

Value-Based Care for the Medicare Population

Virginia Rural Health Association
2025 Rural Health Voice Conference

Pete Fronte, MBA
President & CEO
Altura

November 19, 2025

Confidential



// Welcome!

- **What is Value-Based Health**
(Pete Fronte, MBA - 15 min)
- **About Older Adults**
(Pete Fronte, MBA - 15 min)
- **Clinical Considerations Beyond the Usual**
(Steven Castle, MD - 15 min – virtual)
- **Providing value to Older Adults in Rural Communities**
(Pete Fronte, MBA - 15 min)
- **Discussion**
(All - 15 min)

// Older Adults and Rural Health Challenges

- ●● Limited Access to services (distance and/or transportation)
- ●● Technology Barriers (don't use or limited internet)
- ●● Limited Physical Therapy & Geriatric Access
- ●● Provider and staff supply issues – do more with less - top of license work is a must
- ●● Social Isolation and access to community resources

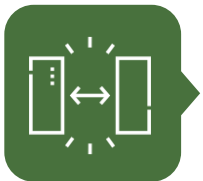
// A Few Things to Ponder for Older Adults in Rural Areas



What area of prevention can you impact?



What are the resources needed beyond the typical?

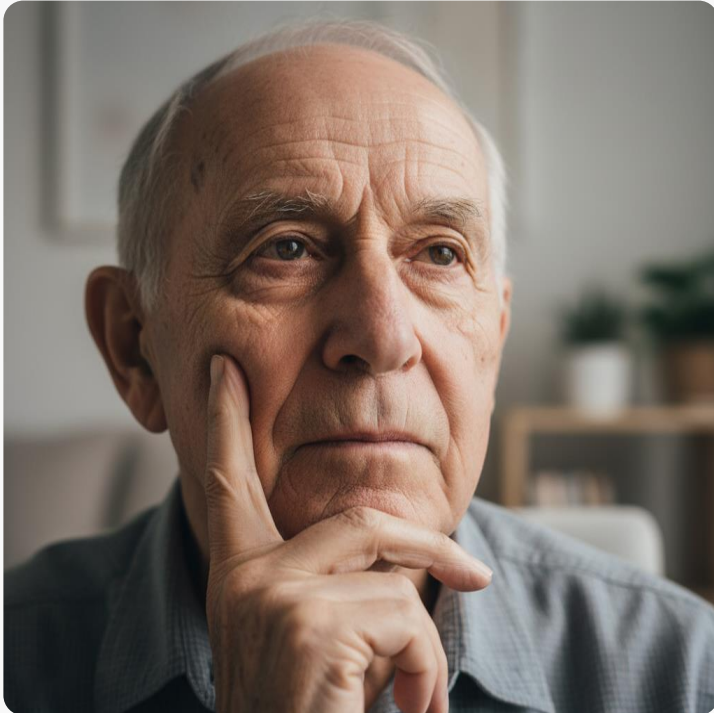


How will you adapt to their care needs at and away from clinic?

What is Value-Based Care

Pete Fronte, MBA
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Value from Which Perspective?

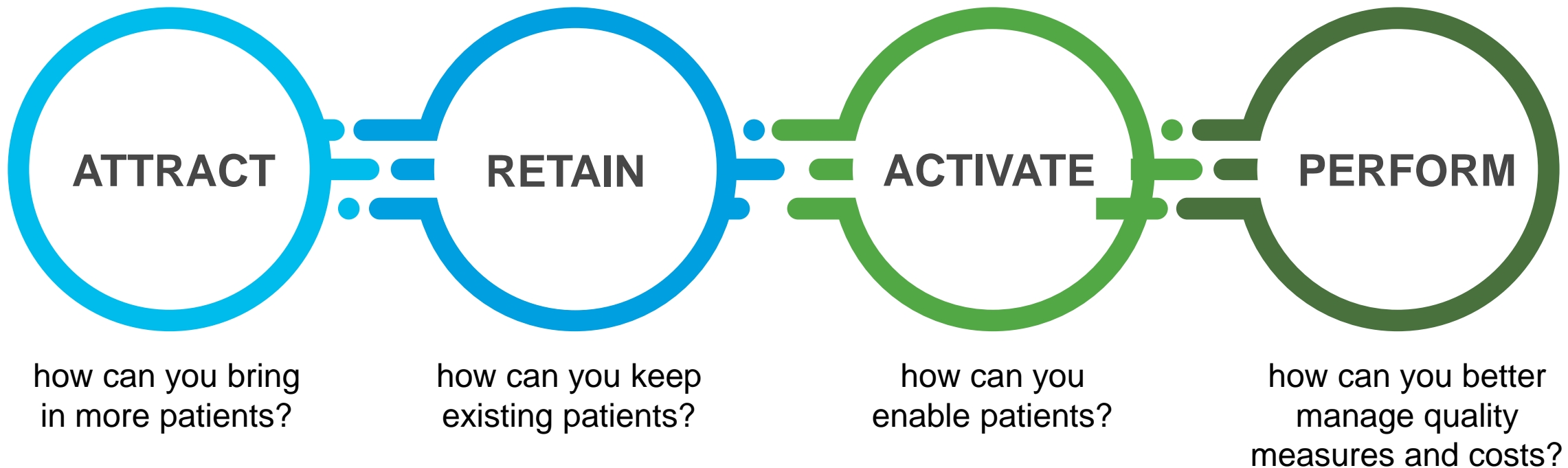


VALUE!?

$$= \frac{\text{Quality}}{\text{Cost}} = \frac{\text{Outcomes+ Patient Experience}}{\text{Direct Costs + Indirect Costs}}$$

VBC is Shifting CHC Success Drivers

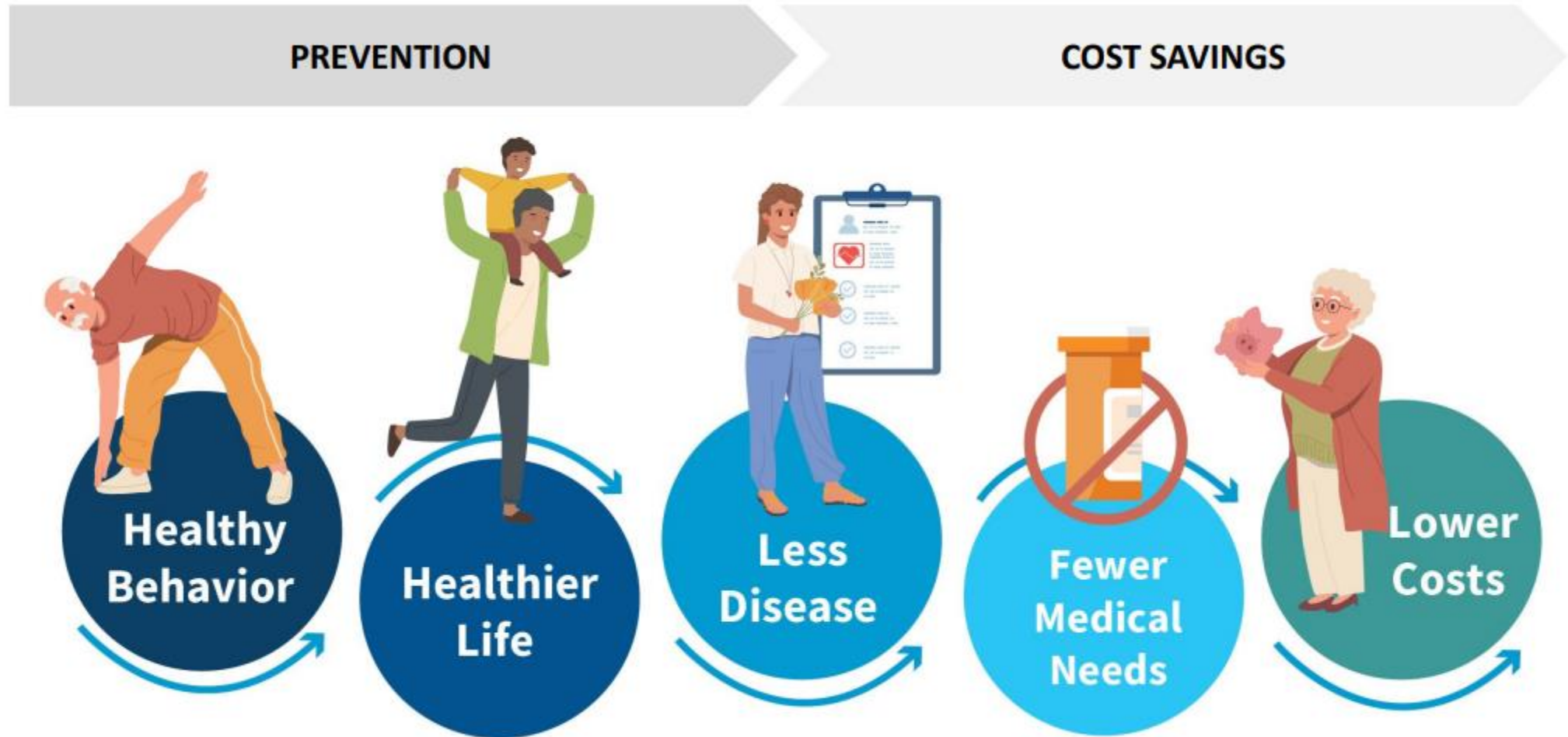
Medical Care + Patient Behaviors = **PERFORMANCE**



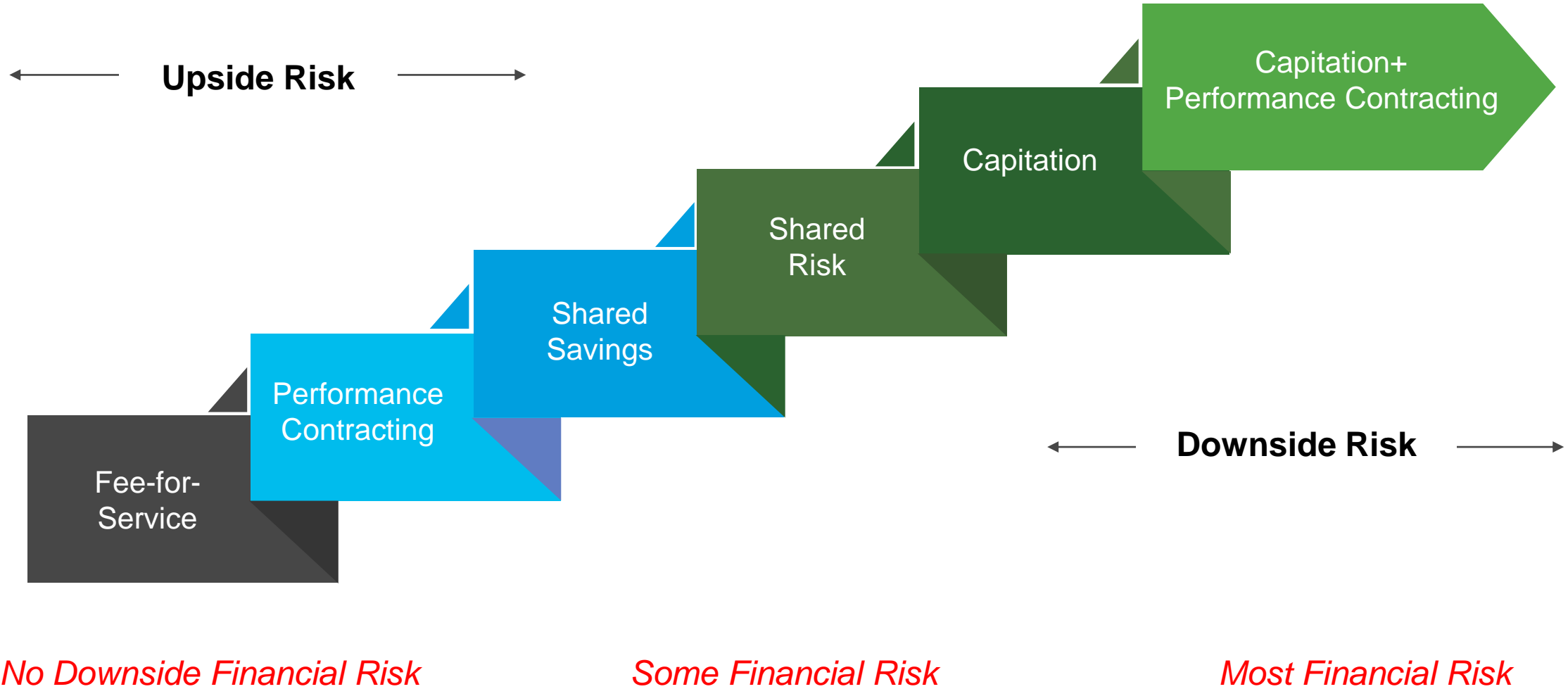
CMS Innovation Center Solution



CMS/CMMI: Key Outcomes – Better Health & Less Disease



// Payment Model Continuum



Understanding the Older Population

Pete Fronte, MBA
President & CEO
Altura

// Older Adults are an Opportunity for CHCs



**Value-based
reimbursement**



**Long-term
enrollment**



**Better care
management**

// Aging Population and Value Based Care Models

- **Providers face resource and time constraints**
- **Older patients have health related needs that are often unaddressed during clinic visits**
- **VBC contracts rely on prevention as well as cost and quality performance**

Extra resources are needed to impact older adult care outside of the clinic

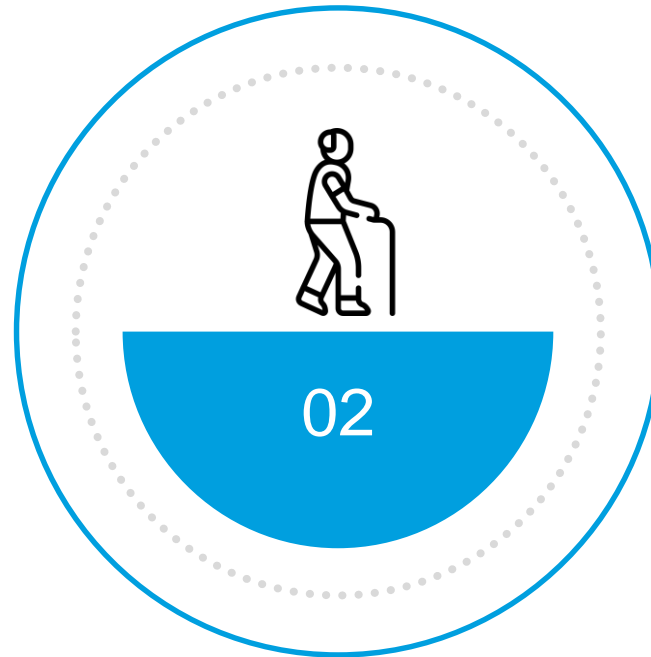


// A Perfect Cost Storm



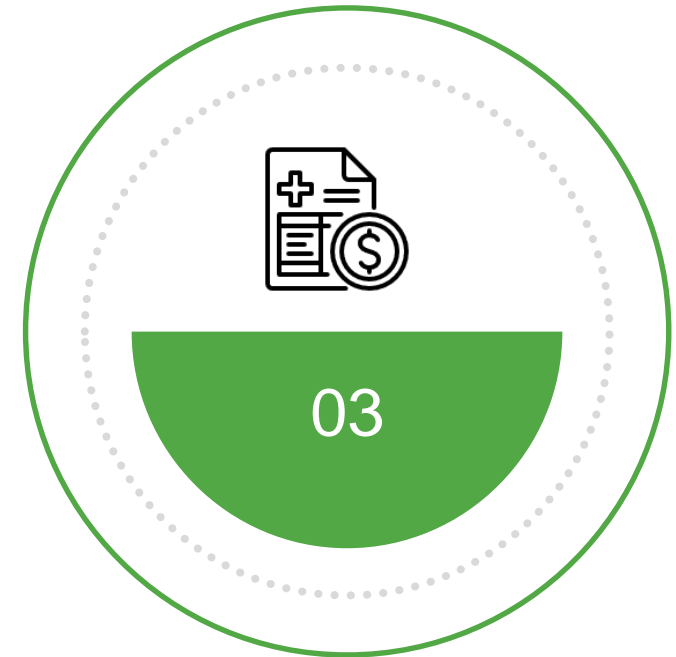
Aging Population

US population is aging exponentially



Rising VBC Contracts

Number of people in VBC plans is growing



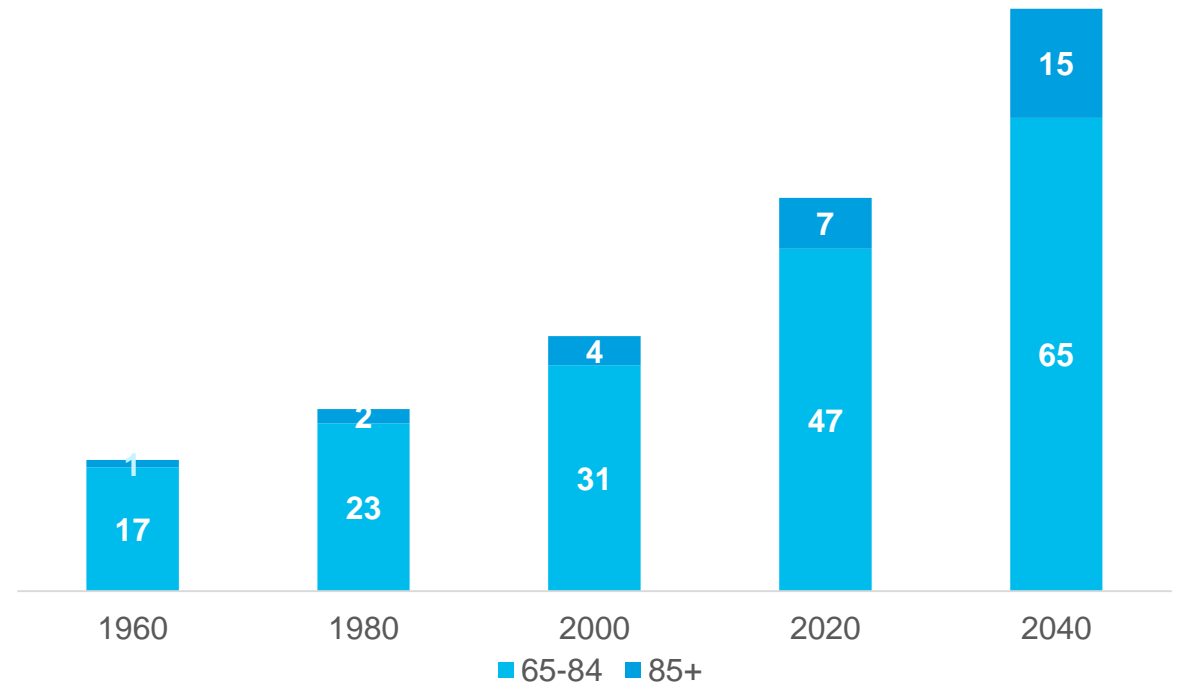
Staffing Shortages

Supply of MDs, RNs continue to decline

// The Aging Population is Growing, Fast!

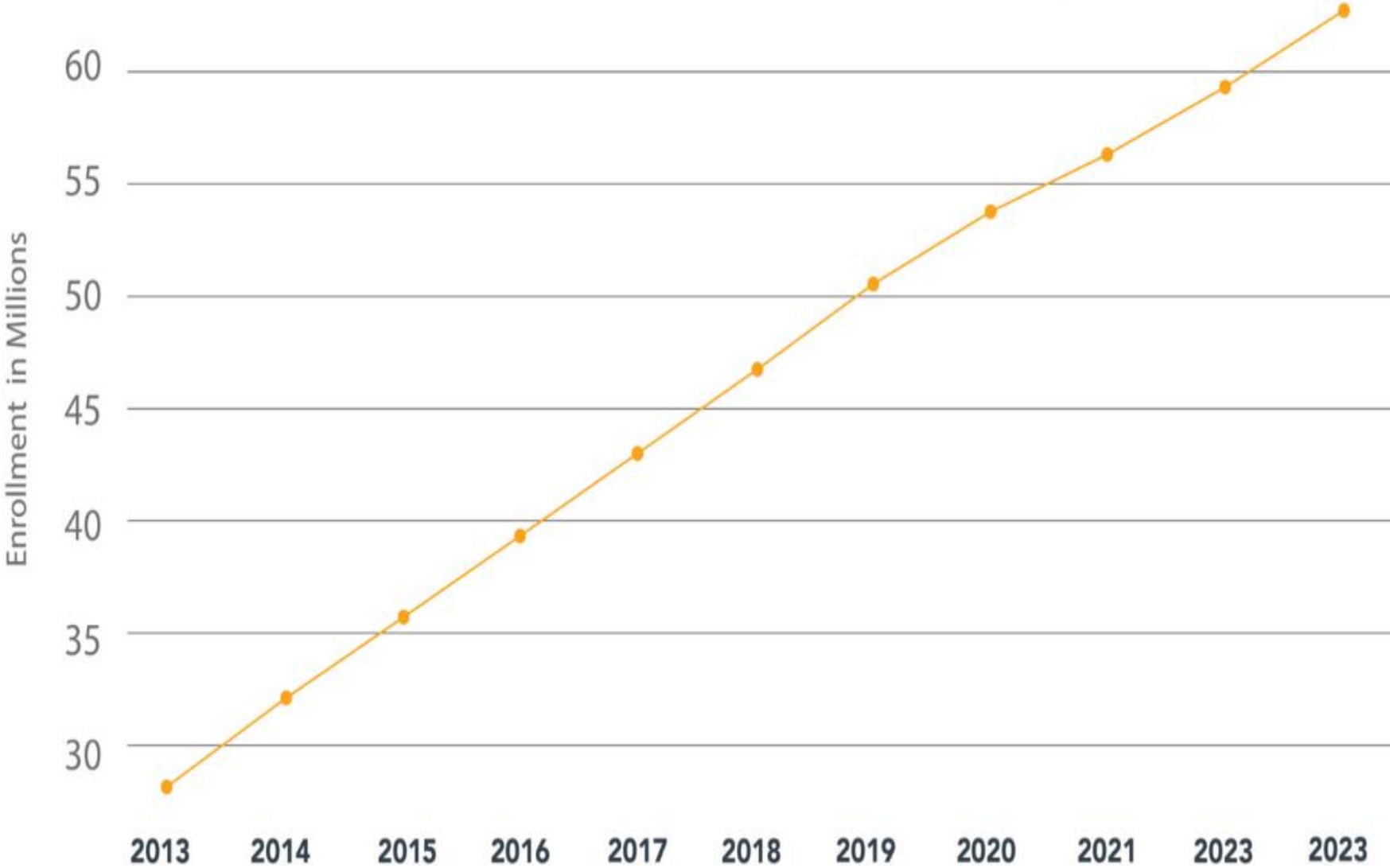
- The number of adults ages 65+ is expected to reach 80M (1 in 5) by 2040, more than doubling since 2000
- The number of adults ages 85+ is expected to quadruple by 2040.
- Life expectancy continues to increase, resulting in people living longer with chronic diseases
- By 2034, more people >65 than <18

Number of Older Americans, 1960-2040 (in millions)



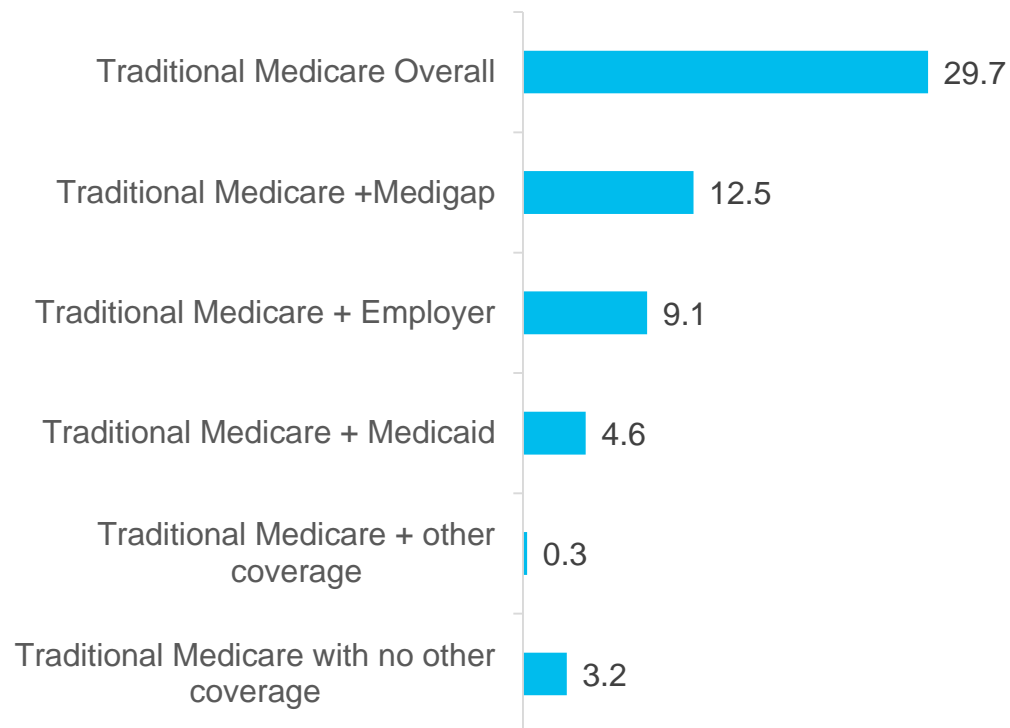
Source: U.S Census Bureau

Total Medicare Enrollment by Year

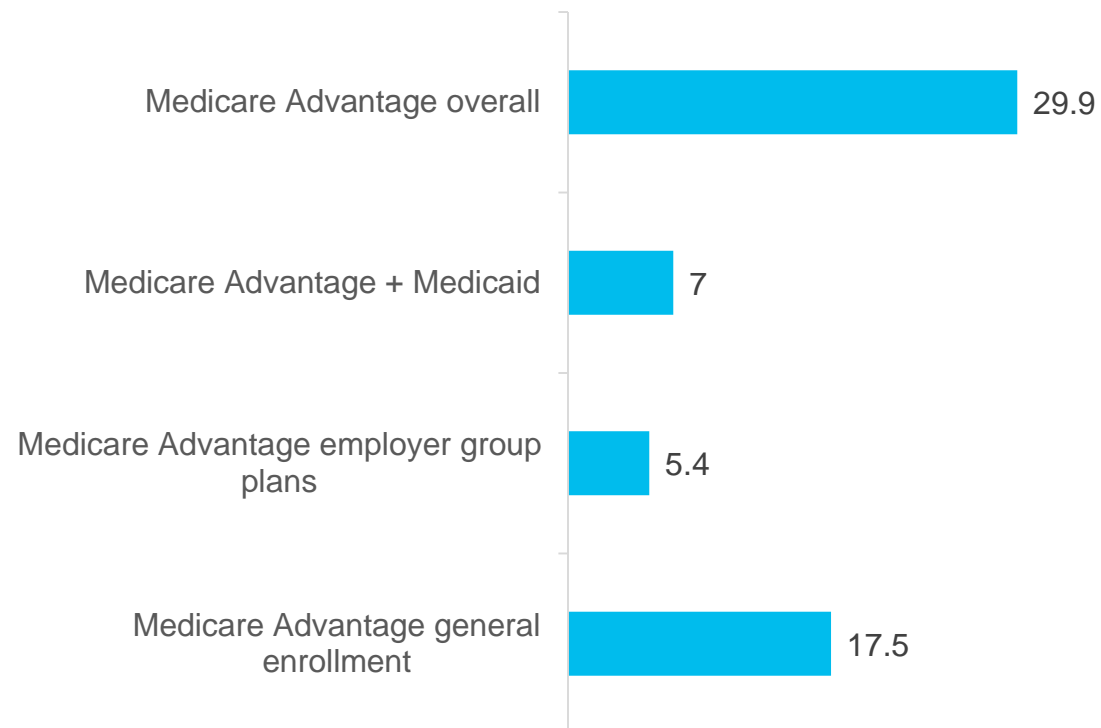


// Medicare and Medicare Advantage (MA) Enrollment

Traditional Medicare (in Million)

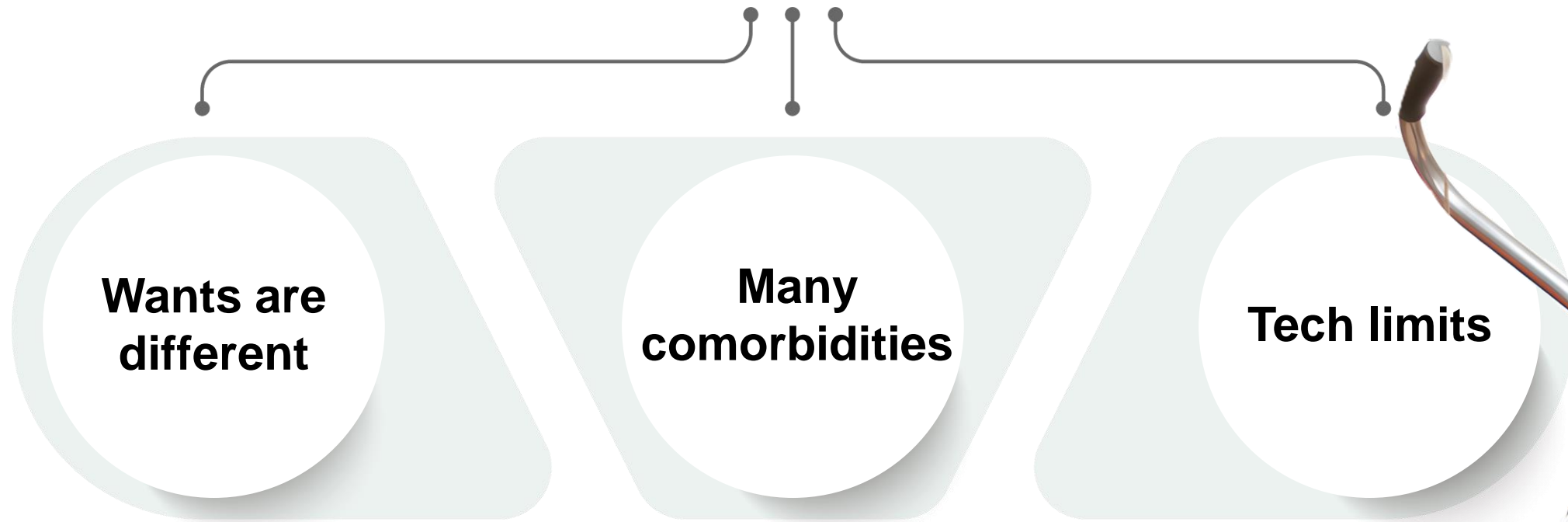


Medicare Advantage (in Million)



- ✓ Note: Total excludes beneficiaries with Part A only or Part B only for most of the year (n=5.0 million) or Medicare as a Secondary Payer (n=1.6 million).
- ✓ Source: KFF analysis of CMS Medicare Current Beneficiary Survey, 2022 Survey File.

// Older Populations are Complex



// A Vicious Cycle That Active Aging Can Address

Inactivity leads to weakness and fear of falling



Falling leads to increasing fear and even lower activity levels



Low activity levels lead to isolation & further physical decline



Isolation leads to depression, cognitive decline
and worsening of chronic conditions

Active Aging Needs to be Part of Every Healthcare Program for Older Adults!

// Topics Older Adults Want Their Providers to Discuss

Would like their healthcare providers to spend more time discussing...



N=2,516 aged 65+
Source: John A. Hartford Foundation 2024

// How to Appeal to Older Adults

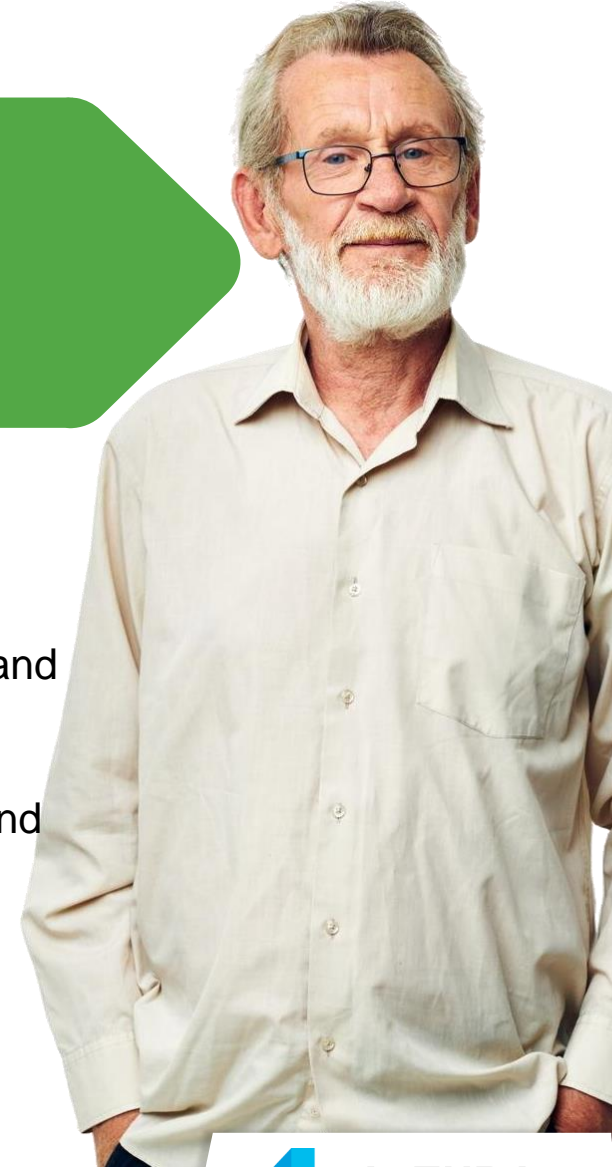


Baby Boomers (61-79)

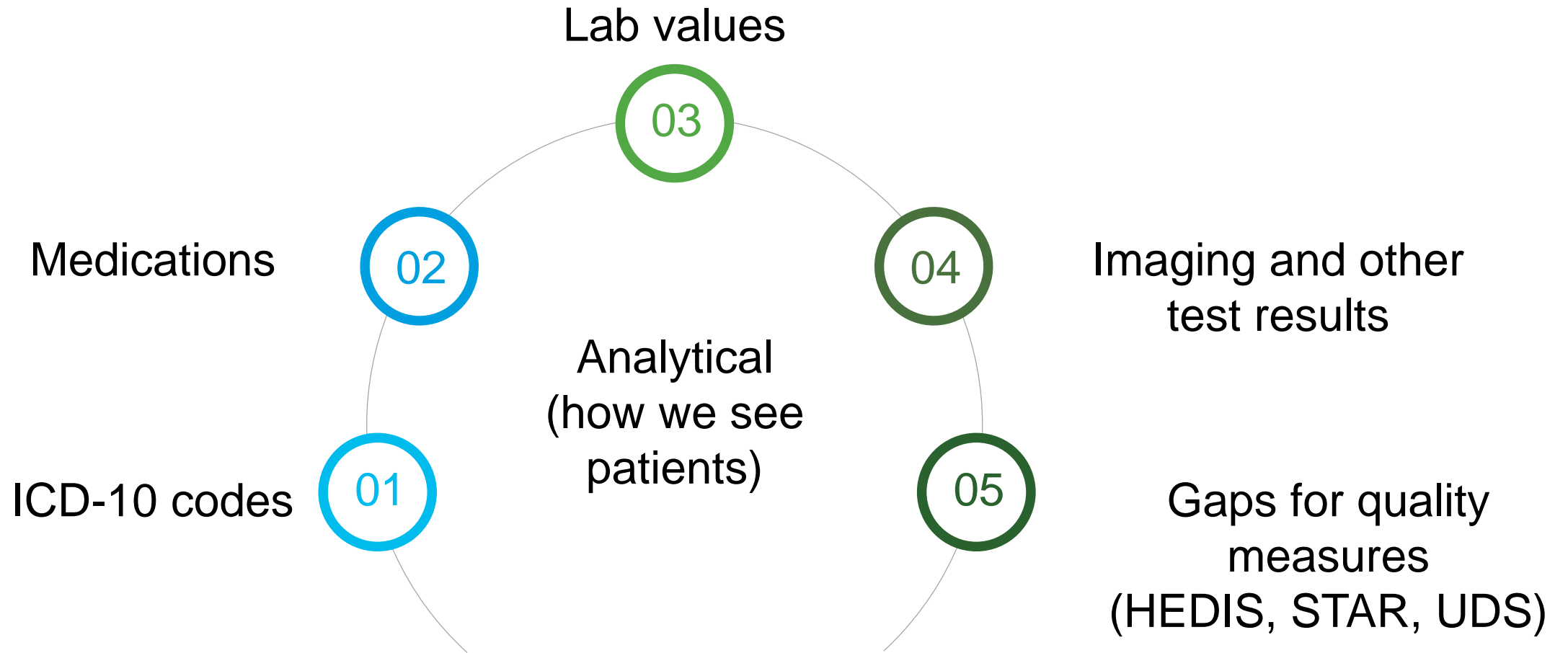
- Some tech but prefer phone & in person
- Expect to be active in treatment process
- More likely to shop around for healthcare resources & services

Silent Generation (80-97)

- Want face-to-face, phone calls and printed material
- Prefer to follow doctor advice and not engage too much
- Value personalized attention and extra assistance

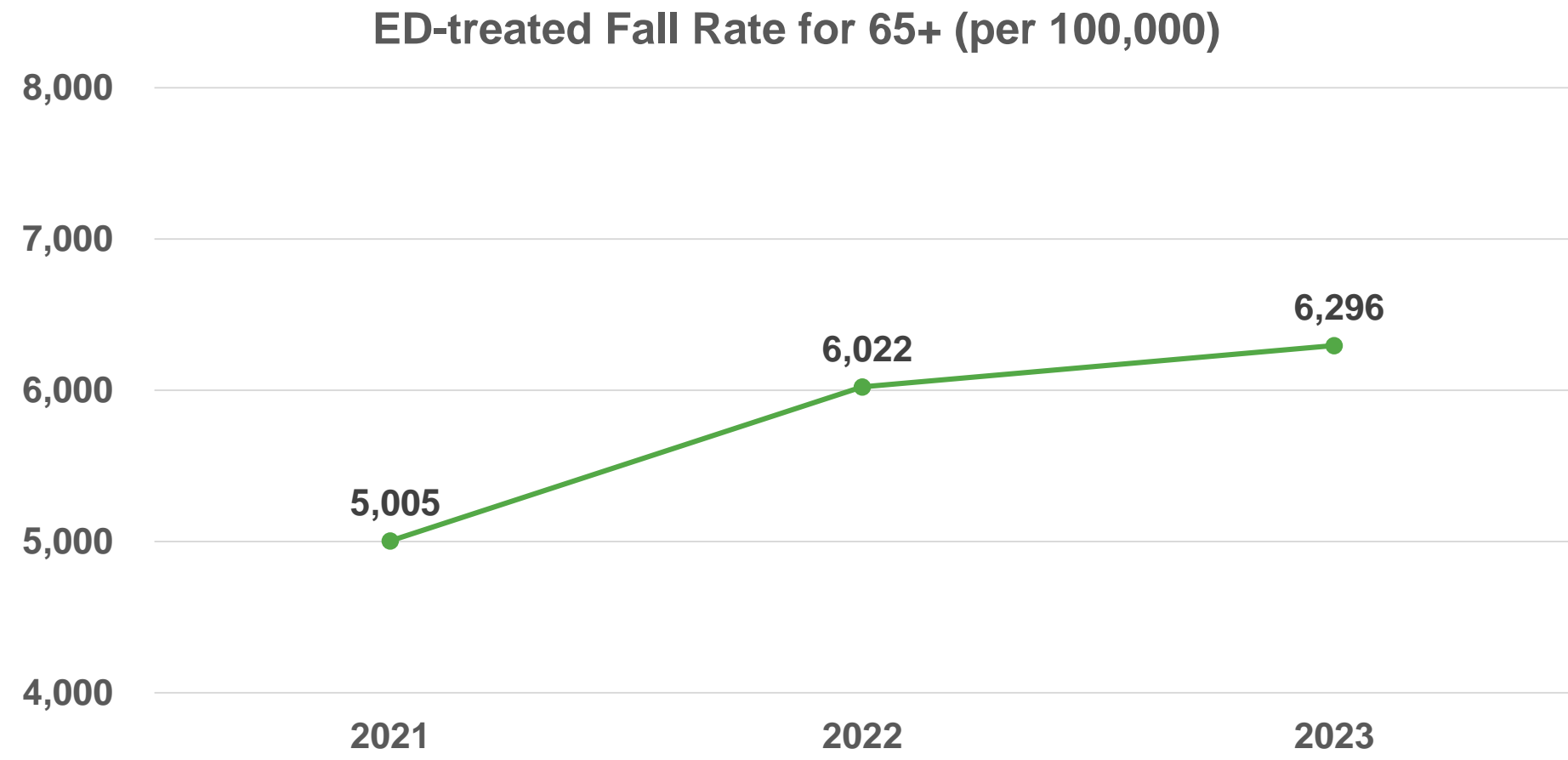


// The Common Approach: Respond to Symptoms as They Present





ED Treated Fall Rates Increasing



Source:
CDC, <https://www.cdc.gov/falls/prevention/index.html>

// Fall and Hip Fracture Facts

01

Every 8 seconds someone >65 falls and utilizes the ED/Hospital

02

Hip fracture rates are 4x higher in women (70% of ED/Hospital visits)

03

Falling once doubles the chance of falling again

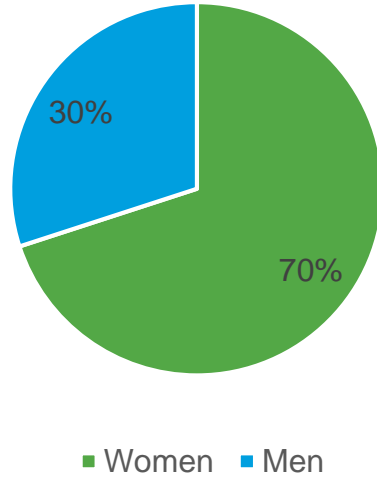
04

<50% of patient tell their doctor about a fall

Source: CDC - Important Facts about Falls, CDC - Hip Fractures Among Older Adults

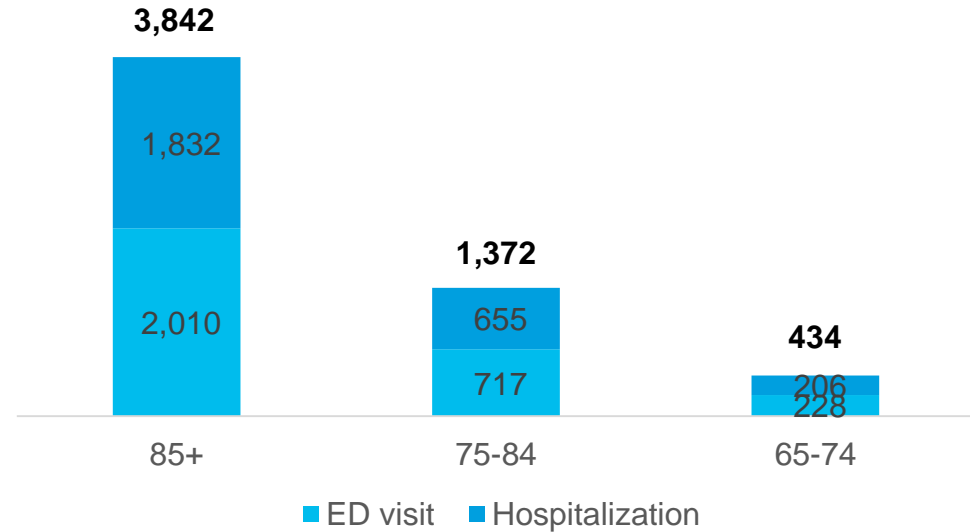
// Hip Fx Data Highlights Higher Risk Cohorts

Hip Fx visit by gender



1 in 3 women will sustain a hip Fx in their lifetime (vs. 1 in 12 for men)

Hip Fx by visit type & age group (per 100,000)



The 85+ age group hip Fx rate is **9x higher** than the 65-74 age group

Sources:

CDC, <https://www.cdc.gov/falls/prevention/index.html>
NIH, <https://pmc.ncbi.nlm.nih.gov/articles/PMC3597289/>

Source: NIH, <https://pmc.ncbi.nlm.nih.gov/articles/PMC10083185>

// Low Hanging Fruit – Reduce Fall Risk



Falls account for nearly 20% of the healthcare costs in older adults



Includes hospitalization, surgery, rehab, long-term care



Lead to severe injuries including fractures, head trauma, reduced mobility, and decline in overall health



The direct medical costs are around \$30,000 per incident and can go higher with hip fractures and more severe injuries. It is projected to reach \$50B in 2025.



\$20B of this cost is hip fractures. 95% of all hip fractures are from falls

// Fall Risk Can Be Reduced

Fall Encounter
(tip of iceberg)

Able to
Influence



Out of
Control

- Awareness / Education
- Weakness
- Balance
- Medications
- Vision
- Hearing
- Medical Conditions
- Substance Abuse
- Accidents



Research Indicates Physical Activity Improves Patient Health

- Adding 3,000 steps a day may **significantly lower blood pressure in older adults**
– SBP decreased by 7 points and DBP by 4 points . *Journal of Cardiovascular Development and Disease* 7/27/23
- **Risk of stroke can be reduced long term** even with low levels of physical activity.
BMJ Journals: Journal of Neurology 3/5/24
- At just **3,000 steps per day prevents heart failure in women**
– risk reduced by 26%. *JAMA Cardiology* 2/21/24
- Even small amounts of cardio fitness can **reduce the risk of prostate cancer by 35%**.
BMJ Journals: Journal of Sports Medicine 1/30/24
- 12 hours of inactivity per day **increases the risk of dementia by 63%**
– “Sit less and move more” per the lead author: *JAMA* 7/22/23
- Sitting just 30 minutes less per day **may cut high blood pressure among older adults.**
JAMA 3/27/24

// It Takes a Different Perspective

Current:

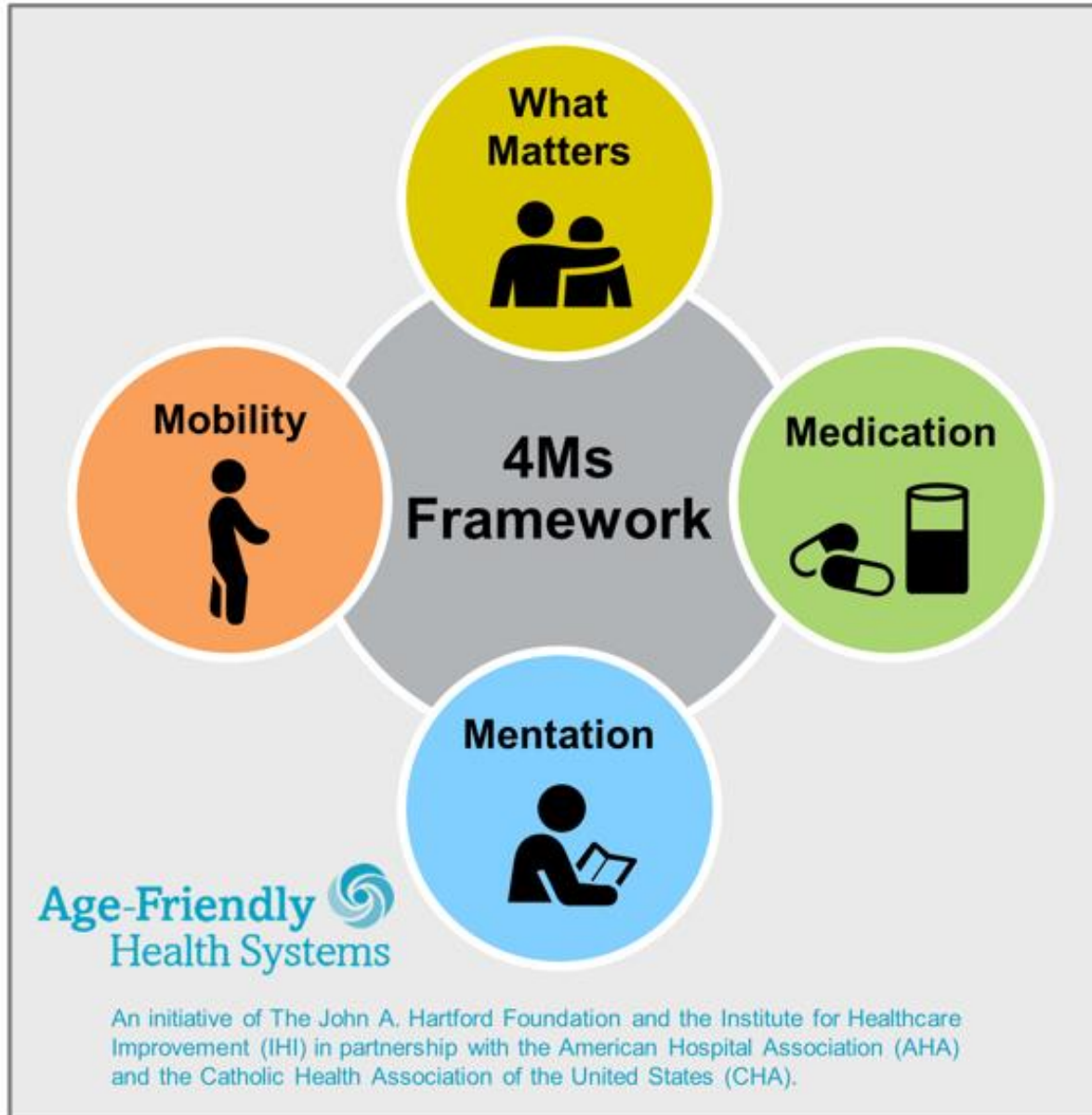
Fix
old people's
problems when
they arise



Add:

Help
older people
actively age so
they can do what
matters most

// 4Ms Framework for an Age Friendly Health System



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

Clinical Consideration Beyond the Usual

Steven Castle, MD
Clinical Director, Geriatrics – VA Greater Los Angeles
Clinical Professor of Geriatrics - UCLA

// Dr. Castle's Slides



Why We Should All Increase Our Physical Activity

Steven C. Castle, M.D.



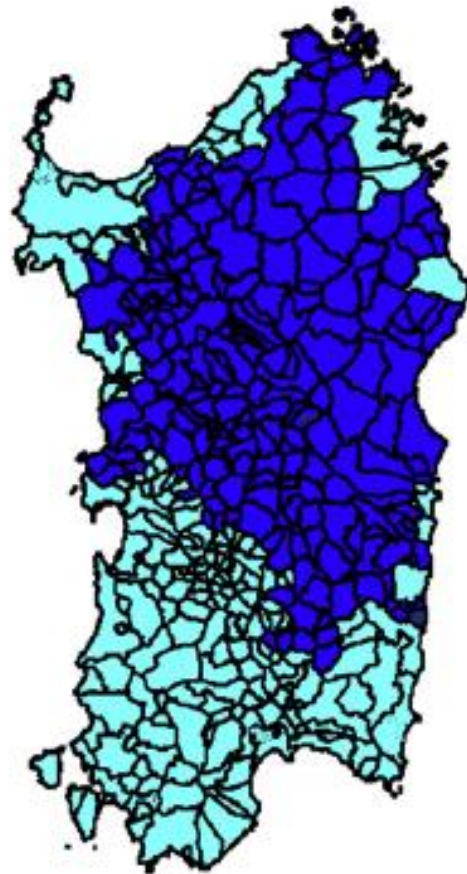
https://www.huffpost.com/entry/preventing-heart-disease-walking-ano_l_67d34253e4b0756a721abf18

Lifestyle related to Longevity in Sardinia

Pes GM Nutr Metab CV Dis 2013



a Longevity area



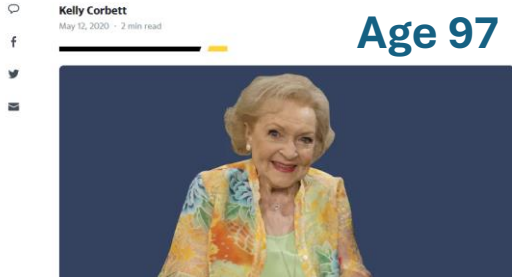
- Marked differences in **extreme longevity**, female:male ratio
- Nutrition variables - *no effect*
- **Avg Slope of town $p= 0.0001$**
- **Avg daily distance to work $p= 0.0001$**
- Pastoralism $p= 0.0001$



Physical Activity Throughout the Life Course!



Betty White Will Star In New Lifetime Holiday Movie



Successful Aging ROLE MODELS!

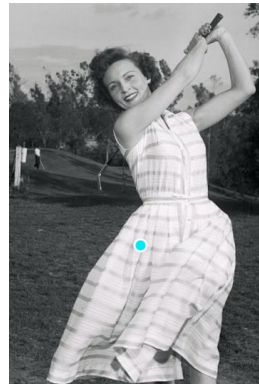
Bad Habits...



Jeanne Calment 122 yrs & 164 days



Physical Activity



Reported to have ridden a bike 'til age 100

Outlook / Attitude

"born a cockeyed optimist" "I got it from my mom, and that never changed," "I always find the

If you can't do anything about it, don't worry about it. Jeanne Calment

↑ Physical Activity - ↑ Health Quality and ↓ Costs

- Adding 3,000 steps a day may **significantly lower blood pressure in older adults – SBP decreased by 7 points and DBP by 4 points** . *Journal of Cardiovascular Development and Disease 7/27/23*
- At just 3,000 steps per day **prevents heart failure in women - risk reduced by 26%**. *JAMA Cardiology 2/21/24*
- 12 hours of **inactivity** per day ↑ **risk of dementia by 63%** - **“Sit less & move more”** *JAMA 7/22/23*
- The **risk of stroke can be reduced long term** even with low levels of physical activity *BMJ Journals: Journal of Neurology 3/5/24*
- Even small amounts of cardio fitness can **reduce the risk of prostate cancer by 35%**. *BMJ Journals: Journal of Sports Medicine 1/30/24*
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60+ papers published since 7/23 that we have reviewed!

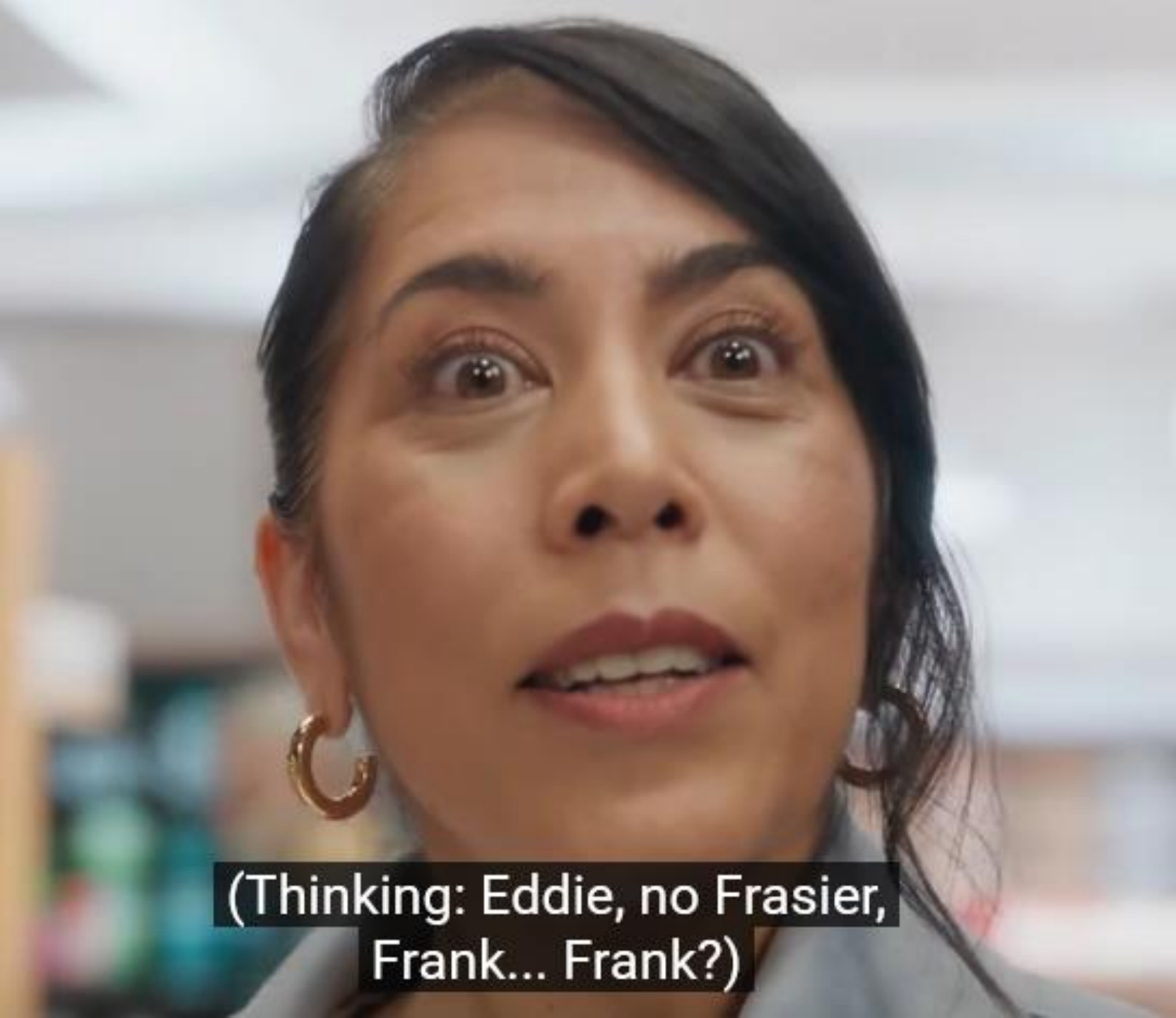


Patient-centered Approach to ↑ Physical Activity (PA)

- Which of the following areas **Matters Most** to you on the **benefits of ↑PA**
 1. Reducing the risk of Dementia
 2. Increasing Life span
 3. Lowering blood pressure/reducing BP meds
 4. Decreasing risk of CV disease (especially for Women)
 5. Reducing the risk of Prostate Cancer
 6. Improve sleep, reduce insomnia
 7. Reduce anxiety &/or depression
 8. Reducing weight/obesity
 9. Adding muscle strength to go further/longer
 10. Reducing inflammation/arthritis
 11. Reducing the risk of Diabetes
 12. Reduce the impact of chronic diseases with aging
 13. Controlling Parkinson's
 14. Reducing the risk of Stroke
 15. Reducing the risk of FALLING/Injuries from a fall

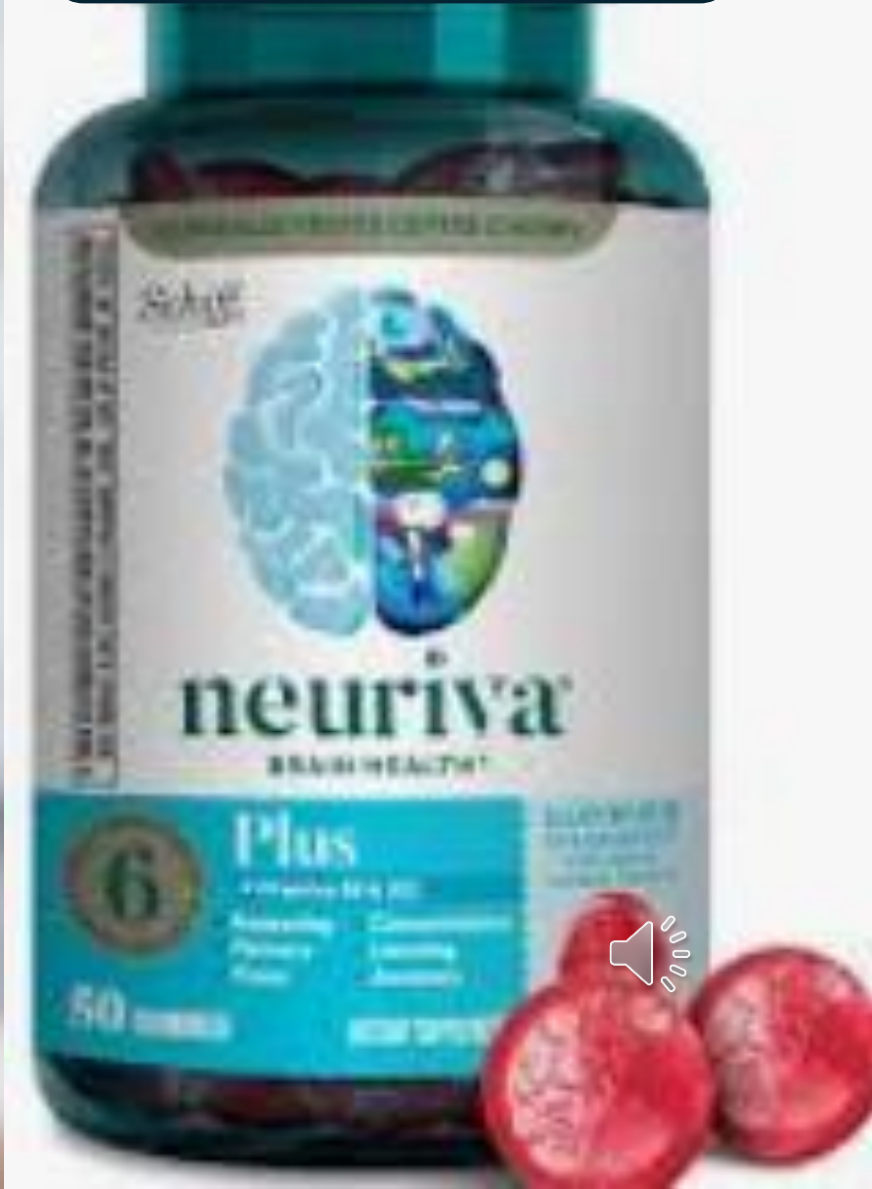
Tell me your TOP 3 choices for the benefits of ↑PA:





(Thinking: Eddie, no Frasier,
Frank... Frank?)

Isolated from Jellyfish
Aequorea victoria



Potential Adverse Effects of Brain Supplements

- FDA claims that company has NOT disclosed over a thousand reported adverse reactions to Prevagen including:
 - Seizures
 - Strokes
 - Chest pains
 - Tremors
 - Fainting
- AND → **Memory Impairment & Confusion**
- Reported in NatMed Pro, Aug 2024
 - Neurologic: Headache 18.8%, dizziness 7.6%
 - Chest pains, hypertension, irregular heart rate
 - Diarrhea 3.2%, nausea 6.8%, stomach pain 2.2%
- Subject of legal action by FTC for false/unsubstantiated claims



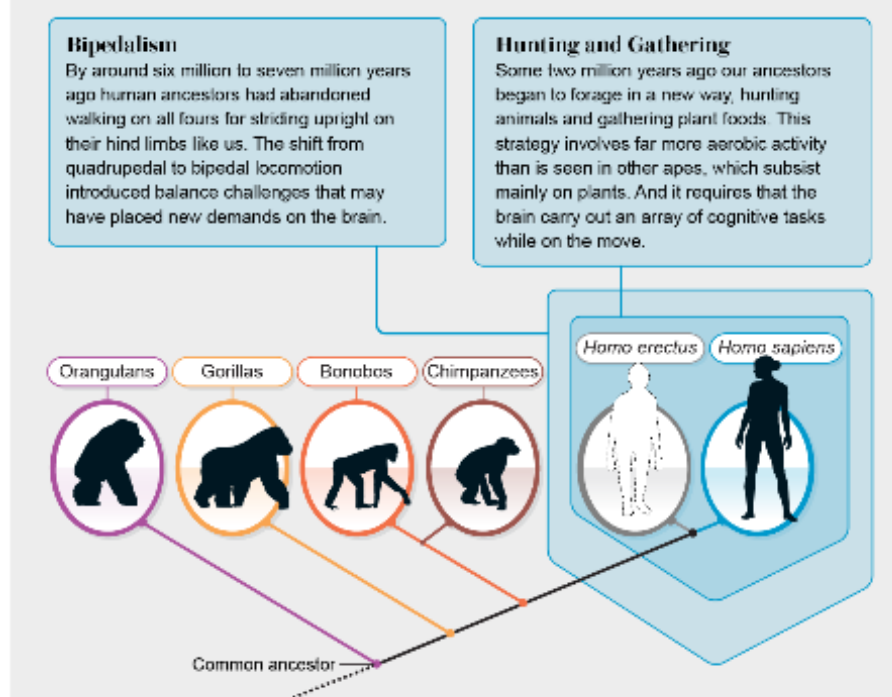
↑ Physical Activity to Reduce Dementia

- Vigorous Exercise 1x/w lowers risk of dementia in people with Hypertension
R Kazibwe Alz & Dementia 2024
- Even if Genetic Risk for AD, aerobic exercise keeps brain sharp
Oberlin LE British J Sports Med 2024
- Maintaining Muscle as you age keeps the brain sharp
Demehri S UPI Health 2024
- Healthy Living including Physical Activity builds cognitive reserve
Sinvani L JAMA Neurology 2024
- Brief sporadic exercise (daily min'l exercise) improves joint pain **& cognition**
Nature Scientific Reports 2023
- Sedentary Behavior (>10h/d) increases risk of dementia, by 63% if SB>12h/d
Raichlen D JAMA 2023
- Exercise type (aerobic + [Wt Resistance Training](#)) benefits cognitive testing in **85+**
Ho BD GeroScience 2024



Why your brain needs exercise. Raichlin D, Alexander G

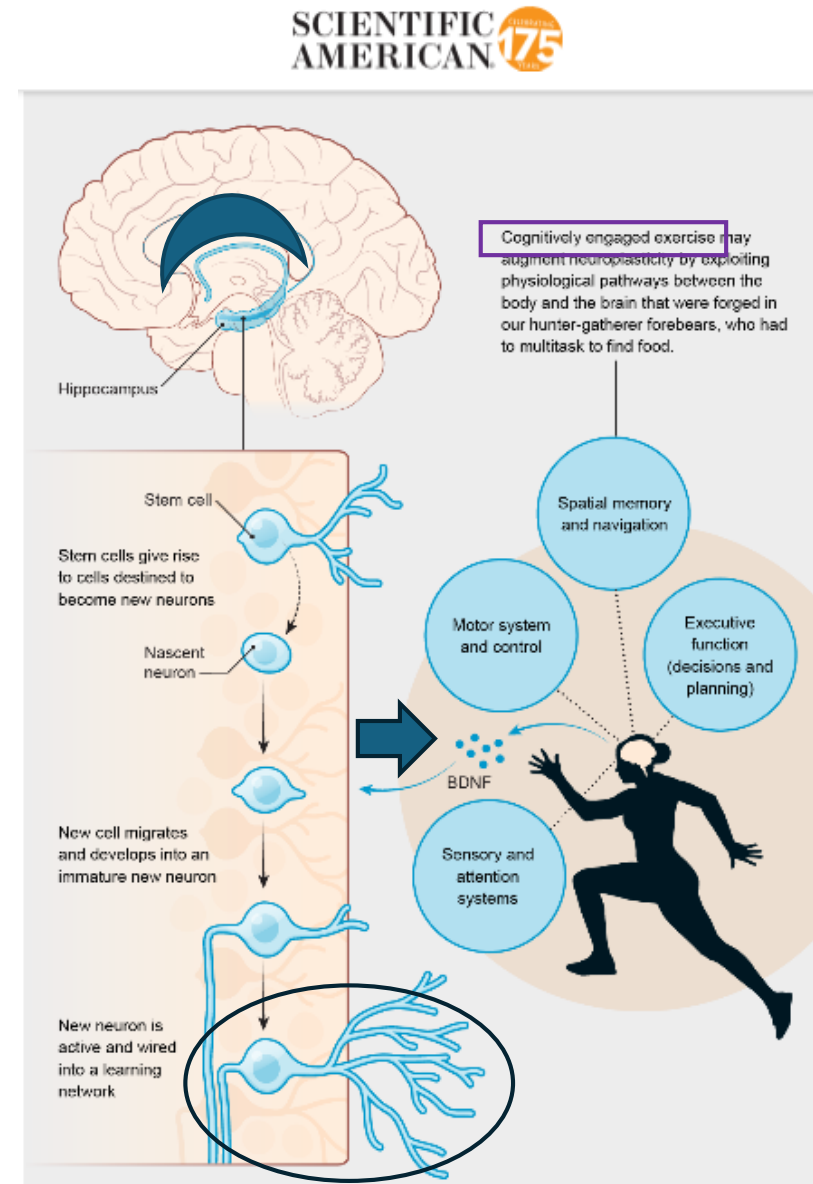
Sci Am 01/2020



Credit: Tami Tolpa



Sedentary lifestyle



Vigorous Exercise **1x/w** lowers risk of dementia in people with HTN

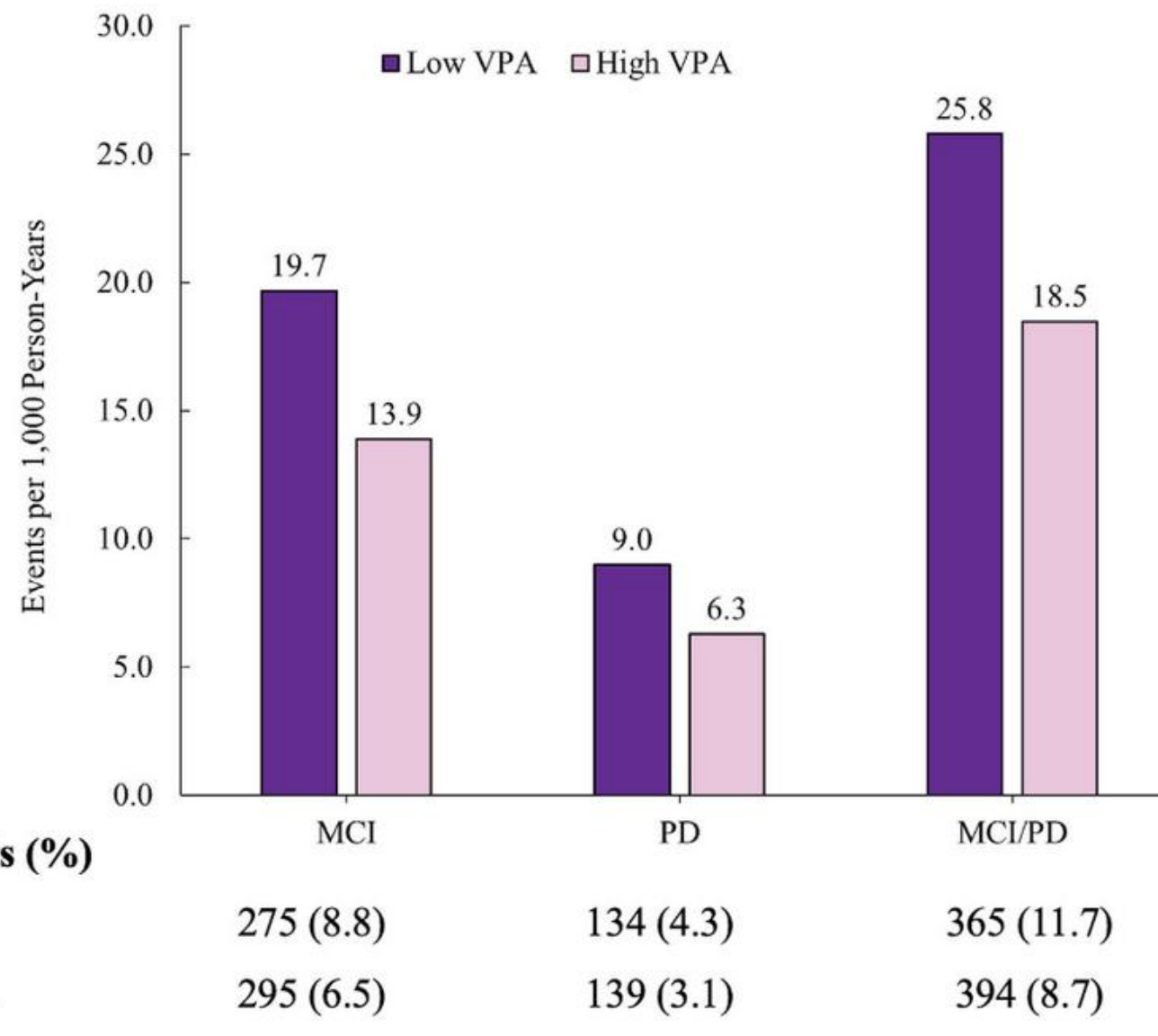
R Kazibwe Alz & Dementia 2024

Vigorous:
Activities that
make you sweat,
↑HR or Breathing

Mean age 70.0±9.2
Followed -mean of 7.4y
Assessed MoCA
Functional Activities
Questionnaire

Outcome:

-Mild Cognitive Impairment
-Probable Dementia



Exercise type
aerobic +/- strength training
benefits cognitive testing in
85+

Ho BD GeroScience 2024

n=184, **88.5y** 53%F, MoCA=24.81

Self-reported engagement in exercise

Sedentary n=58 89.0y 62%F, MoCA=24

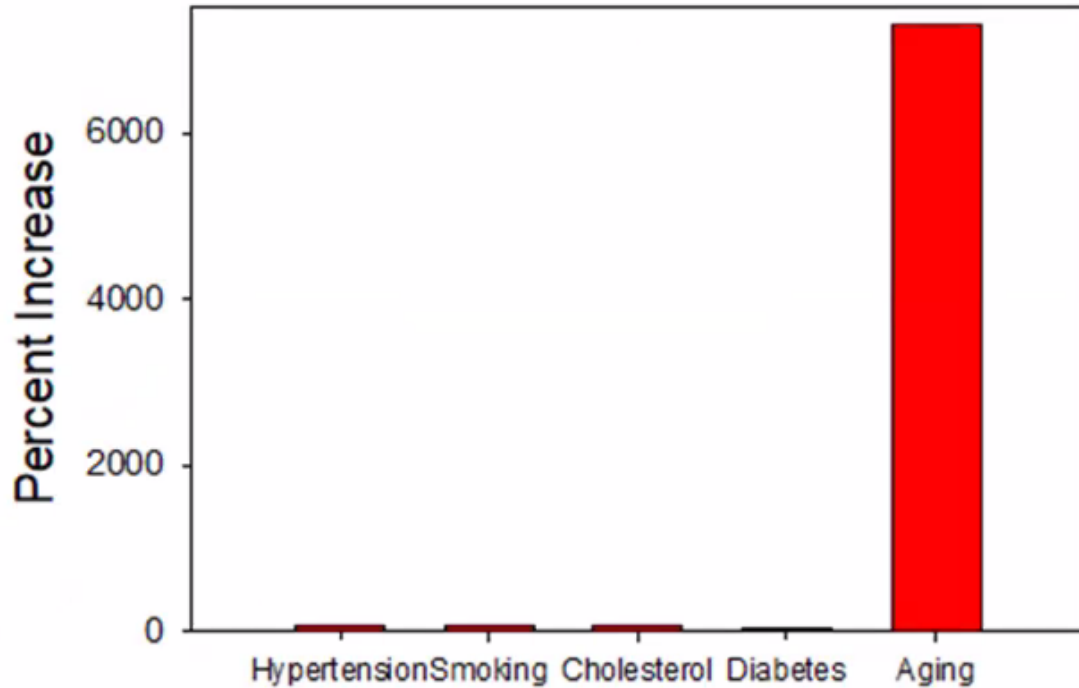
Cardio n=60 88.6y 48%F, MoCA=25.1

Card+WRT n=66 87.9y 50%F, MoCA=25.3

NIH-TB cognitive Toolbox Battery



>6000% ↑ in Chronic Diseases as we AGE



The "Whack-A-Mole" Approach to Chronic Diseases



↑ Physical Activity to control Chronic Diseases as we age

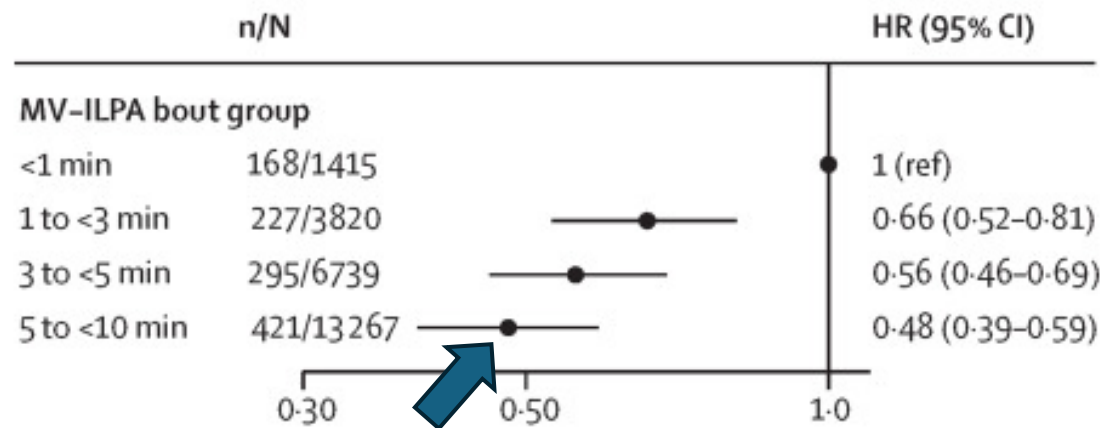
- Screening for Physical Inactivity in patients at risk for CD
 - Active vs Inactive: **lower risk of 19 CD/s** -Obesity $p < .001$, Depression $p < .001$, DM $p < .001$, Valvular Disease $p < .001$
Chapman CG CDC: Preventing Chronic Disease 2025
- Patients that reported poor health had lowest % achieving PA Guidelines Rec
Elgaddal N National Health Statistics Reports 2024
- Even short bouts of PA reduce risk of MI, CVA, premature death (**more is better**)
 - *Ahmadi MN Lancet Public Health 2023*
- “Weekend Warrior” PA just as beneficial as Daily PA in **lower risk of >200 diseases**
 - *Kany S Circulation 2024*



Even short bouts of PA reduce risk of MI, CVA, premature death (more is better)

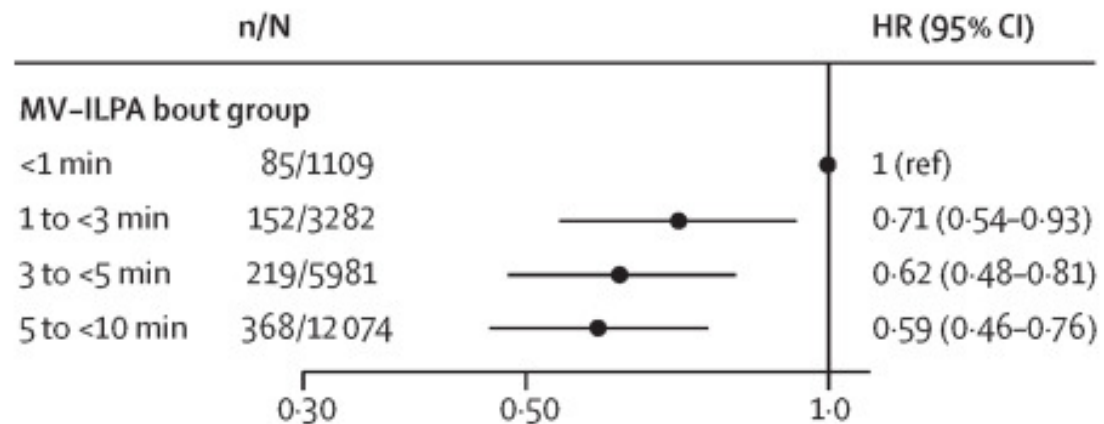
Ahmadi MN Lancet Public Health 2023

A MV-ILPA and all-cause mortality Mod-to-Vig Intermittent PA ↗



PA Dose Response to Lower All-Cause Mortality & Major Adverse CV Events (MACE)

B MV-ILPA and MACE



↑ PA to reduce the **risk of falls/injuries** from falls

Women at higher risk of Hip Fx from a fall,
Hip Fxs have **worse** outcome than **Cancer!**

- Relationship between Falls & Dementia, one may lead to other
 - Risk of dementia after a fall ↑21%!!!
Oroobadi AJ JAMA Network Open 2024
- **Exercise** is the BEST intervention to reduce the risk of falls!!!
Guirguis-Blake JM JAMA 2024
- Hip Fx survival rates in Older Adults **WORSE than many Cancers**
Vincent G JBMR Plus 2024
- Leisure time PA linked to lower odds of falls
Kwok WS JAMA Netw Open 2024
- 3m of PT ↓ Subsequent falls in patients reporting **DIZZINESS**
Marmor S JAMA Otolaryngol Head Neck Surg 2021



Simple Steps to Maximize Mobility (↓ Falls Risk)

To do more of 'What Matters'

- If need to use arms to stand up from chair → LE strengthening
 - >15 s to do 5 **Chair Stands** = Falls Risk
 - Do Chair Stands exercise at home (call to remind)
 - Show improvement in CS next visit



Side by Side



Semi-Tandem



Full Tandem

- Unable to do **side-by-side** or **unstable semi-tandem** → Mobility aid
 - Do balance exercises in front of mirror in bathroom
- Wear **SHOES indoors** (risk of falls is 14x↑↑↑ if barefoot or socks)



Providing Value to the Medicare Population in Rural Communities

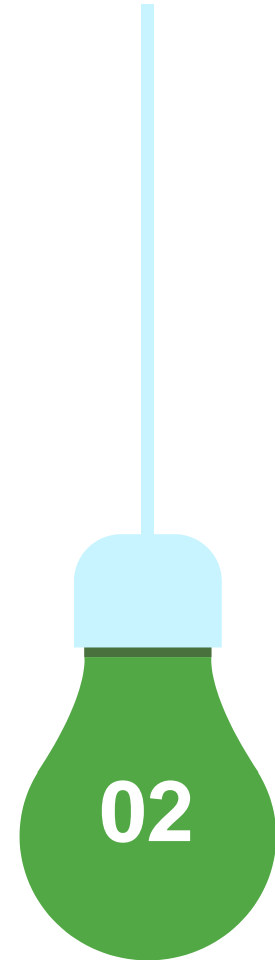
Pete Fronte, MBA
President & CEO
Altura

// What Does All This Mean for Value-Based Care?



Success will more likely involve issues beyond traditional services

Loyalty & retention will be driven more so by what happens away from the clinic



UpRight® Active Aging Framework

Secondary Prevention

Fall related utilizers

Primary Prevention – Rising Risk

**For high-risk patients that have
not had a fall**

Primary Prevention

**For anyone >65 to support maintaining
Strength, balance & mobility**

Confidential – Altura, LLC 2025

// UpRight® Active Aging Activity Levels



Level 1

- **Activity:** primarily sedentary
- **Mobility Aid:** must use
- **Getting up:** needs help

Level 2

- **Activity:** walks occasionally
- **Mobility Aid:** uses or should use
- **Getting up:** needs to rock or uses arms

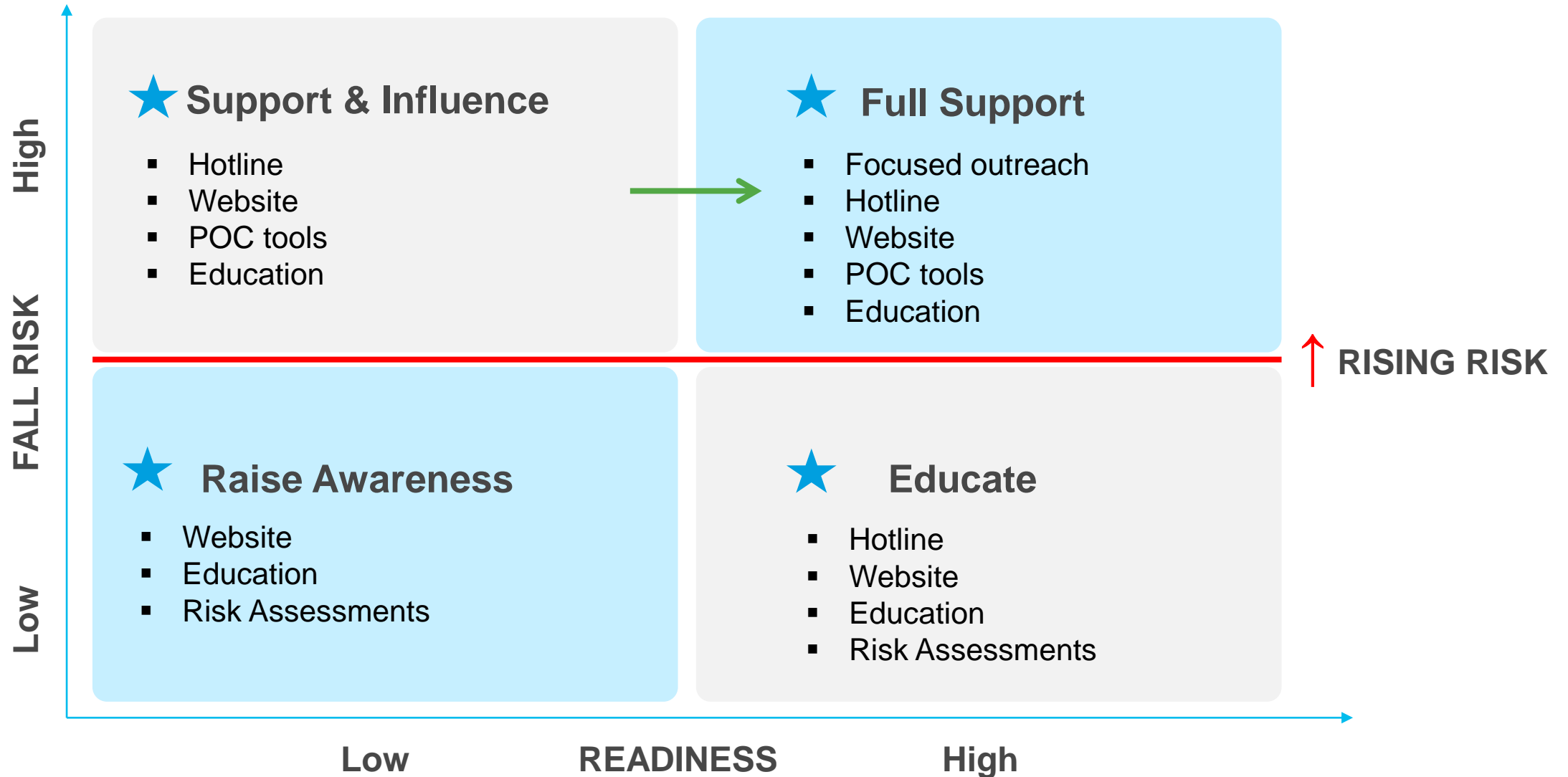
Level 3

- **Activity:** light to moderate
- **Mobility Aid:** not needed
- **Getting up:** uses arms as needed

Level 4

- **Activity:** moderate to high
- **Mobility Aid:** not needed
- **Getting up:** no problem

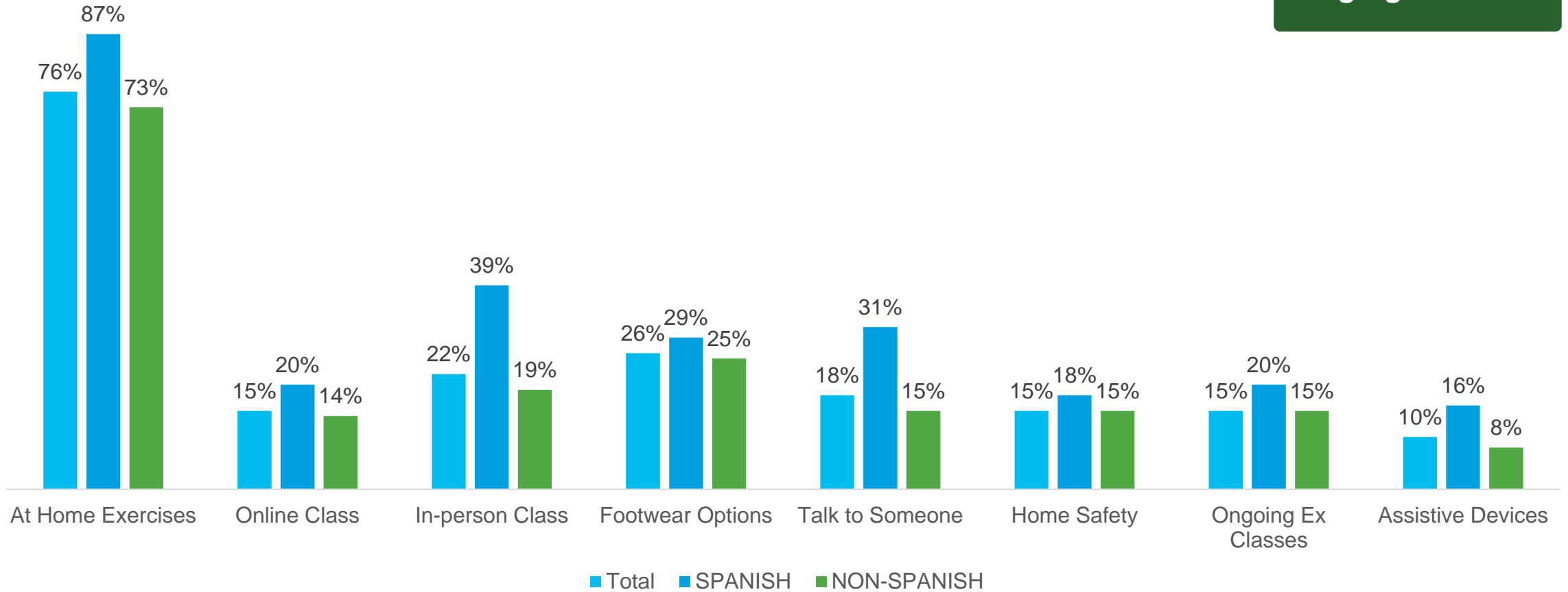
// Cost Effective & Patient-Centered Approach



// Patients Want Resources to Help Stay Active

Overall, **87%** (91% among Spanish speakers) are interested in more information about maintaining mobility & fall prevention

N = 703
Avg Age = 78.6



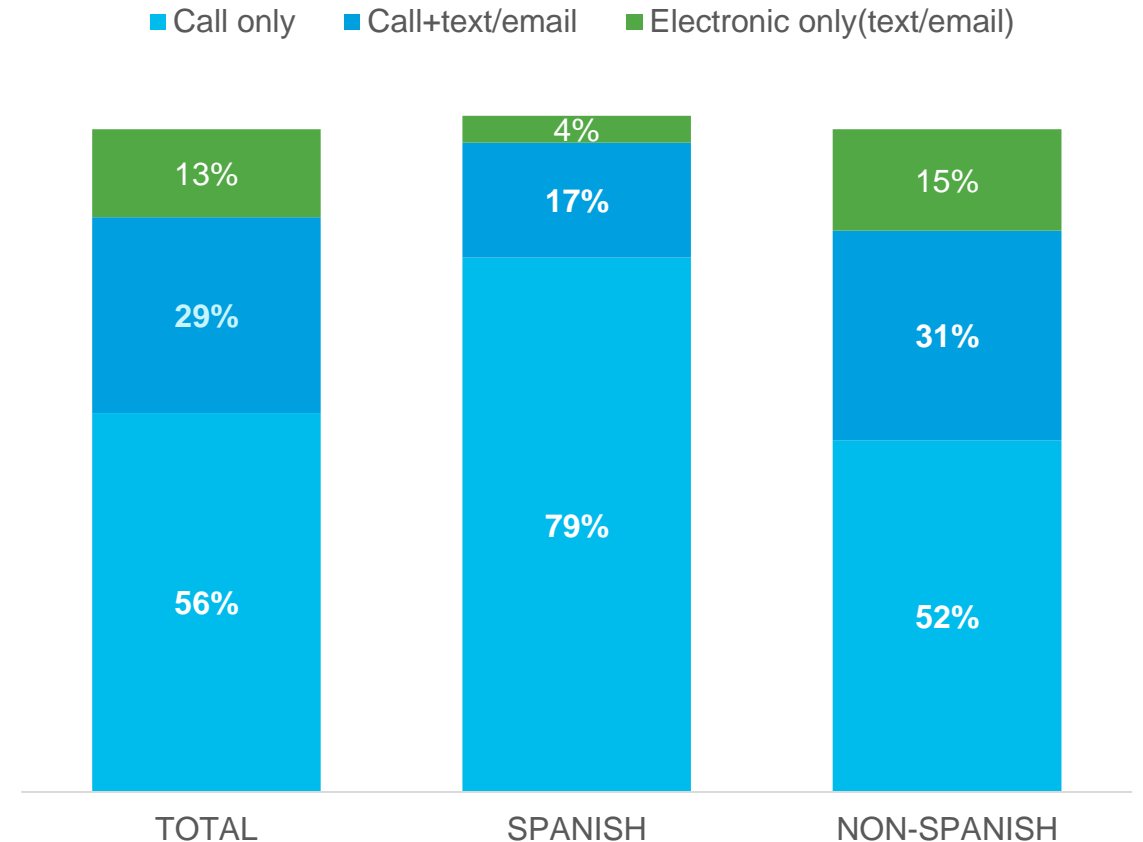
// Meeting Patients Where They Are

725 patients surveyed about contact preferences to receive information about active aging & fall prevention

- The majority want calls
- 104 (14%) Spanish speaking
- 78.6 average age

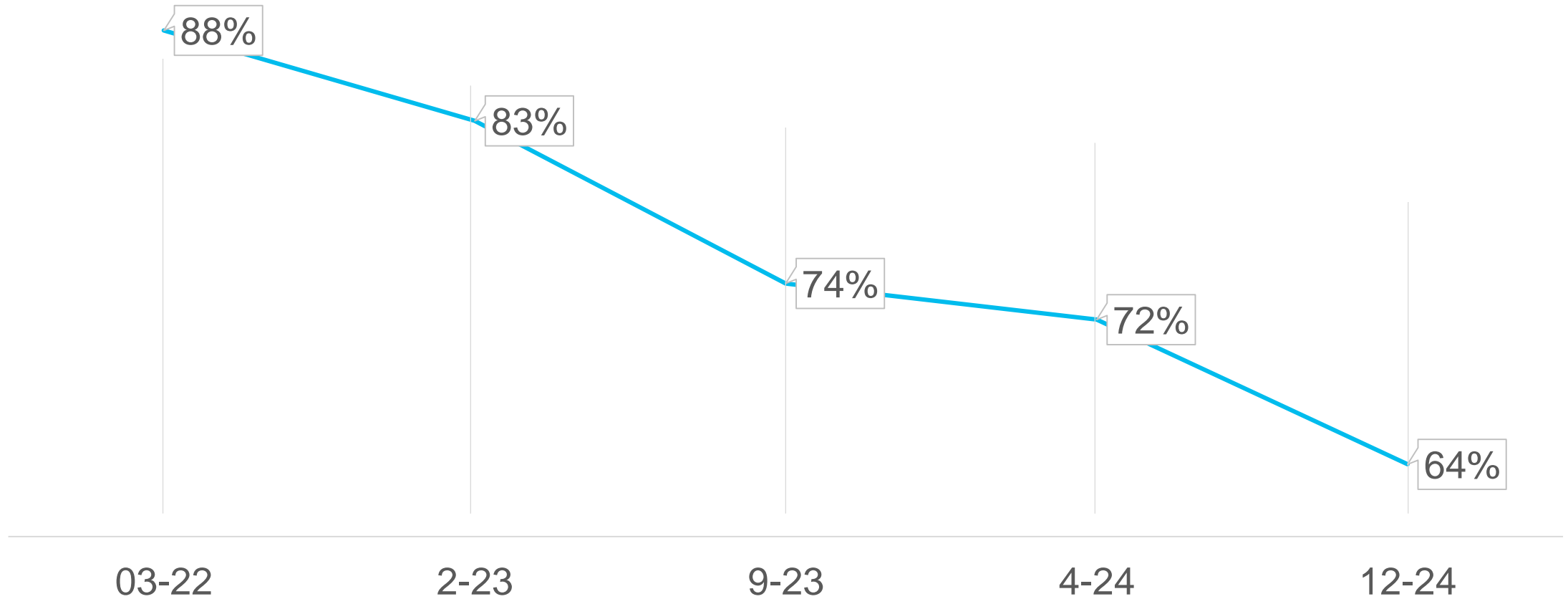
When offered text vs. email options:

- Spanish speakers prefer text (85%)
- Non-Spanish speakers prefer email (57%)



// Patient Reported Fall Trend – Full Risk Group

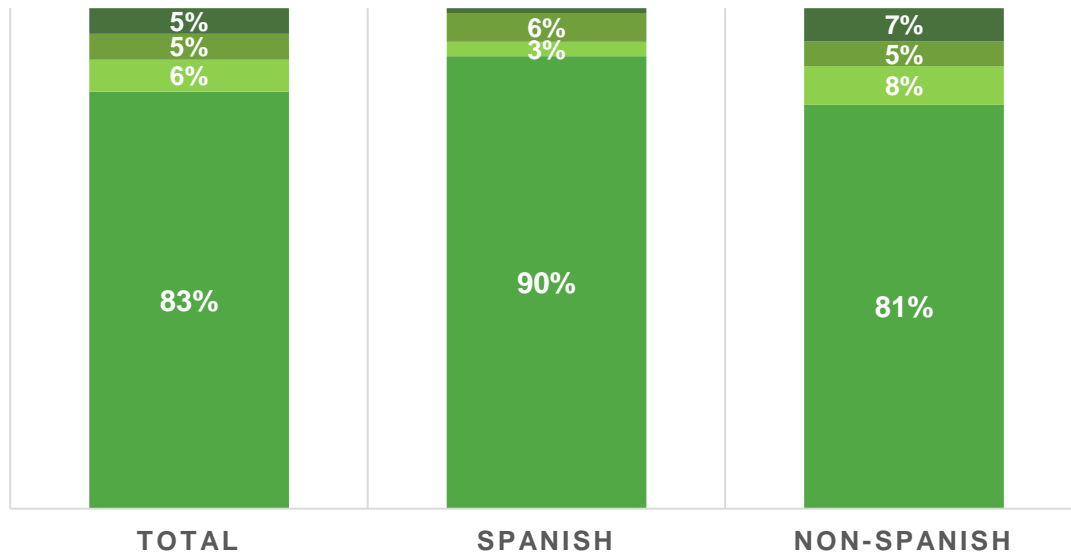
FALLEN IN LAST YEAR



// Patients Report Positive Outcomes When Supported Between Visits

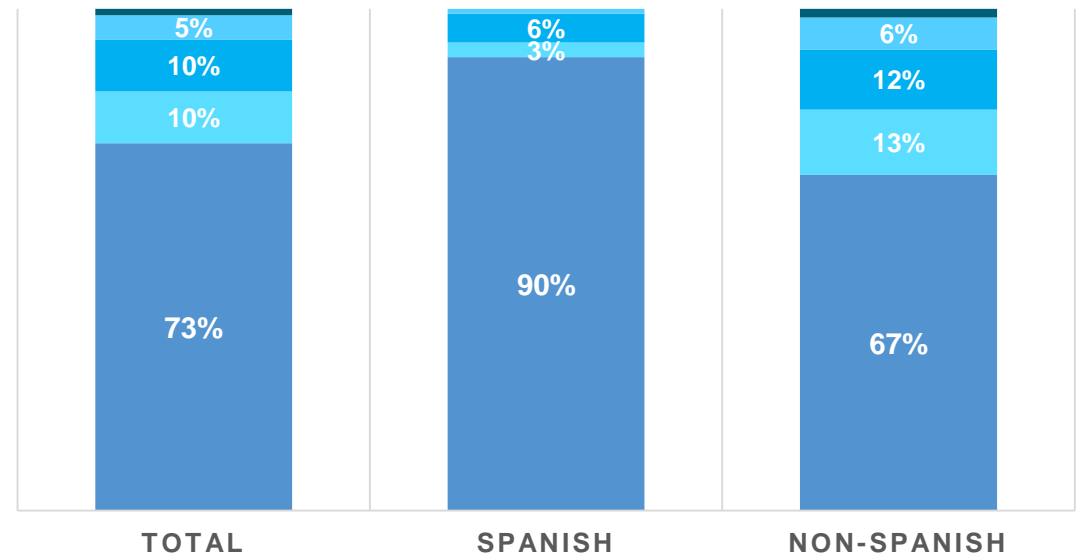
Q1- IMPROVED ACTIVITY & ABILITY

■ Yes ■ No ■ Maybe ■ I don't know



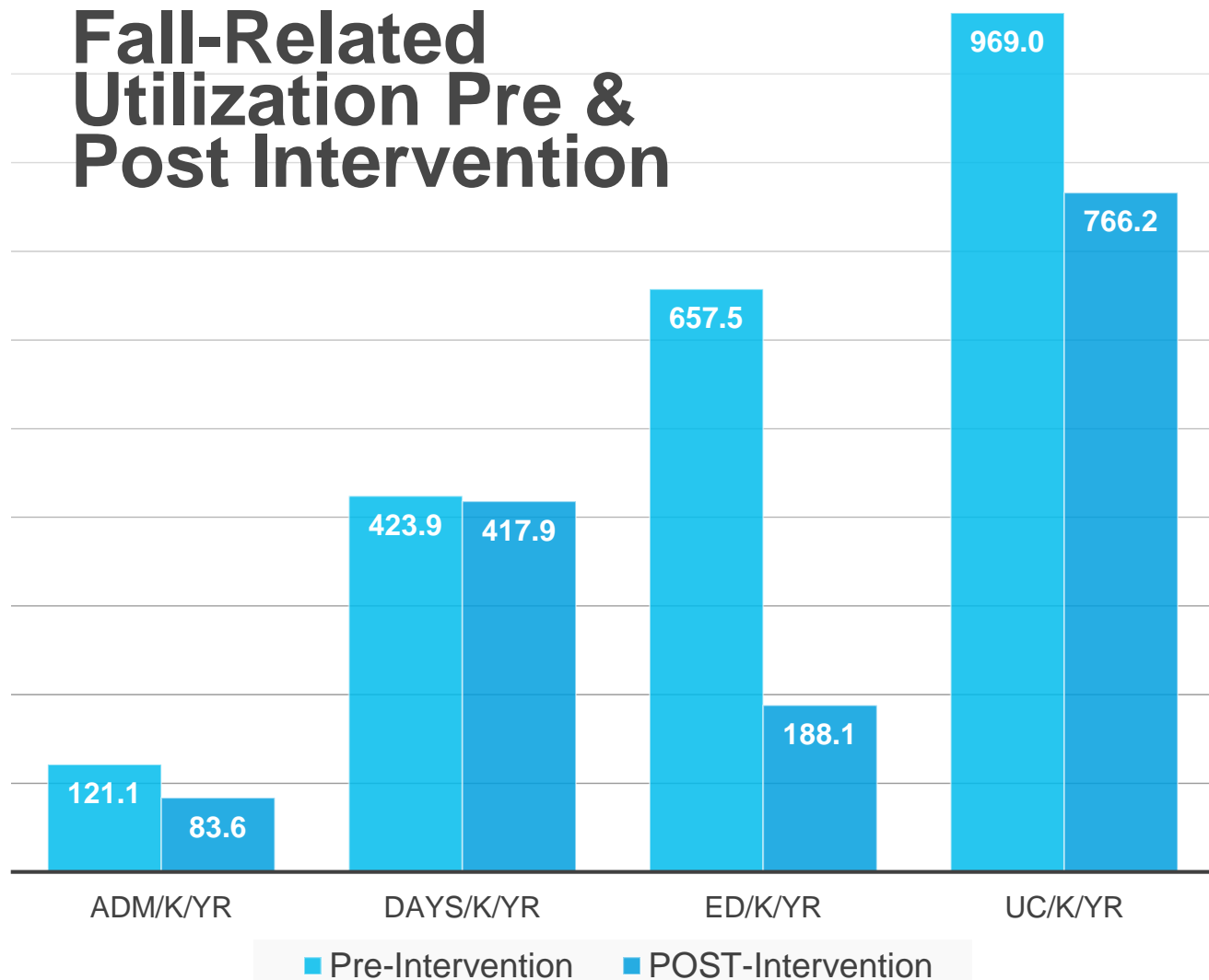
Q2 - PREVENTED FALL

■ Yes ■ No ■ Maybe ■ I don't know ■ n/a



- * 689 patients – 26% Spanish, 74% Non-Spanish
- * 3 or more contacts where an exercise or tip was provided

Fall-Related Utilization Pre & Post Intervention



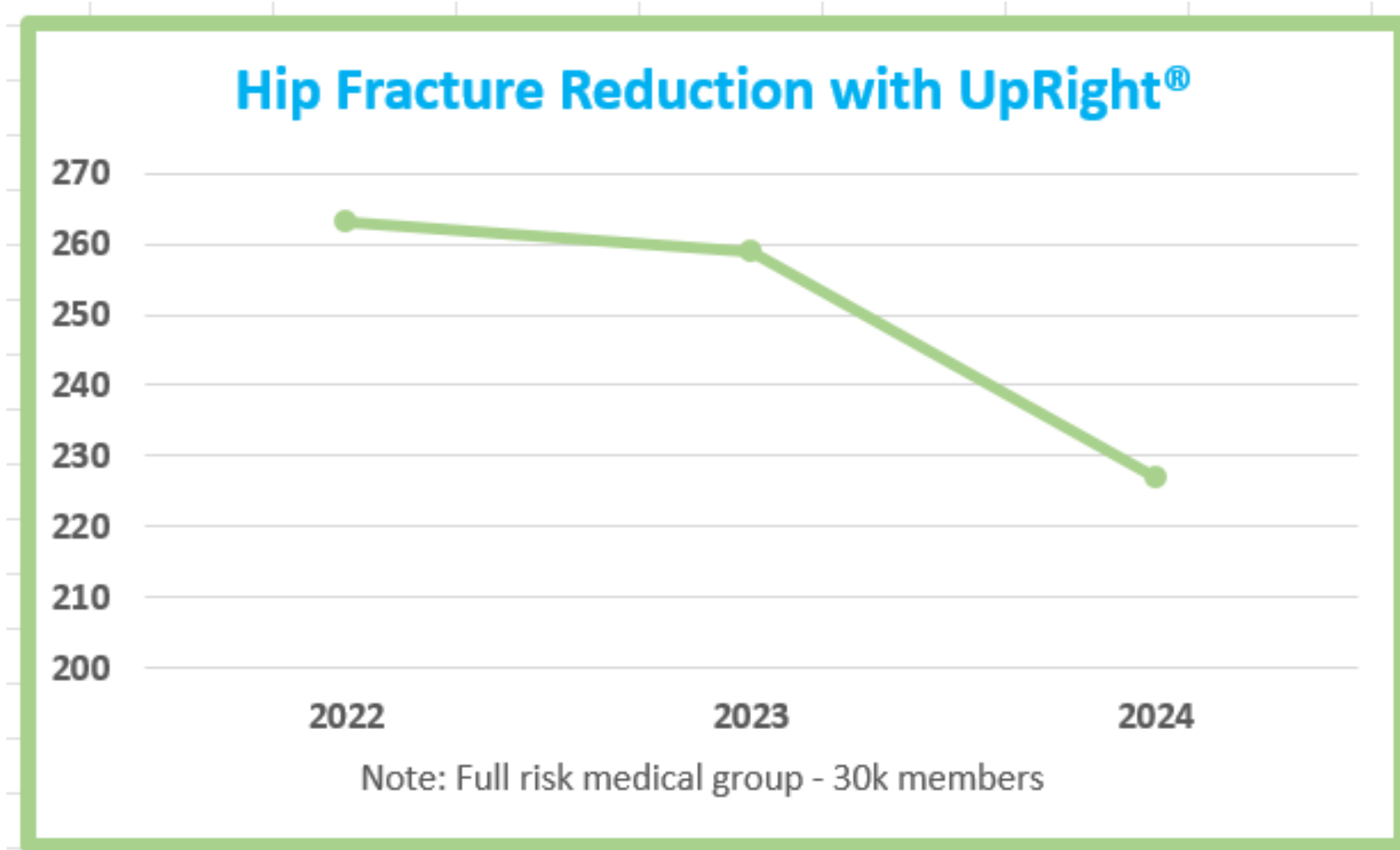
Impact on Utilization Full Risk Medical Group

- 146 patients
- M= 50, F=96, avg age = 80
- 5 or more contacts with functional tips and/or exercises provided
- Fall-related utilization collected pre- & post- intervention
- Avg 9.5 months pre, 11.8 months post
- Normalized per 1000 per year

All Categories Decreases

- Acute admissions ↓ 31%
- Acute days ↓ 1%
- Emergency Dept visits ↓ 71%
- Urgent Care visits ↓ 21%

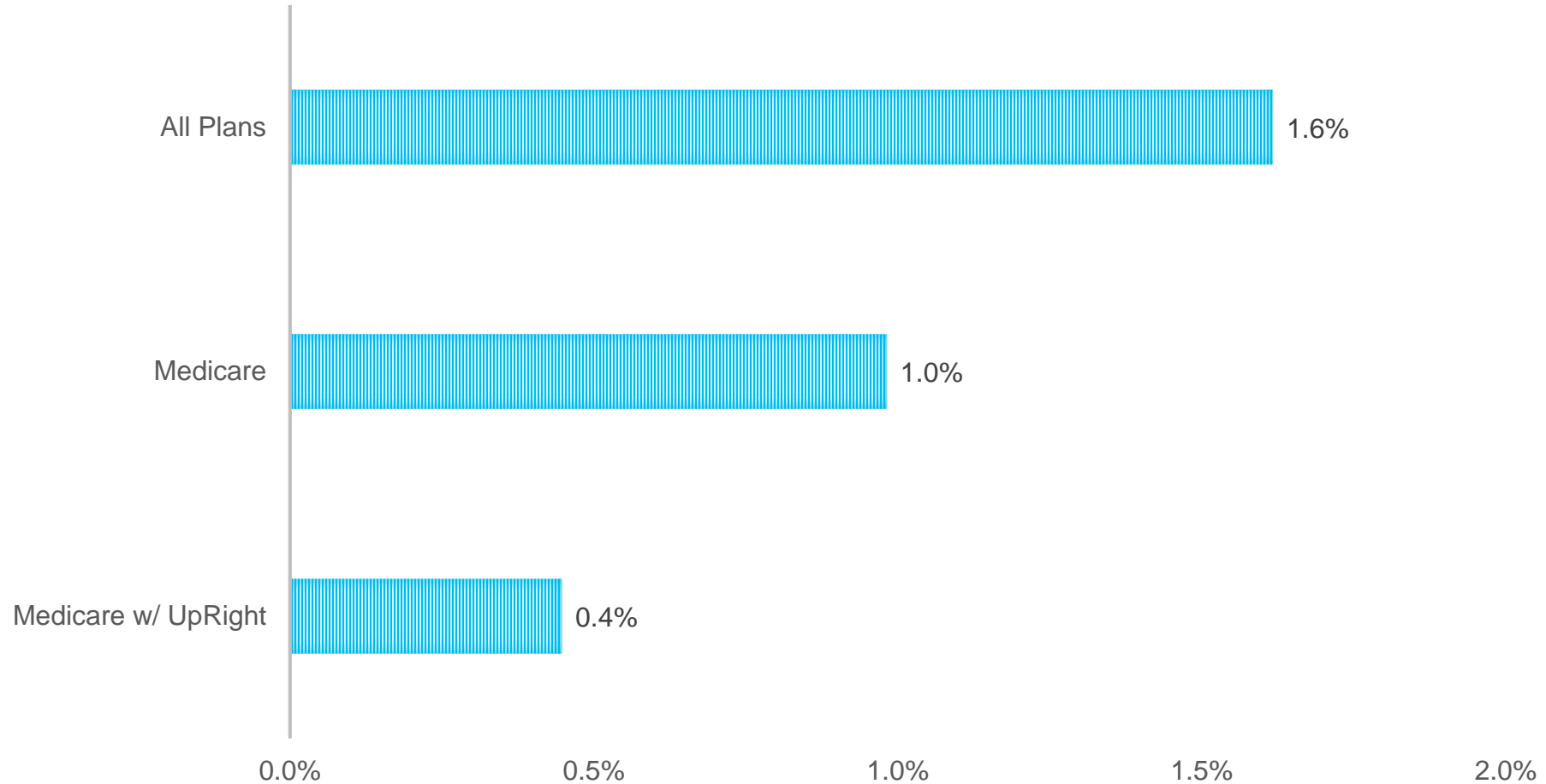
// Hip Fracture Outcomes



Note: Full risk medical group, 30k lives

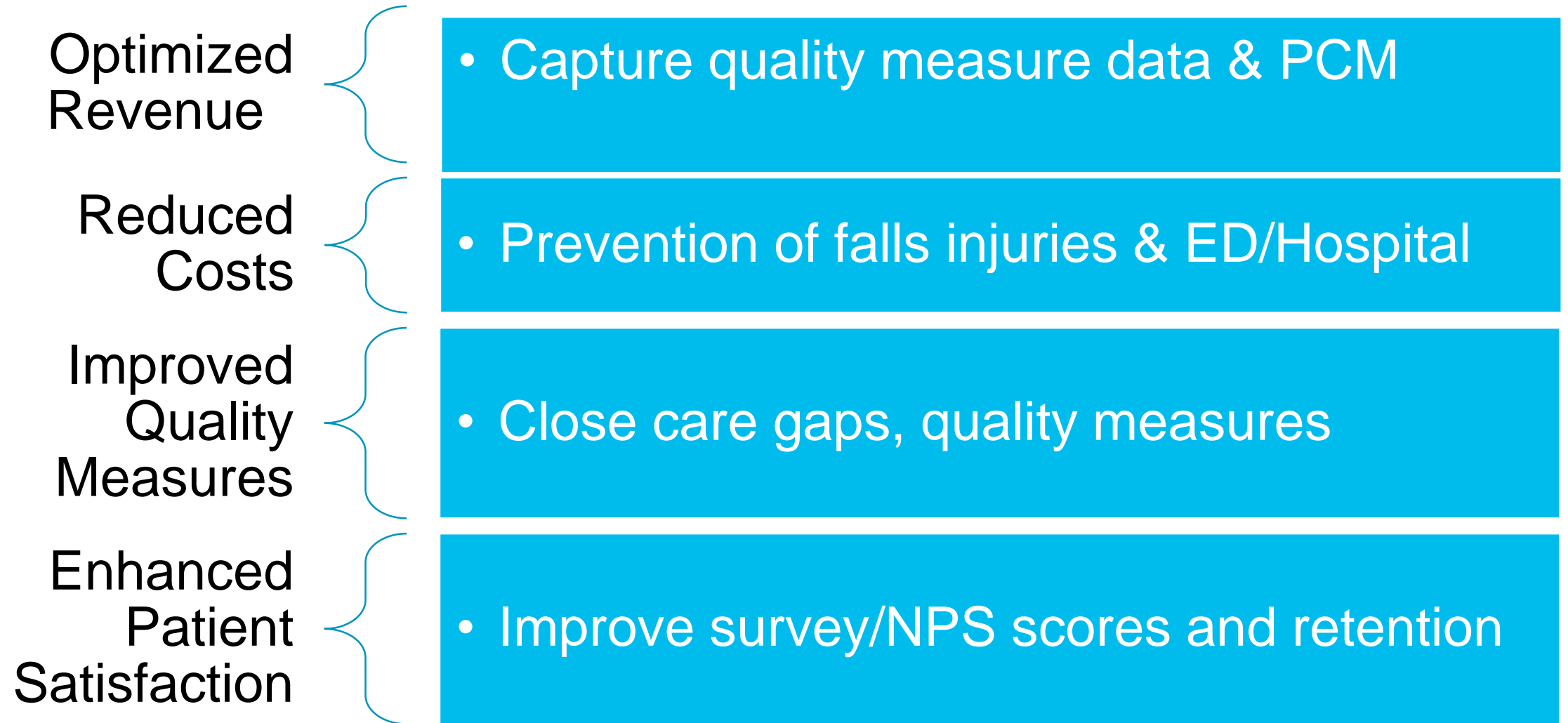
// The Halo Effect – Patients are Loyal

2023-2024 CHURN RATES

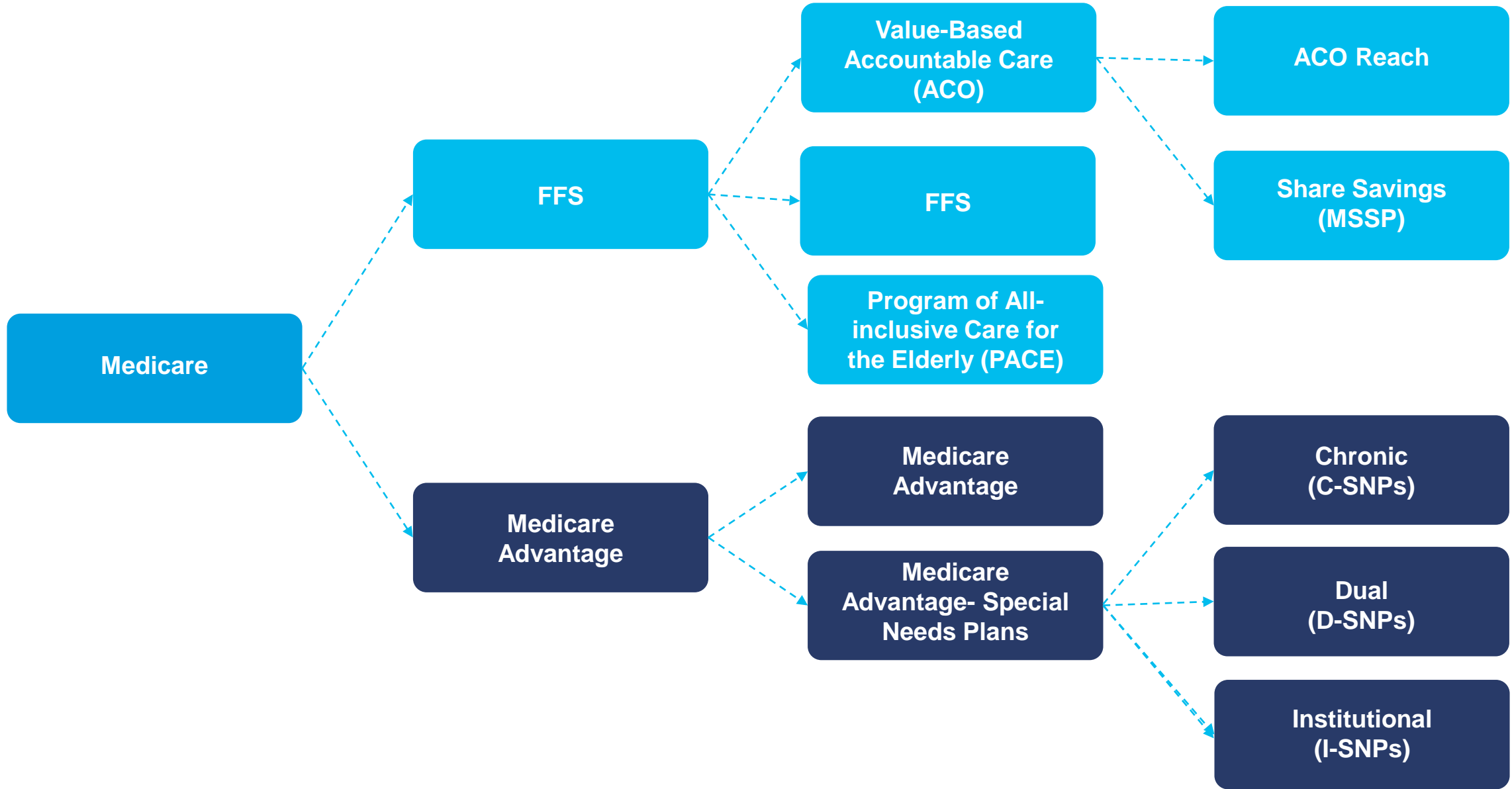


Note: Full risk medical group, 30k lives

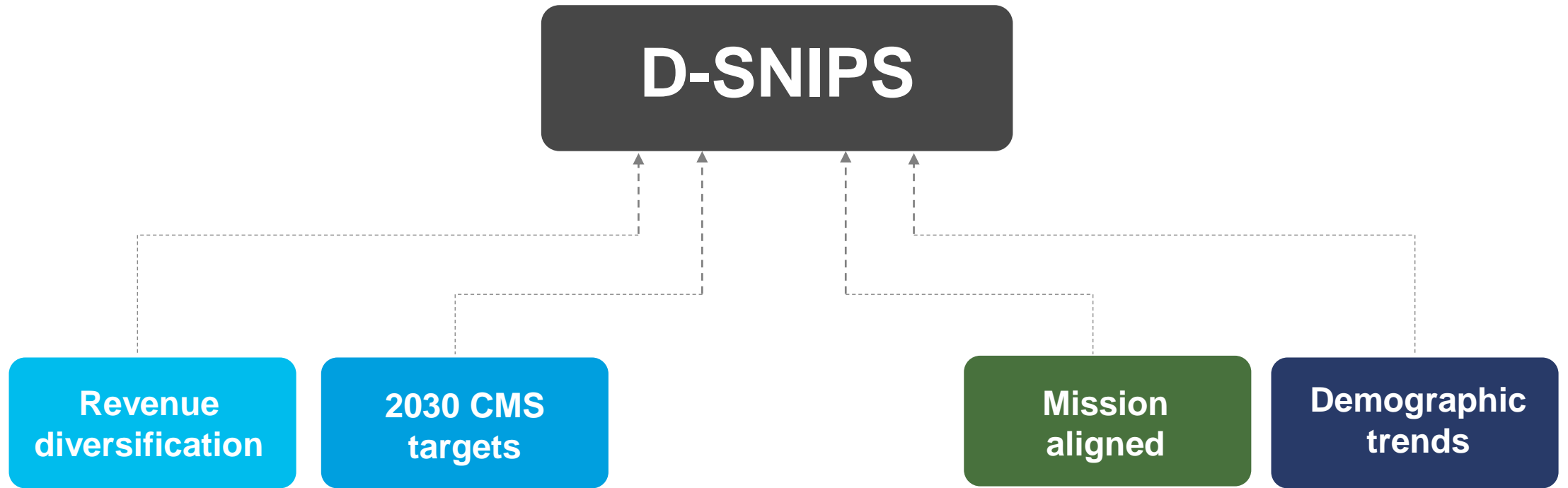
// Additional Benefits of An Active Aging Program



// The Medicare Maze



// All Signs Point to D-SNPs



Three Types of Special Needs Plan

Chronic Conditions Special Needs Plan (C-SNP)

These plans help provide extra coverage for people with certain chronic or disabling conditions like diabetes, cardiovascular disease, or chronic heart failure.

Benefits include care management for these conditions and access to specialists. Most plans reduce, or eliminate, the amount people need to pay for these services.

Additional benefits include:

- Disease management programs
- Care coordination services
- Comprehensive prescription drug coverage
- Telehealth services
- Vision and dental coverage
- Health and wellness programs

Institutional Special Needs Plan (I-SNP)

For people **who live in nursing homes or other long-term care facilities.**

Benefits of these plans include nursing care services, rehabilitative services like physical therapy, and wider coverage for medications.

Long-term care includes:

- Skilled nursing facilities
- Inpatient psychiatric facilities
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Long-term care hospitals
- Community-based facilities

These plans don't cover the actual stay, but provide better healthcare coverage for people who already live in these settings.

Dual Special Needs Plan (D-SNP)

For people who are eligible for both Medicare and Medicaid, these plans coordinate benefits between the two programs to help members.

Are designated to assist **low-income beneficiaries.** However, qualifications vary from plan to plan, but typically:

- People with low incomes
- People with a disability (conditions can vary by state)
- People that receive assistance from other federal programs like Supplemental Security Income (SSI)

There are many benefits with these plans such as support for: healthcare costs healthcare management, day-to-day finances, and greater drug coverage.

// Keys to Medicare VBC Success



ANNUAL WELLES VISITS

Complete an annual wellness visit for all Medicare attributed patients. Complete all clinical documentation, close applicable gaps in care.



SEE HIGH RISK PATIENTS MORE

Never let a patient leave without a follow-up appointment scheduled. Schedule higher risk patients more regularly, such as quarterly or even monthly.



ADVANCED CARE DIRECTIVES

All patients over the age of 65 should be engaged in advanced care planning and have their directives documented. This will prevent unnecessary and unwanted end of life care.



TRANSITIONS OF CARE

Complete a transition of care appointment within 7-days post hospital discharge, or 3-days for high-risk patients.



CLINICAL DOCUMENTATION

Every time a patient engages with the health center, their burden of illness must be documented, fully. Look to document chronic conditions, as well as potential suspect conditions. Close applicable quality gaps in care.



PREFERRED NETWORK(S)

Identify high quality, highly efficient specialists and post-acute providers and refer to these providers as frequently as possible.

// Principal Care Management (PCM)

With original Medicare, CMS recognizes care management is a critical primary care service that contributes to better patient health and care.

Principal Care Management (PCM) provides a way for providers to be reimbursed for providing ongoing, home-based support for patients with chronic diseases lasting at least 6 months.

Why do PCM?

Source additional revenue	Improve care & outcomes	Quality metrics	Build value culture
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CPT Code	Description	Avg Rate*
99426	30 min/month PCM by practitioner	\$83
99424	30min/month PCM by staff	\$63

With UpRight, Altura provides turnkey PCM services through targeted care plans to support active aging, mobility and fall prevention for patients with diagnoses like:

- Abnormalities of gait & mobility
- Weakness
- Osteoporosis
- Urinary incontinence
- Vestibular disorders
- Orthostatic hypotension
- Back pain
- Osteoarthritis

Source: Fact Sheet – 2023 Part C and D Star Ratings

// Advanced Primary Care Management (APCM)

A CMS care management program designed to encourage *fee-for-service (FFS)* primary care providers to integrate a value-based care approach into their primary care services.

The emphasis is on whole-person, continuous care beyond the clinic walls, tailored to the specific needs of each patient.

HCPSC Code	Description	Avg Rate*
G0556	Patients with 0-1 chronic conditions	\$15.20
G0557	Patients with ≥2 chronic conditions	\$48.84
G0558	QMB Patients with ≥2 chronic conditions	\$107.07

With UpRight, Altura adds to existing APCM preventive services and support other requirements through targeted care plans that impact active aging, mobility and fall prevention for patients.

UpRight provides incremental services and value to the patient so that consent process and co-pays for inclusion are viewed positively

Source: CMS Payment Fee Schedule - APCM

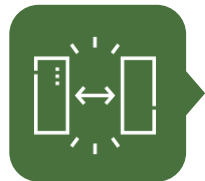
// Summary



A diverse group of older adults require varied approaches to ensure loyalty and better outcomes



Rural health has unique factors that must be addressed



The clinical benefits of active aging are undisputed



Start small and build as you can – taking the first step will help with the “low hanging fruit”

To download related case study and article, please email info@altura.health or use QR codes:

America's Physician Groups
Case Study



AMGA Group Practice
Journal Article



Discussion

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