

OAKLAND UNIVERSITY™



Enhancing Rural Care: Bridging Gaps in Quality Through Proactive Physical Therapy and Fall Prevention

July 29, 2025

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Oakland University Physical Therapy Program



Introductions



Sara Arena PT, MS, DScPT



**Chris Wilson PT, DPT, DScPT Board
Certified Geriatric Specialist**

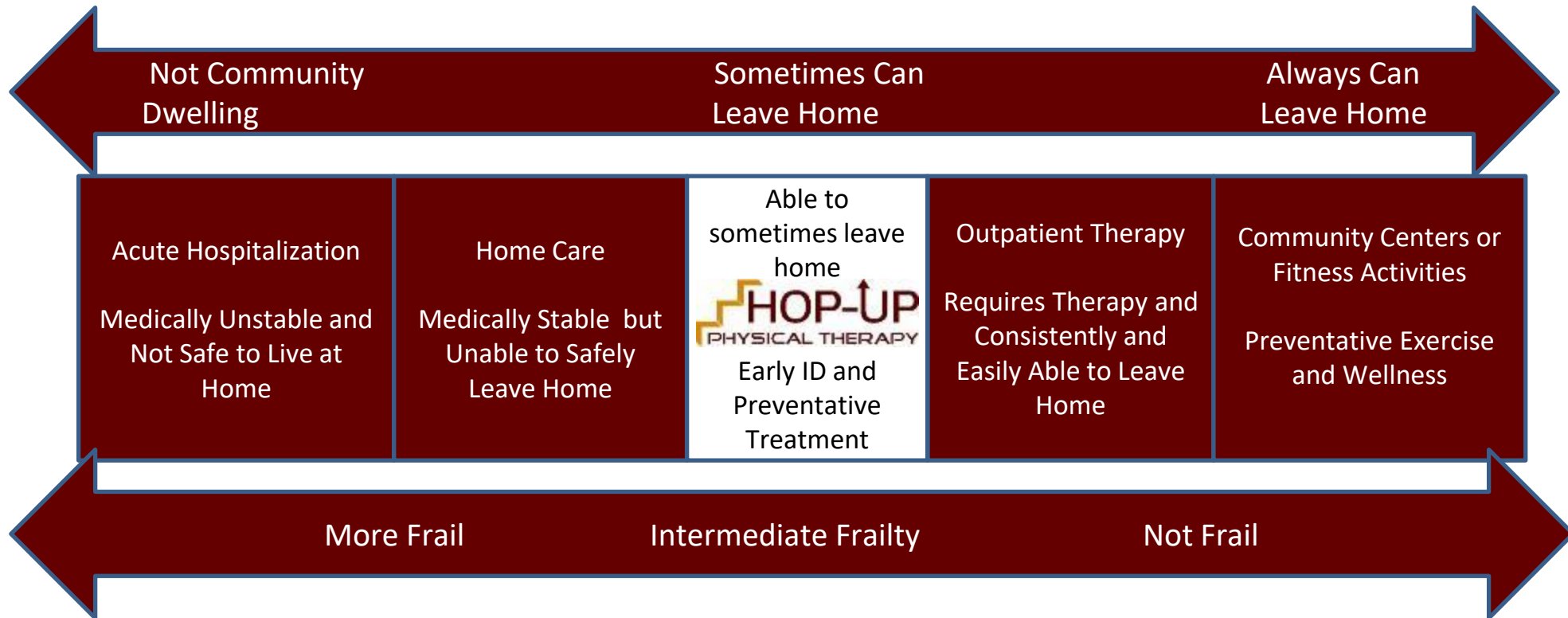
Drs. Chris Wilson and Sara Arena are co-principals of HOP-UP-PT, LLC

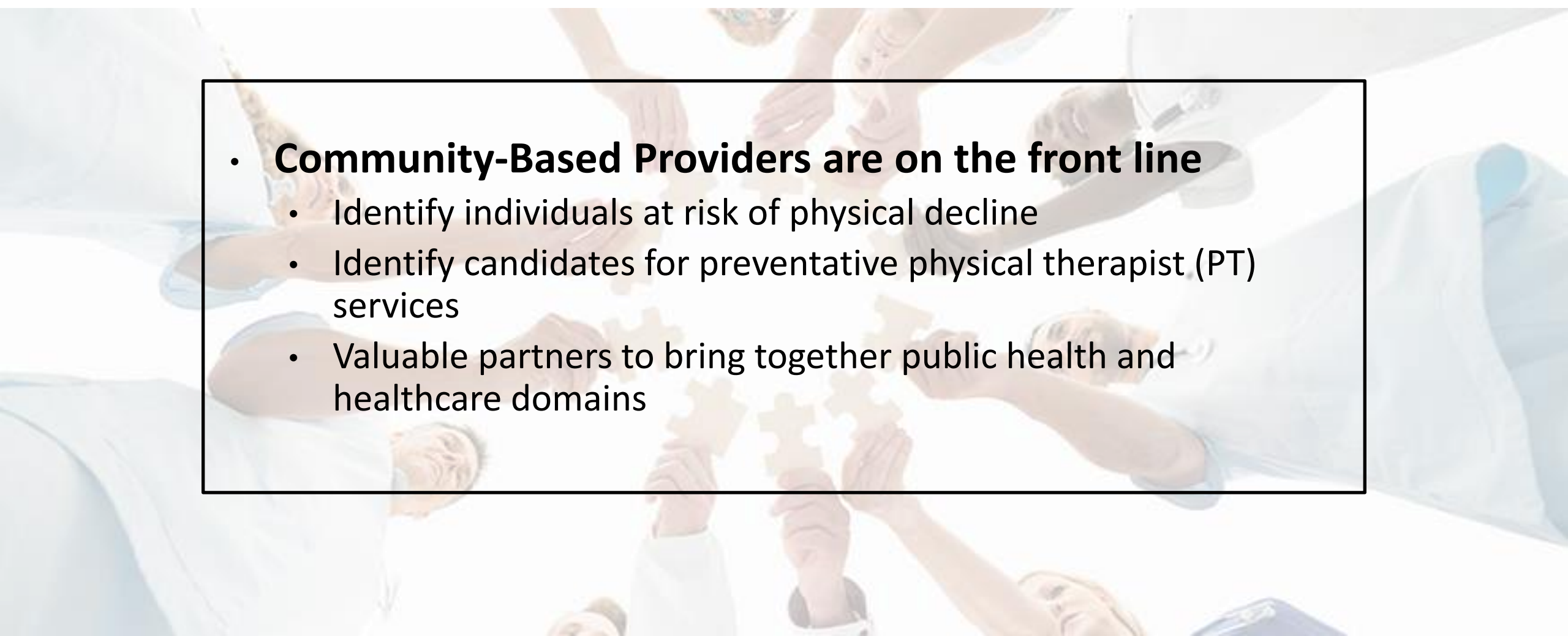
Funding of aspects of the work presented today has been funded by a 2018, 2020, and 2023 Michigan Health Endowment Fund - Healthy Aging Grant

Objectives



- Define the role of prevention-focused physical therapy in improving healthcare quality and outcomes for older adults in rural setting.
- Identify evidence-based strategies for implementing fall prevention programs within critical access hospitals and rural communities.
- Describe practical approaches to integrating physical therapy into population health initiatives to address rural healthcare disparities and meet quality benchmarks.



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- A background image showing a group of healthcare professionals, including doctors and nurses, holding up puzzle pieces that form a circular shape. The image is faded and serves as a backdrop for the text.
- **Community-Based Providers are on the front line**
 - Identify individuals at risk of physical decline
 - Identify candidates for preventative physical therapist (PT) services
 - Valuable partners to bring together public health and healthcare domains

Social Determinants of Health (CDC)

“Creating social and physical environments that promote good health for all”



Economic Value of Fall Prevention

QALY

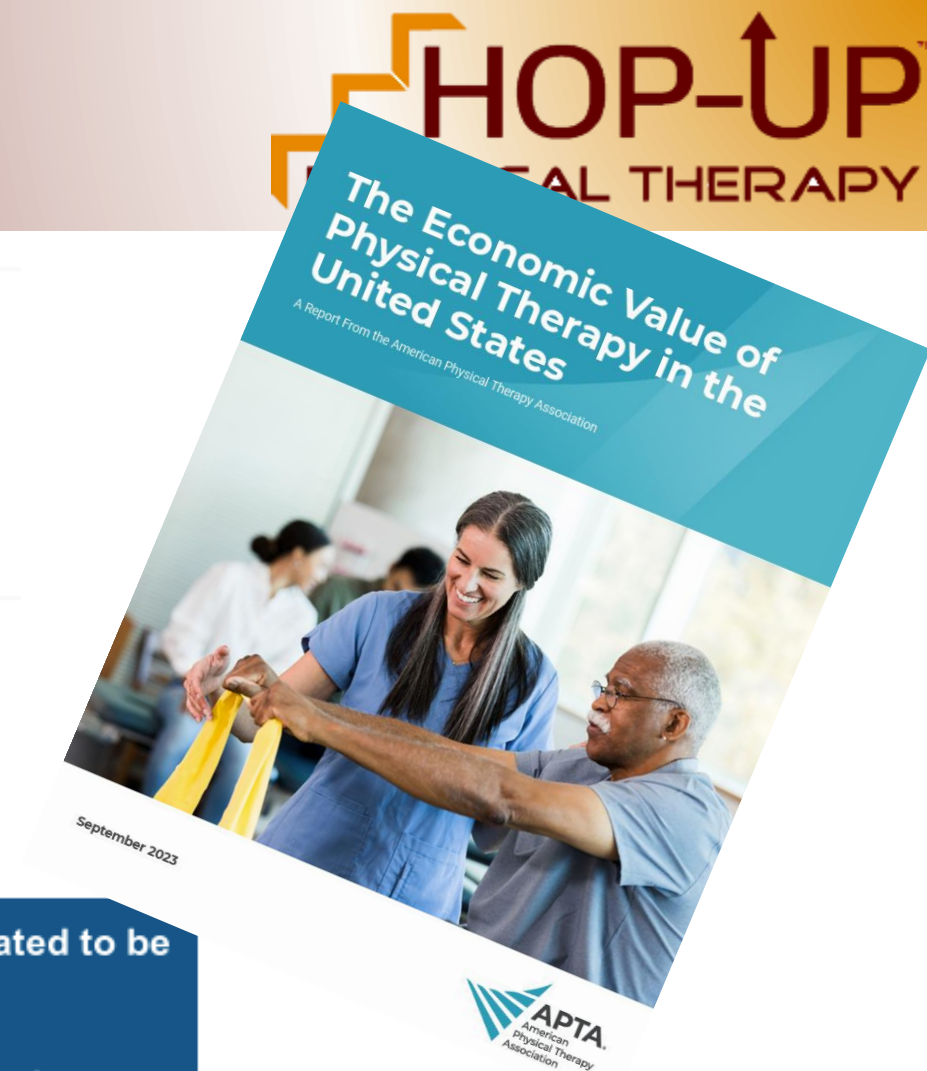
The quality-adjusted life year, or QALY, is a measure of both length and quality of life for which years of life lived with less than full health are assigned a lower value than healthy life years. It is calculated by multiplying each life year by a number between 1 and 0, where 1 (full health) and 0 (death). The calculation considers dimensions such as mobility, self-care, ability to undertake usual activities, pain and discomfort, and anxiety and depression.

Falls Prevention

Summary of Findings

The average net benefit of physical therapy-based falls-prevention exercise is estimated to be \$2,144 per episode of care.

The cost per QALY gained relative to the alternative of no intervention is estimated to be \$13,425. Patients who participated in a physical therapy-led falls-prevention exercise program had a mean QALY of 0.009 higher and a mean medical cost of \$121 higher than those who received no intervention, indicating the cost-effectiveness of physical therapist services.





- Home-based Older Persons Upstreaming Prevention Physical Therapy (HOP-UP-PT) Program
 - An approach developed in response to the identified need
 - Community center staff identify older adults who may be at risk of falls or are unable to remain safely at home or in the community, and refer to physical therapists

Vision

Empower older adults to stay safe and active in their home and community

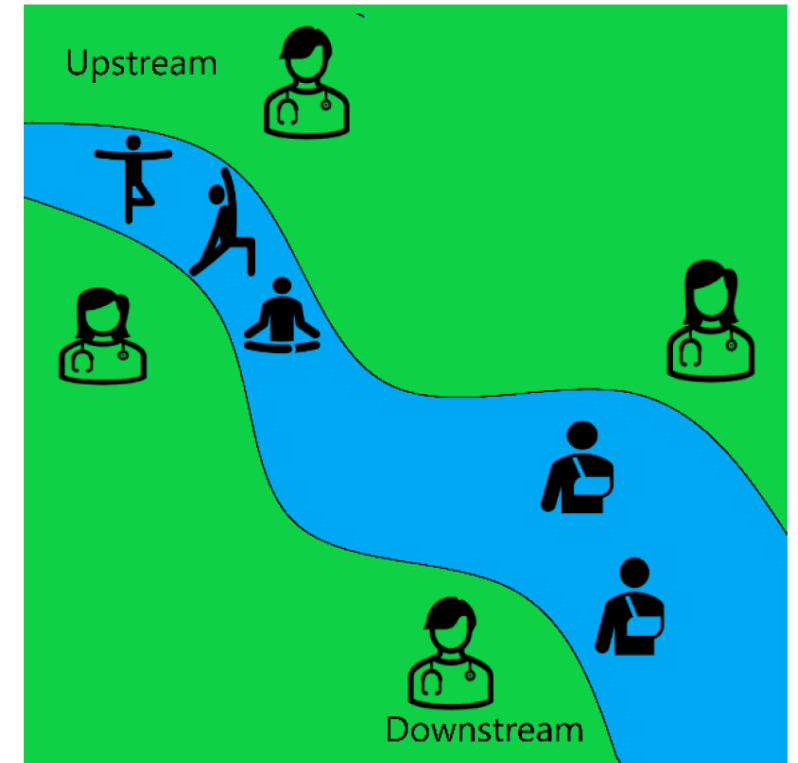
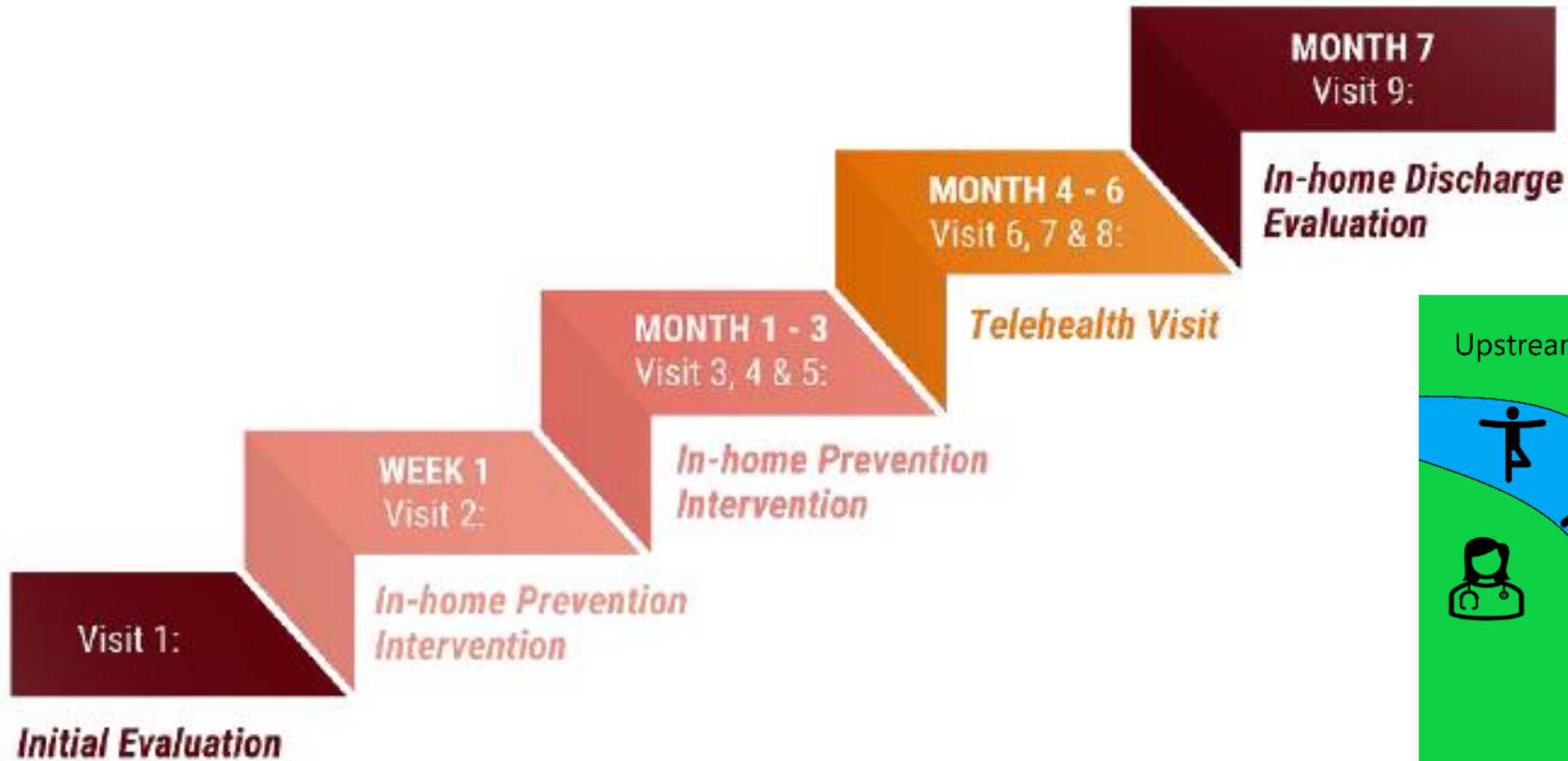


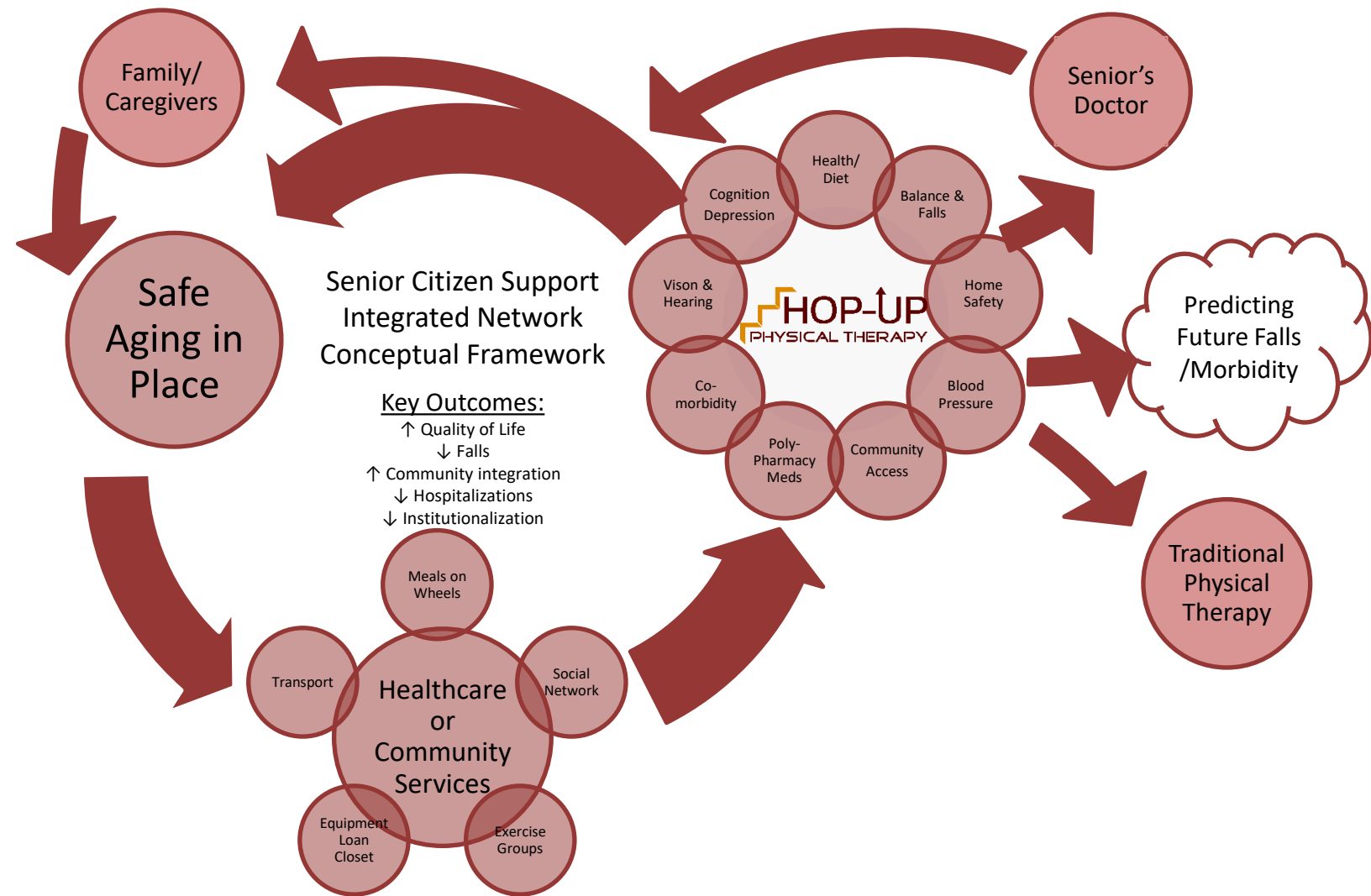
Mission

To provide early preventative interventions to senior citizens at risk of being homebound by facilitating partnerships between community centers and local physical therapists.



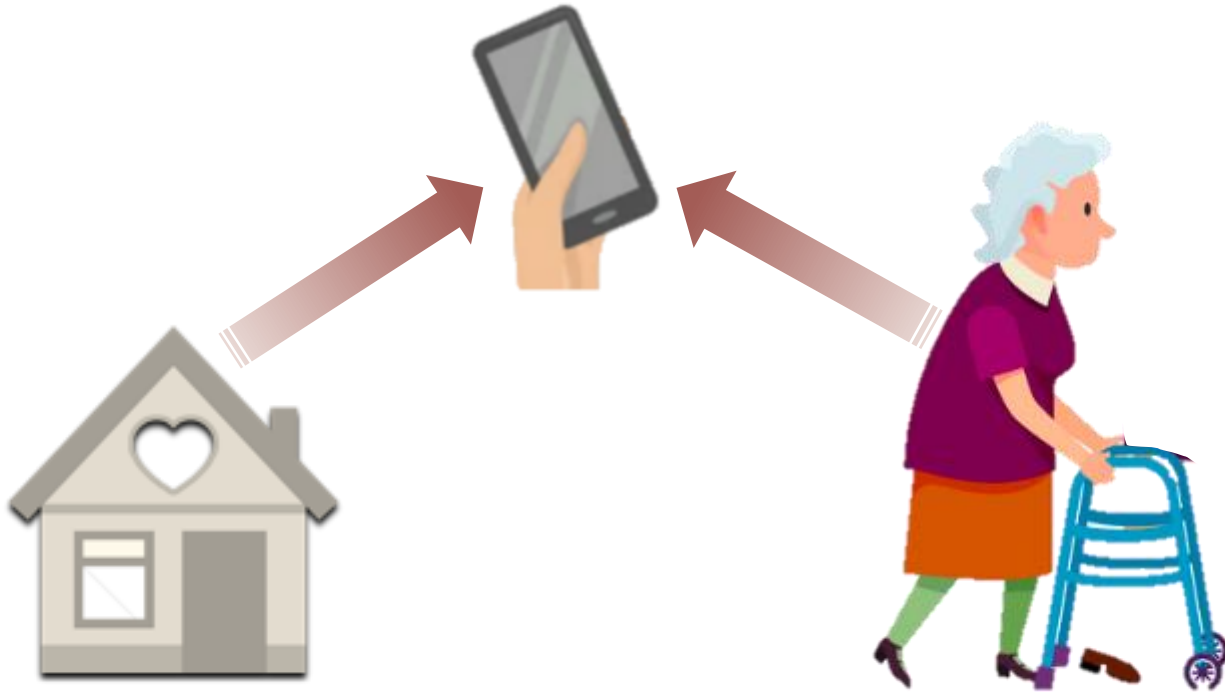
Role of Upstream Healthcare





Program Candidates

Potential participants are referred through their healthcare provider, local senior community center, or an individual may self-referred



- ★ 65 years of age or older
- ★ No recent serious medical event (i.e., heart attack or stroke)
- ★ No recent PT or hospitalization

What is provided to participants...

6 In-person home visits and 3 telerehabilitation visits in a 6-7 month delivery time frame

Comprehensive risk assessment

Home/living environment evaluation and recommendations

Individualized balance exercises

Motivational interviewing to address person-centered health behavior change

Referrals to other medical professionals (as needed)



Comprehensive Evaluation on Visit 1



Checklist and Recommended Order of Events for Visit 1 (*=items that could be mailed or emailed before visit)

- ☐ Consent to Treatment from your organization (contact HOP-UP-PT if one is needed)*
- ☐ ACSM Exercise Pre-participation Health Screening Questionnaire for Exercise Professionals
- ☐ Mini Cog (Score = 3 or less, administer Trail Making Test B – if > 273 seconds, cognitive impairment is likely and refer to PCP)
- ☐ Your Risk for Falling Questions
- ☐ PHQ-9 Depression Screen (Score >9 = referral. If they answered yes to question 9, they need further assessment for suicide risk by an individual who is competent to assess this risk.) *
- ☐ Modified Falls Self Efficacy Scale*
- ☐ Physical Therapy Healthy Lifestyle Appraisal*
- ☐ Functional Comorbidity Index*
- ☐ Past Medical History/Surgical History/Medication Review from Clinical Documentation
- ☐ Orthostatic Blood Pressure
- ☐ Grip Strength (if dynamometer available)
- ☐ Gross ROM and MMT
- ☐ Timed Up and Go
- ☐ Short Physical Performance Battery
 - ☐ 3-meter gait speed
 - ☐ Four stage balance test
 - ☐ 5 times sit to stand
- ☐ Home FAST-HP Home Assessment OR HomeFAST-SR*
- ☐ Calculate STEADI Fall Risk Category
- ☐ Calculate Frailty
- ☐ Open up and administer the Omron electronic blood pressure cuff. Make sure that the blood pressure cuff fits the person's arm.
- ☐ Otago Exercise Level (for next visit)
- ☐ Schedule/verify next visit

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Example Follow Up Visit

(Visit 3 = ~2 weeks after Visit 1)



Checklist and Recommended Order of Events for Visit 3

- ☐ Assess for any health or medical changes or falls
- ☐ Check blood pressure, heart rate, and weight. Document each measure in the medical record
- ☐ Verify that the activity monitor device is syncing and check on the average steps per day and compliance with wearing
- ☐ Review Otago exercises using the written handout and exercise log
- ☐ Using the results of the Physical Therapy Healthy Lifestyle Appraisal, provide motivational interviewing on key areas of health behavior improvement
- ☐ Check on the status of any home modification recommendations for home safety and provide additional guidance as necessary
- ☐ Schedule/verify next visit





State of Michigan
Randomized Controlled Trial

The purpose of this study was to describe outcomes of HOP-UP-PT program participants and then to compare these outcomes to non-participants.

Arena et al. *BMC Geriatrics* (2021) 21:520
<https://doi.org/10.1186/s12877-021-02450-0>

BMC Geriatrics

RESEARCH

Open Access

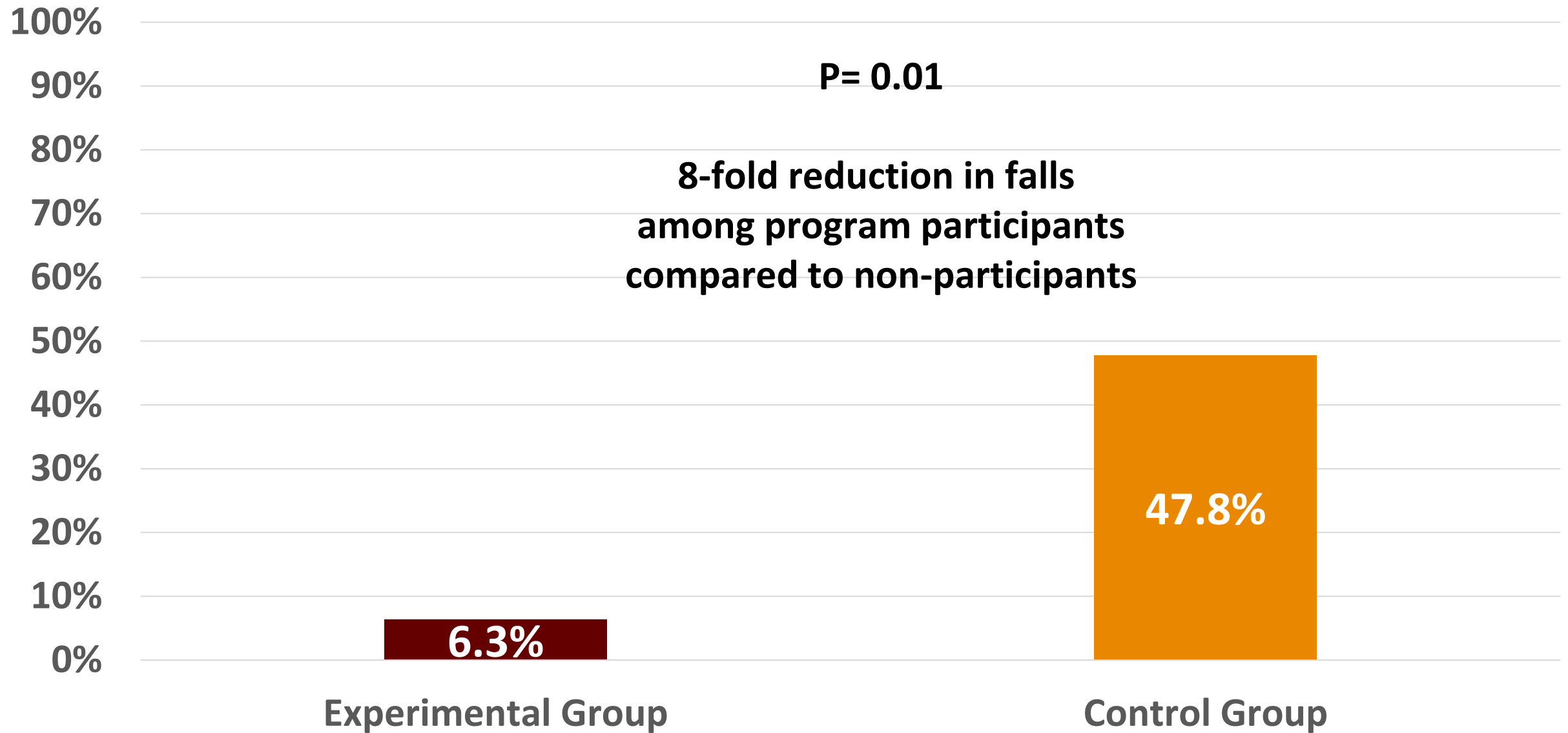
Impact of the HOP-UP-PT program on older adults at risk to fall: a randomized controlled trial



Sara K. Arena^{1*}, Christopher M. Wilson¹, Lori Boright¹ and Edward Peterson²

Fallers

(Mod and High Fall Risk Participants)



Overarching Outcomes



- HOP-UP-PT participants demonstrated
 - Reduced fall events
 - Improved physical outcomes measures
 - Improved safety in the lived environment
- Collaboration between PTs and community senior centers
 - Provides an innovative upstreaming direct access care delivery model
 - May reduce financial and personal burdens in an older adult population



Impact of the HOP-UP-PT program on older adults
at risk to fall: a randomized controlled trial
BMC Geriatrics

HOP-UP-PT: 3- and 6-Month Outcomes and Perceptions



>70% of
program
participants
responded

1/3 had made
additional
home safety
modifications

Willing and
able to pay
10% of
program cost

Reduced
falls

Benefit from
wearable activity
monitor, blood
pressure
monitor, and
exercise

Insurer supported preventative health programs, including the HOP-UP-PT program, are warranted to shift the healthcare paradigm to integrate evidence-based upstream care delivery models.

Long-Term Outcomes and
Perceptions of Older Adults
after the HOP-UP-PT Program

Physical & Occupational Therapy
In Geriatrics



SCAN ME

“Implementation of the Home-based Older Persons Upstreaming Prevention Physical Therapy Program”

Collaboration with:

- Henry Ford Home Health Care
- The Helm at Boll Life Center
- Infrastructure build for billing and documentation
- Pilot and feasibility (n= 6)
- Insurers reimbursed per Medicare fee schedule- ambulatory PT



HOP-UP-PT: Pilot Reimbursement Launch



Cureus
Part of SPRINGER NATURE

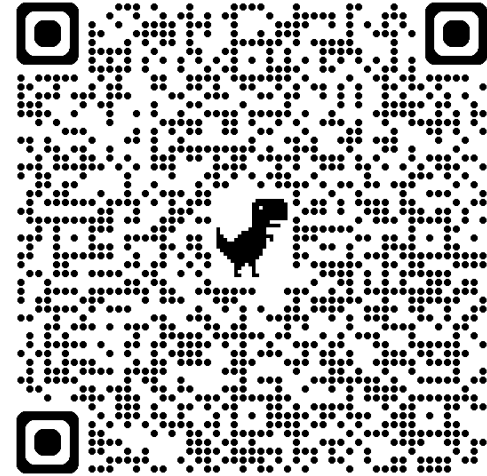
Open Access Original Article

Administrative Analysis of the Home-Based Older Persons Upstreaming Prevention Physical Therapy Program: A Pilot Observational Study

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DOI: 10.7759/cureus.67290

Abstract

The mean amount paid for the initial evaluation code was \$102.83 and the mean payment for the ~15 minute treatment codes was \$25.90 per unit. Initial pilot data demonstrated a potential for a 4.2% positive operating margin when considering salary costs and travel. The mean delay from the initial referral into the HOP-UP-PT program until the physician provided written authorization for physical therapy was 69.7 days.

HOP-UP-PT: Full Reimbursement and administrative overview



Enrolled 53 adults ≥ 65 years from Southeast Michigan

- Collaboration with Henry Ford Home Health Care
- Wide variety of community center referrals
- Epic build for EMR documentation
- Billing as Medicare B or Med Advantage



HOP-UP-PT: Full reimbursement and administrative outcomes



Estimated Costs Per Episode of HOP-UP-PT Care	Amount Per Visit	Visits	Total Amount
Mileage per visit (not virtual)	\$6.20	6	\$37.20
Amount to get POC signed	\$30	1	\$30
Salary for in-person visits	\$72	6	\$432
Salary for virtual visits	\$36	3	\$108
Total Estimated Expenses			\$607

Estimated Insurance Payment Income (assuming all visits billed/paid)	Amount Per Visit	Visits	Total Amount
Avg paid per in-person visit with evaluation	\$94.26	6	\$565.56
Avg paid per virtual visit	\$47.02	3	\$141.06
Total Estimated Income			\$706.62
Projected Revenue			\$99.42
Projected Operating Margin			14.07%

Summary of Findings

- HOP-UP-PT has shown feasibility for financial sustainability
- Important to bill for virtual visits
 - Increase in operating margin
- Administrative costs and delays in acquiring the plan of care were further supported
- Errors in submitting claims


A photograph of three women in a home environment. In the foreground, a woman with short brown hair, wearing a light-colored long-sleeved shirt and a pink wristband, is smiling and raising her right arm holding a blue dumbbell. To her left, a woman with long blonde hair, wearing a maroon long-sleeved shirt, is also smiling and looking towards the first woman. In the background, a woman with long dark hair, wearing a dark purple long-sleeved shirt, is smiling and holding a red and black exercise ball. The background shows a window with a white frame and a wooden door.

Possible Implementation Approach for a Critical Access Hospital

Implementation Approach



- Engage key stakeholders
 1. Identify in-house or community PTs interested in offering this program as a service and potential revenue/patient source.
 2. Coordinate with referral sources (e.g., community partners, senior centers) to assess interest in referring directly to a HOP-UP-PT program.
 3. We can assist in training PTs in clinical procedures, billing, documentation, and troubleshooting through an online course and/or live Zoom sessions.
 4. Educate referral sources that PT can be used proactively for prevention.

A photograph of three women in a room. In the foreground, a woman with short brown hair is smiling and lifting a blue dumbbell with her right arm. To her left, a woman with blonde hair is also smiling. In the background, a woman with long dark hair is smiling. The text "Training for Therapists and Community Centers is available" is overlaid on the image.

Training for Therapists and
Community Centers is available



<https://www.hopuppt.com/>

Community Ambassador Training



Become an Ambassador

Step 1 – Watch the Certified HOP-UP-PT Ambassador Training Video at the below link. (10 minutes)



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FORMAT



MY PROGRAMS



CREDIT



SUBJECT AREAS



SPEAKER



Apply Filters



FEATURED

Foundational Concepts of the HOP-UP-PT (Home-Based Older Persons Upstreaming Prevention Physical Therapy) Program

HOP-UP-PT Foundational Independence Program

4 Total Credits; 4 CEU

▼ Learning Objectives

SELF-PACED ONLINE

\$199 for Participant

up to
4
Credits

[VIEW DETAILS](#)

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Questions and Discussion

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