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### Wellness Program Description:

- Wellness is often difficult to define and often means something different to everyone.
- The objective of our program remains simple. **Provide and environment** of activities, consultation, and education that allows individuals the opportunity to reach their health and well-being goals
- Programming should have an impact on the individuals quality of life, satisfaction, and abilities / disabilities, as well as impact organizational and operational success and community marketability.

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## Wellness

**APTA SECTION ON GERIATRICS defines “wellness” as:**  
*A lifelong interactive process of becoming aware of and practicing healthy choices to create a more successful and balanced lifestyle.*



## Paradigm shift may require unlearning. History of “Wellness” Programming

- We have created an environment that:
  - Focus on “Assisted Living” vs. “Rehab”
    - We need to move from “maximizing assistance” to “maximizing function”
  - Focus on “Hospitality” vs. “Health”:
    - Pushing in Mr. X to the dining room vs. allowing him to get there himself
  - Focus on “Activities” vs. “Action”.
    - We need to move from “The Four B’s” (BINGO, Bible, Birthdays, Bridge) to traditional activities **AND** a “multi-dimensional approach”

*“Goal to simply help an organization create a culture that incorporates wellness functions to maximize resident independence and quality of life within senior living environments.”*



## Multi – Dimensional Model of Wellness



Dimensions of wellness



## Physical

- Regular physical activity
  - Strength, Flexibility, and Endurance
  - Safety
- Knowledge around diet and nutrition
- Ability to monitor your own vital signs



## Occupational

- Enrichment in ones life through work, hobbies, and activities
- Contributing one’s skills and talents
- Convey values through involvement



## Social

- Contribution to one’s environment and community
- Good communication between those around you
- Sense of community
- To have “FUN”



### Spiritual

- Search for meaning and purpose
- Non Denominational
- May consist of Meditation
- Looking “inward” - Reflection



### Intellectual

- Stimulating mental activities
- Use activities and education to maintain or improve abilities
- Explore problem solving, memory, creativity
- Explore history as well as current events



### Emotional

- Acceptance of one’s feelings
- Manage one’s feelings and behaviors
- Assessment of one’s limitations and the ability to cope effectively
- Stress Management



### Environmental

- Leading a lifestyle that is respectful of our environment
- Understanding of the earth’s natural resources
- Conserve energy
- Enjoy, appreciate and utilize “green” space outdoors



- Provision of wellness services as an adjunct or replacement of activities / recreation therapy in a senior community setting
- Creates a more integrated (therapeutic) approach to wellness across ancillary services
  - Therapy, nursing, social services and traditional activities
- Wellness program offerings are multi-dimensional. The intent is to offer a wide array of opportunities for individuals to access wellness products
  - Educational opportunities – “Wellness University”
  - Consultative services
  - Wellness activities / classes



### Educational Opportunities – “Wellness University”

- To promote life-long learning – Wellness University
- Lectures, Study Groups, and Mini Courses
  - Examples:
    - Relieving Arthritis
    - Shining a Light on Your Memory
    - From Frail to Fun
    - Walking Dogs Safely
    - Eating Well as We Age
    - Home Safety Tips
    - Low Vision Facts
    - Osteoporosis
    - Medication Management



### Consultative Services

- Direct “one-on-one” services with the participant
  - Personal Training
  - Nutritional Consultation
  - Diabetes Management
  - Home Safety Assessments
  - Low Vision Assessments
  - Safe Driving
  - Medication Management
  - Weight Loss
  - Health Screening



### Wellness Activities / Classes

- The Wellness Activities / Classes are designed so all individuals have the opportunity to participate actively in their wellness. We should strive to create programming that will aid in this active lifestyle.
  - Examples:
    - Strengthening – Beginner and Advanced
    - Cardiovascular Endurance – Beginner and Advanced
    - Flexibility
    - Brain Power
    - Balance – Beginner and Advanced
    - Pain Management
    - Tai Chi Easy
    - Urinary Incontinence
    - Spirituality
    - Aquatics
    - Senior Yoga

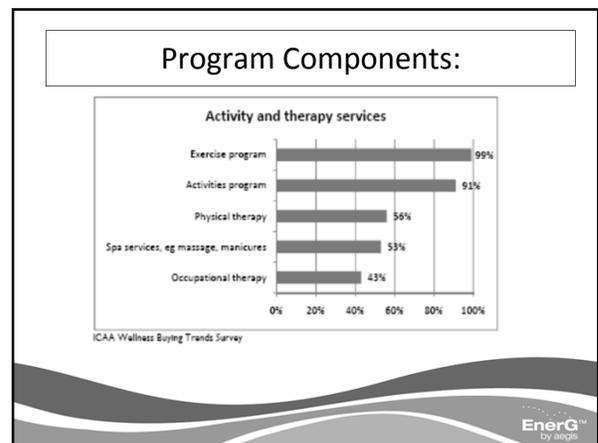
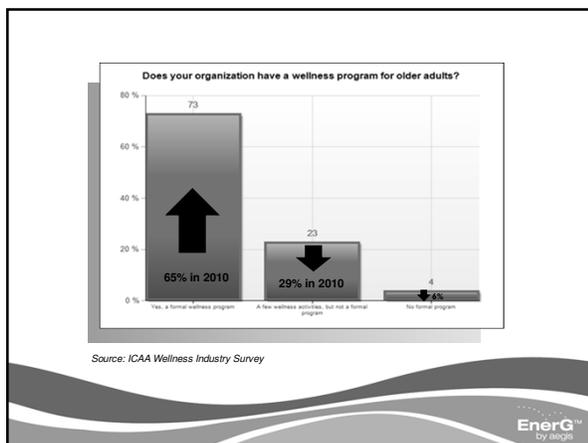


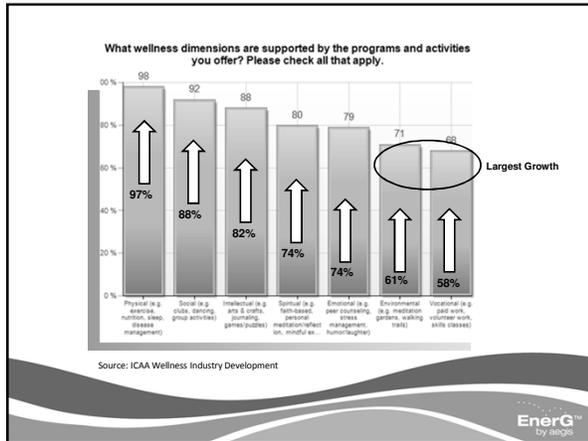
## Current state of wellness in senior living



### The Research

- ICAA Wellness Industry Survey - 2012  
*640 organizations*
- ICAA Wellness Industry Survey - 2014  
*620 organizations*



### Organization's reasons for investing in wellness

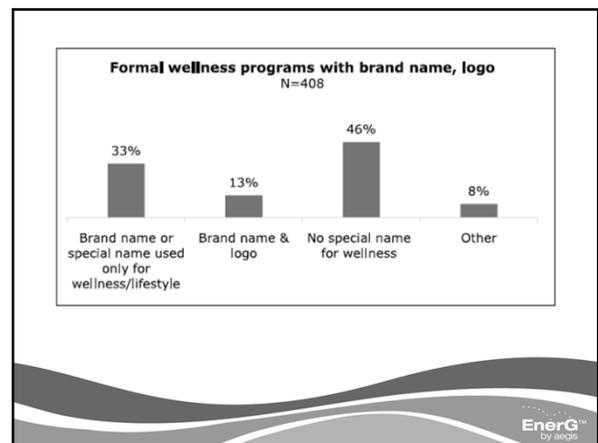
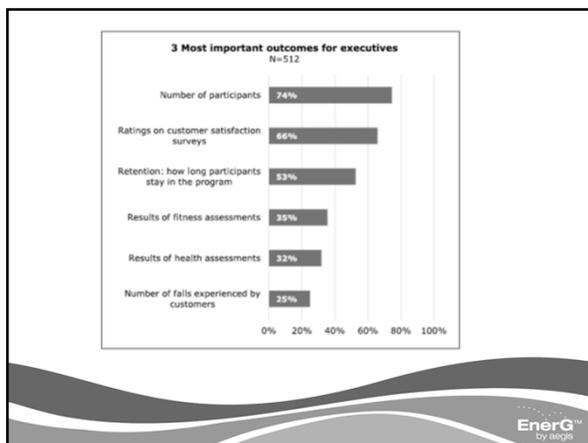
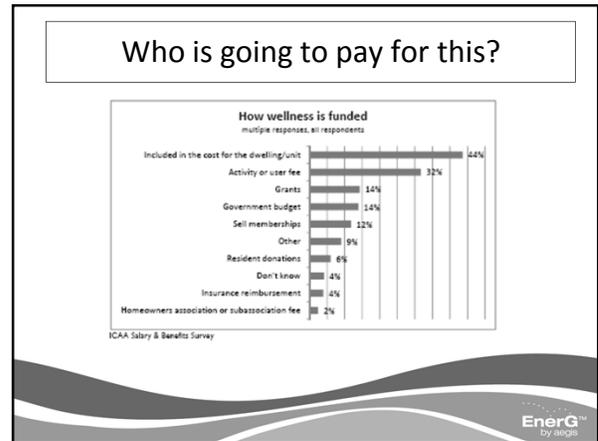
Why does your organization currently invest in a wellness program and facilities, or plan to do so in the future? Please check all that apply.  
N=506

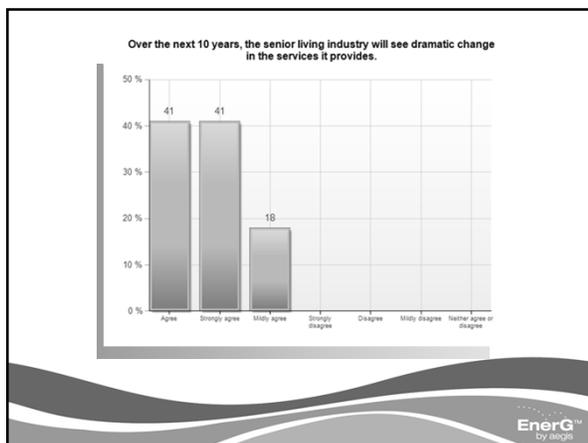
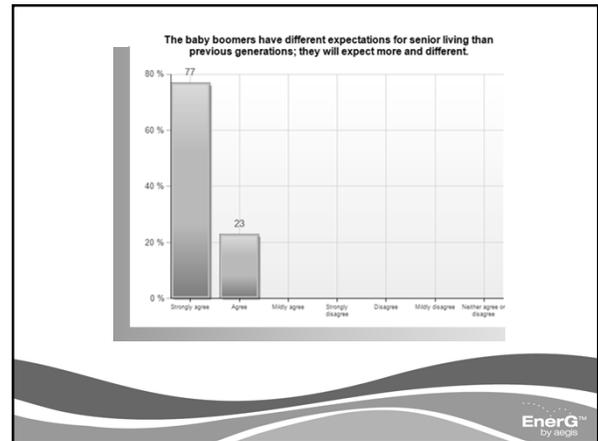
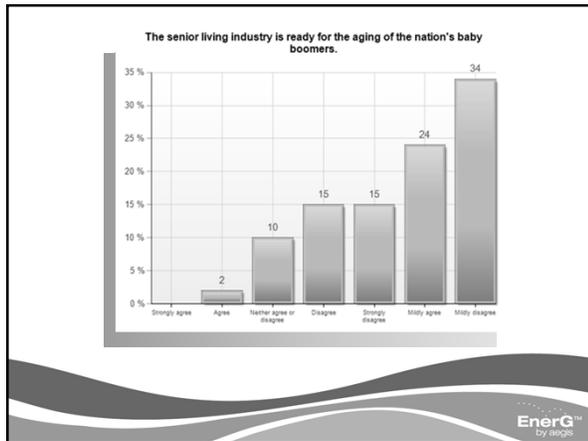
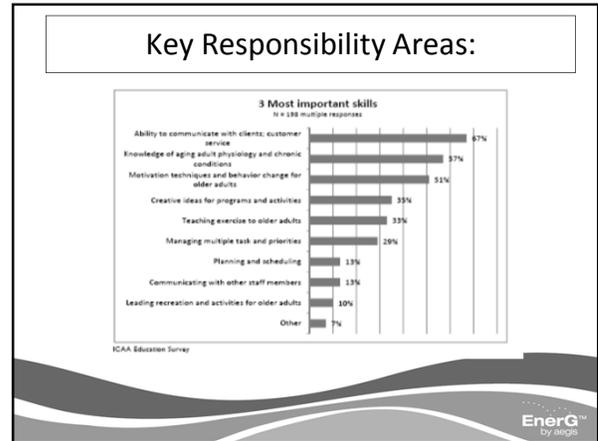
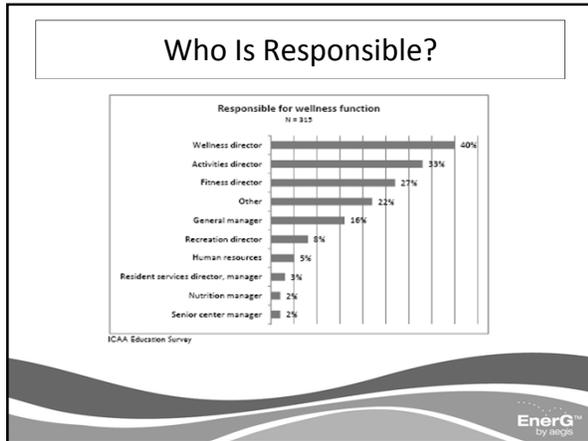
To increase the health and well-being of older adults	93%
To attract new customers/residents	75%
Because current customers/residents demand it	63%
To aid the health and well-being of employees	49%
To increase retention rate	47%
To compete with other organizations	45%
To control healthcare costs	43%
To appeal to the children of new customers/residents	24%
To generate revenue	23%
Other	5%

### Older adults' reasons for investing in wellness

Why do you believe older adults choose to participate in any of the wellness activities? Please select all the reasons.  
N=517

To stay healthy	97%
To live independently	93%
To regain physical function they have lost	88%
To meet new people and find friends; social connections	84%
To manage a chronic illness	77%
For the brain games and exercises to maintain cognitive skills	71%
Other	4%





### Wellness Program Assessment

- Initiate service by completing a **CURRENT** five-part facility assessment reviewing operational consideration, participant perceived need, care staff observation, current programming, and greater community market opportunities

### Operational Assessment

- Identify what “operational” considerations can be impacted by wellness
  - Falls
  - Cognition
  - Length of Stay
  - Engagement / Satisfaction
  - Urinary Incontinence
  - Depression



### Resident / Participant Needs Assessment

- It is of critical importance to identify the needs and wants of your population
  - Often very synonymous with operations
  - Establishes buy-in
  - Decreases anxiety about change



### Care Assessment

- Identification of current care needs
  - What are the “front line” observations everyday
- Review of current programming
  - Multi-disciplinary
    - Nursing
    - Activities / Rec.
    - Dietary
    - Etc.
  - Multi-dimensional



### Marketing Assessment

- Are there opportunities to enhance marketing efforts into the greater community
  - What will the “market” bear?
  - Is there a niche market that can be established?



### Greater Community Opportunity

- **External Market Analysis**
  - We have the ability to complete a review of the population segments that match the EnerG profile within a 5 mile radius, a 10 mile radius, and within a 15 minute drive time
- Population segments that were identified:
  - Segment E03: Professional Urbanites, Segment E05: American Great Outdoors, Segment E06: Mature America, Segment B03: Urban Commuter Families, Segment D02: Working Rural Communities, Segment F01: Steadfast Conservatives,

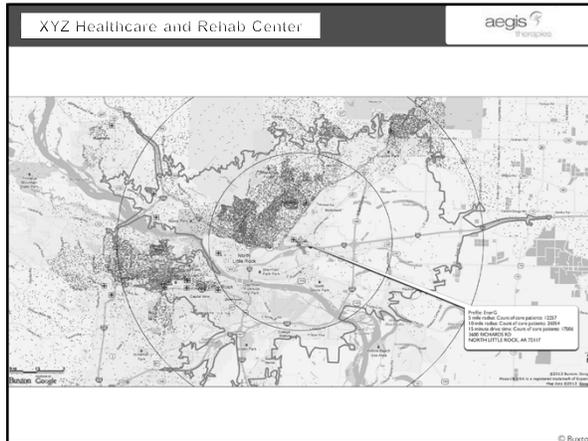


### Greater Community Opportunity

Segment	Average Income	Age 65-74 Propensity	Age 75+ Propensity
A02: Dream Weavers	\$166,260	62	34
B01: Status-conscious Consumers	\$104,663	42	53
B03: Urban Commuter Families	\$88,918	188	190
D02: Working Rural Communities	\$65,138	134	190
D04: Small-city Endeavors	\$41,708	40	48
E01: Ethnic Urban Mix	\$60,554	65	67
E02: Urban Blues	\$42,803	59	47
E03: Professional Urbanites	\$104,495	314	458
E05: American Great Outdoors	\$62,379	196	323
E06: Mature America	\$62,641	368	632
F01: Steadfast Conservative	\$55,454	171	166
H02: Minority Metro Communities	\$67,078	117	61
J01: Rugged Rural Style	\$49,061	237	241
J03: Struggling City Centers	\$35,915	60	81
K03: African-American Neighborhoods	\$46,229	93	91

- Market Analysis Results: XYZ Health and Rehab: Results of target market analysis show that there are 12,257 individuals in a 5 mile radius, 26,054 individuals in a 10 mile radius, and 17,506 individuals within a 15 minute drive time that meet profile requirements. Market research shows that individuals will drive 20 minutes for health and wellness related products. An average acceptable market ranges from 2,000-10,000 individuals that meet profile requirements. Your metrics of greater than 17,000 are well above the normative standards and only encompass a 15 minute drive time.





Program Enhancement Overview – Example

Present	Tues 4hr group program	Wed 4hr group program	Thurs 3hr group program	Fri 4hr group program
<b>Mon 4hr group program</b>	Rosary and Bible Study	Hairman	Social Event	Bowling
Social Time	Wild Onions	Mass	Happy Hour	Red Hat
Exercise	1:1 Visits	Music	Manicures	Community Service Proj.
1:1 Visits	Music	Exercise		Movie
Music				
Proposed	Tues 6 hr group program	Wed 6 hr group program	Thurs 6 hr group program	Fri 7 hr group program
<b>Mon 6 hr group program</b>	ESF (Exercise)	Relaxation	ESF (Exercise)	Beginning Balance
Beginning Balance	Brain Fitness	Behavior Mgmt	Brain Fitness	Behavior Mgmt
Behavior Mgmt	Arthr./Pain Mgmt	Relaxation	UI	Red Hat
Music	Rosary and Bible Study	Mass	Arthr./Pain Mgmt	Community Service Proj.
<b>Music and Mgmt</b>				
Tai Chi / Yoga	<b>Walking Group</b>	Tai Chi / Yoga	1:1 Visits	Tai Chi / Yoga
UI	1:1 Visits	<b>Music and Mgmt</b>	Manicures	Bowling
1:1 Visits	Music	1:1 Visits	<b>Walking Group</b>	Movie

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CASE EXAMPLE

CCRC MO: Campus (SNF/AL/IL)

- Developed a multi-dimensional wellness approach.
- This approach incorporated in to SNF programming as well as AL/IL

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Multi-Dimensional Class offerings:

- Trivia
- Bingo
- Manicures
- Games
- Movie night
- Happy hour
- Music
- Coffee break
- Crafts
- Outings

Conventional

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Multi-dimensional class offerings:

- Cranium crunches/brain fitness
- Balance/fall prevention
- Sensory / Behavior Management
- Yoga
- Strengthening/power pump
- Stretch and flex
- UI
- Chair cardio
- Walking to the beat
- 1:1 as needed across all levels
- Relaxation / Behavior Mgmt.
- Wellness University

Non-  
Conventional

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Results/Successes:

- New programming with dementia specific activities
- Improved cross referral
- Increased utilization/participation of 128%
- Class attendance increased by 86%
- Increase use of volunteers by 500%
- Increased rehab referrals by 200%
- First 3 months of program, SNF falls averaged 38.3.
- This decreased to 24 in the second 3 months of the program.

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### Question:

- The Million Dollar Question: What is the resident value proposition?



### Validated Outcomes: (1 yr review) 2013

- 30 Sec. Chair Rise Test: Validated LE strength test that translates to functional improvements in activities such as balance, transfers, gait, etc.
  - Participants showed an enhancement of 19.4%
  - Non Participants showed a regression of -15.3%
  - Comparison between participation vs. non-participation showed variance of 34.7%
- Standing Functional Reach: Validated fall risk test– Static Balance. Proven indicator / predictor of falls
  - Participants showed an enhancement of 6.5%
  - Non Participants showed a regression of -15.5%
  - Comparison between participation vs. non-participation showed variance of 22.0%
- St. Louis University Mental Status Exam (SLUMS): Validated cognition assessment that scores cognitive dementia
  - Participants showed an enhancement of 3.3%
  - Non Participants showed a regression of -2.4%
  - Comparison between participation vs. non-participation showed variance of 5.7%



### Validated Outcomes: ( 3 year review) 2015

- 30 Sec. Chair Rise Test: Validated LE strength test that translates to functional improvements in activities such as balance, transfers, gait, etc.
  - Participants showed an enhancement of 40.9%
  - Non Participants showed a regression of -44.1%
  - Comparison between participation vs. non-participation showed variance of 85.0%
- Standing Functional Reach: Validated fall risk test– Static Balance. Proven indicator / predictor of falls
  - Participants showed an enhancement of 53.9%
  - Non Participants showed a regression of -27.6%
  - Comparison between participation vs. non-participation showed variance of 81.5%
- St. Louis University Mental Status Exam (SLUMS): Validated cognition assessment that scores cognitive dementia
  - Participants showed an enhancement of 7.4%
  - Non Participants showed a regression of -3.3%
  - Comparison between participation vs. non-participation showed variance of 10.7%



### Customer and Benchmark Data:

- 15.2% Reduction in Falls
- 30.4% Reduction in Falls with Injury
- 61% Utilization across all settings
- 1.1 month Increase to Length of Stay in LTC / SNF
- 2.35 month Increase to Length of Stay in AL
- 8.1 month Increase to Length of Stay in IL



### Customer and Benchmark Data: (cont.)

- Enhanced Resident Engagement
  - 90% of participants report that participation with EnerG wellness programs make them "more" or "much more" satisfied with their overall community
  - 71% agreed that the EnerG wellness program was one of the primary reasons for selecting the community



### Summary of Financial Opportunity – AL/IL

- Areas of potential revenue:
  - Charge for individual classes
    - External: Conservative view of 1% of the 15 minute drive time market yields 195 individuals at 35\$ per class for and 8 week session would yield approx. 3,696\$ per month or 44,362\$ annual
  - Charge for membership
    - External: Conservative view of 1% of the 15 minute drive time market yields 195 individuals at 35\$ per month would yield approx. 6,825\$ per month or 81,900\$ annual
  - Increase to outpatient B services
    - Referral of 4 residents for outpatient PT, OT, ST service per month would yield approx. 1,058\$ per month or 12,701\$ annual [4pts. x 3 per week x 4.2 weeks per month x 3 codes per session x 35\$ per code x 20 percentage retained by facility ( 25% minus MPPR)]
  - Labor savings
    - Reduction in labor hours of activities personnel. .5 FTE would yield approx. 22,464\$ annual or 1,872\$ per month (1 FTE x 185/per hour x 20% benefit load x 2080 hour per year)
    - Reduction in contract wellness services: 1,083\$ per month (average of one class per day at 50\$ per class) Current cost associated with the provision of service to be internalized by EnerG programming
  - Length of Stay Enhancement
    - Internal: 1500 individuals, 25% utilization yields 375 individuals with an increased LOS of 2 months would yields 78,947\$ over the course of an average LOS. [Average LOS 17 months progressing to 19 months. Used calculation of 2000\$ per month lease/rental reoccurring monthly revenue (375 residents x 2000\$ X 2 mo = \$1,500,000 / 19 mo LOS = \$78,947/mo)].
  - Conservative View: \$10,838 / MO. With LOS enhancement: \$78,947/MO.



## Summary of Financial Opportunity - SNF

	Monthly Enhancement	Annualized Enhancement
<b>LOS Enhancement</b>		
Assumptions: LTC LOS 12 mo increasing to 13 mo	\$31,726.03	\$380,712.31
All LTC res. @ 61% utilization at current RAB	\$5,310.21	\$73,922.56
All LTC res. @ 25% utilization at current RAB	<b>\$8,983.26</b>	<b>\$97,000.28</b>
Private Pay res. @ 61% utilization at current RAB		
<b>Part B Revenue Enhancement</b>		
Assumptions		
Average 4 additional referrals / mo	\$1,365.61	\$16,387.27
Average tx. duration in 2012: 30 days		
Enhancement includes: Average cost and MPPR		
<b>Restorative CMI Enhancement</b>		
Assumptions		
31 Enhancement to RUG weighting	\$2,851.03	\$34,212.36
Improved collaboration b/w Rest. and Act		
Maintain 4:1 ratio		
<b>Community Enhancement</b>		
Assumptions: Review of EnerG profile		
Step in greater community within 15 min drive time	\$5,985.48	\$109,025.70
Access 5% of population at a rate of \$35/mo	\$4,542.74	\$54,512.85
Access 25% of population at a rate of \$35/mo		
<b>Total Rev. opportunity Facility XYZ</b>	<b>\$16,842.73</b>	<b>\$202,112.76</b>



## ROI Considerations

True Cost:

- Cost of Falls
- Cost of Depression & Cognition
  - Anti-psych meds
- Cost of Incontinence



## Wellness Benchmarking

- Why collect the data?
  - Generate performance objectives and monitor results
  - Solid information for community outreach and marketing
  - Demonstrate value
  - Guide decisions around wellness purchasing



## Communication



### Rehab to Wellness Referral Form

Resident's Name: \_\_\_\_\_ Apt. / Room #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone / Ext. #: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 Treatment Delivered: \_\_\_\_\_  
 Precautions/Exercise Restrictions: \_\_\_\_\_  
 Rehab to Wellness  
 Wellness emphasis should include (please circle):  
 Power Pump    Brain Fitness    Evening Joint Pain    Multi-Factorial  
 Beginning Balance    Rebalance    Steady Strides    Fitness Class  
 Other: \_\_\_\_\_  
 Tentative date of discharge: \_\_\_\_\_  
 Individual Completing Form: \_\_\_\_\_  
 Date: \_\_\_\_\_ Extension: \_\_\_\_\_  
 Wellness Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Rehab Program Coordinator (RPC) Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Resident Start Date: \_\_\_\_\_  
 Resident End Date: \_\_\_\_\_  
 Notes: \_\_\_\_\_



### Wellness to Rehab Referral Form

Resident's Name: \_\_\_\_\_ Apt. / Room #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone / Ext. #: \_\_\_\_\_  
 Wellness to Rehab  
 Rehab emphasis should include (please circle and provide detail):  
 Physical Therapy    Occupational Therapy    Speech Therapy  
 Identified need: \_\_\_\_\_  
 Individual Completing Form: \_\_\_\_\_  
 Date: \_\_\_\_\_ Extension: \_\_\_\_\_  
 Wellness Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Rehab Program Coordinator (RPC) Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Resident Start Date: \_\_\_\_\_  
 Resident End Date: \_\_\_\_\_  
 Notes: \_\_\_\_\_



- **Benefits:**
  - Meets organization’s mission
  - Influences occupancy and LOS
  - Decreases unplanned hospitalization and re-hospitalization
  - Improves participant satisfaction and engagement
  - Advances managed care relationships
  - Keeps individuals independent longer



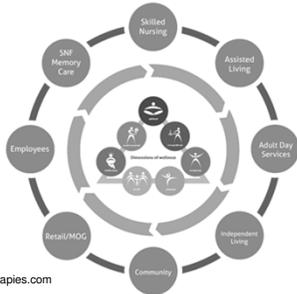
- **Benefits cont.:**
  - Outpatient opportunities
  - Positions entities appropriately for ACO’s and additional reform
  - Increases revenues-internally and externally
    - Positive CMI impact
    - Community membership (if applicable)
    - Improved therapy referral
  - Improved outcomes:
    - LOS, falls, falls with injury, depression, cognition etc.



- **Benefits cont.:**
  - Provides a competitive position and powers marketing efforts
  - Reduces health care costs
  - Reduces direct care needs and manages labor costs
  - Allows for employee wellness



**Thank You!**



Brian Boekhout, PT  
Vice President – Wellness  
Brian.Boekhout@aegistherapies.com  
(951) 203 - 6520

