

The business of wellness

Blending wellness with healthcare

Value-based options shift the mindset in senior living

Outcomes from the ICAA Wellness Think Tank
Spring 2025

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The ICAA Wellness Think Tank

The ICAA Wellness Think Tank gathers thought leaders from senior living and wellness-focused organizations to formulate philosophies and recommendations that benefit individuals and organizations. Launched in 2005, the meetings forge connections among industry leaders while promoting understanding and cohesive action around the ultimate goal: health and quality of life as people age.

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The International Council on Active Aging has led, connected and defined the active-aging industry since 2001. Founded in the belief that unifying the efforts of organizations focused on the health and wellness of older adults benefits both the people they reach and the organizations themselves, ICAA's vision is shared by over 10,000 organizations. ICAA's support of the active-aging industry includes industry research, education and research on healthy aging and wellness, tools to audit wellness services and dining services, market development, public relations campaigns and recognition programs.

ICAA Education, Inc., a sister company, develops and delivers courses to help active-aging professionals build needed skills and knowledge to impact older-adult wellness and the business bottom line.

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SUMMARY



Moving toward a new model of “well” care

For senior living operators, forging strong partnerships with value-based care organizations has emerged as a promising strategy for integrating wellness with healthcare.

Collaboration between senior living communities and Accountable Care physician/medical groups, as well as between senior living communities and Medicare Advantage plans, has been tested with positive outcomes.

The concepts behind value-based care and wellness are aligned: providing opportunities and care that lead to healthier individuals living their best possible lives, satisfied with the care and services they receive.

While Accountable Care Organization (ACO) medical groups and Medicare Advantage insurance plans differ in structure and operation, both seek to improve health outcomes and reduce costs by prioritizing collaboration among healthcare providers, emphasizing preventive care and wellness initiatives, and focusing their recommendations on individual choices and needs. They share this approach with senior living.

Senior living has the infrastructure and resident base that is attractive to healthcare providers and insurers

operating within the value-based care philosophy. Communities have established wellness services, including physical activity, food services, and cognitive and social engagement opportunities.

To better understand how accountable care and Medicare Advantage plans can link wellness to healthcare, the International Council on Aging convened an ICAA Wellness Think Tank, *Blending wellness with healthcare*. Think tank delegates included more than 50 representatives from senior living (independent living, assisted living and memory care), therapy organizations and industry suppliers. The ICAA Wellness Think Tank featured insider perspectives from a Medicare Advantage plan payor, an accountable care physicians group (provider) and a senior living operator.

Participants emphasized the necessity of a fundamental cultural shift from traditional “sick care” models to proactive “well-care” approaches. This transition requires a change in mindset, operational structures and financial models. The group underscored the significance of community leadership as wellness champions, acknowledging that top-down support is essential for driving meaningful change.

Takeaways

Five elements are needed to successfully blend wellness with healthcare.

- **Wellness integration.** A formal, comprehensive wellness function that includes physical activity, dining/culinary, engagement and care creates a unified approach that medical groups can participate in and recommend.
- **Person-centeredness.** Individuals are more likely to adopt the lifestyle behaviors that integrate with healthcare recommendations when their preferences are solicited and their choices are respected.
- **Organizational readiness.** Integrating wellness into healthcare (and healthcare into wellness) requires a shift in the mindset of everyone associated with the organization, including the residents and their families. To be successful, the change to well-care needs to be understood, valued and embraced.

- **Collaboration.** Integrating healthcare with wellness requires executives, managers and staff from all disciplines and departments to join together for a mutual purpose, without holding back resources (such as budget, staff or information).
- **Outcomes and data analytics.** Accountable Care Organizations, Medicare Advantage plans and senior living communities rely on outcomes to evaluate the well-care integration's results. Each group must invest in the technology needed to collect and analyze the data to determine when the clinical outcomes and cost savings are realized.

Successful partnerships between senior living communities and Accountable Care Organizations or Medicare Advantage plans develop when goals align, a strategy is established and technology for tracking outcomes is available. This ensures that each partner provides the necessary resources to deliver the agreed-upon services.

OPPORTUNITY

Wellness is derived from our ability to understand, accept and act upon our identity and capacity to lead a purpose-filled and engaged life. In doing so, we can embrace our potential (emotional, environmental, cognitive/intellectual, physical, social, spiritual and professional/vocational) to pursue and optimize life's possibilities.

-- International Council on Active Aging

Parallel roads aim for wellness

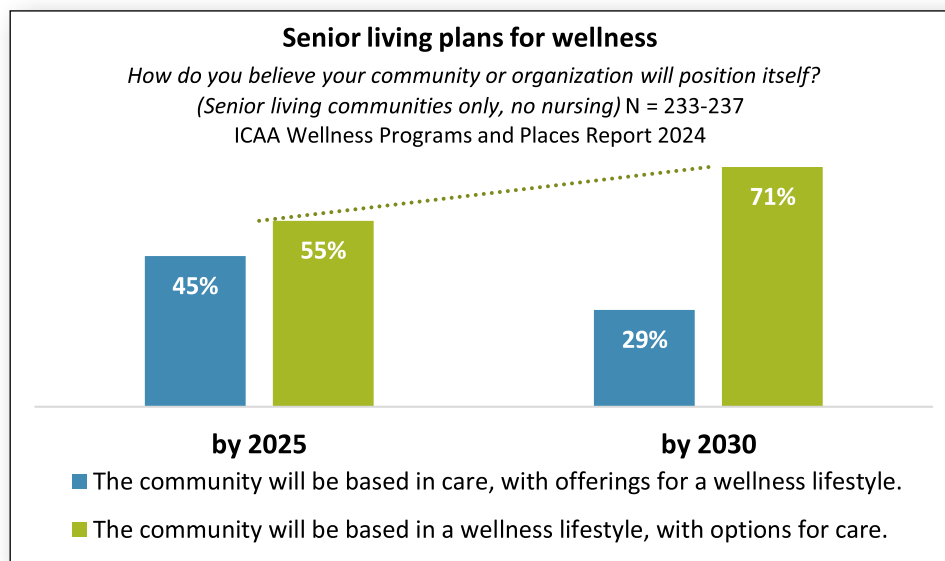
Halfway through the Decade of Healthy Aging (2020-2030), the leaders in senior living communities view a complex picture of challenges and opportunities. Occupancy levels are rising to prepandemic levels, but so are operational costs and staffing challenges. The desires of current need-driven residents and future want-driven residents seem to collide. Recent economic reports signal that the much-discussed middle market of people who cannot afford to pay for senior living is here.

Future-focused leadership in senior living communities recognizes these trends and invests in wellness lifestyles as a strategic imperative. They acknowledge the demographic shift toward the younger “boomer” generation and understand that generation’s cultural shift toward a

desire for an active and engaging living situation. Attitudes toward healthcare are also changing, as awareness and economics spotlight the cost-saving potential when nutrition, physical activity, and social connections are equal partners with medicine.

The provision of care will always be a bedrock for communities that offer assisted living, memory care and nursing services. However, residents who need care also desire good food, engaging activities, independence and consideration of their wishes. That is what wellness provides.

Breaking down the structural silos that separate wellness and healthcare gives each resident the opportunity for **healthy aging**, which means creating the environments and opportunities that enable people to be and do what they value throughout their lives, according to the World Health Organization.¹





Economics drive change

Labor is one of the highest costs in senior living, along with expenses for food service, medical and personal care, office and administration, technology and communication.^{2,3} While communities pass on increasing costs to residents, the question remains: How much money can the aging population afford to pay for senior living?

For older adults, healthcare is one of the three largest expenses, along with housing and food. One estimate from Fidelity Investments is that a 65-year-old in 2025 can expect a healthcare cost of US \$165,000 in retirement.⁴ If a person needs the services provided by assisted living, the average cost is \$54,000/year, reports AHCA/NCAL.⁵ For many older people, these costs are difficult to manage.

Health insurers are also facing rising costs. In the United States, the Centers for Medicare and Medicaid Services (CMS), which administers federal health insurance for people ages 65 and older (Medicare) and for those with disabilities or special needs (Medicaid), has experimented with new approaches and pilot programs to control healthcare costs. From the CMS Innovation Center, programs emerged under the umbrella of value-based care.

At the ICAA Wellness Think Tank, *Blending wellness with healthcare*, thought leaders and delegates sought to identify ways that wellness—delivered through physical activity, nutrition, brain health and social connections—could integrate with value-based care through these programs.

ENVIRONMENT

Value-based care puts greater emphasis on integrated care, meaning healthcare providers work together to address a person's physical, mental, behavioral and social needs. In this way, providers treat an individual as a whole person, rather than focusing on a specific health issue or disease.

-- CMS Innovation Center

The healthcare environment

The health care delivery system in the United States is a complex collection of public and private companies, with the accompanying rules, laws and loopholes. There are many sources of information and opinion about the U.S. healthcare system, which will not be covered here.

After explaining elements of the CMS Innovation Center programs, this report will focus on two options covered during the ICAA Wellness Think Tank:

- Physician groups focusing on healthcare for the 65+ population through accountable care
- Medicare Advantage health insurance plans

Terms: A person covered by insurance is a **beneficiary** who pays a premium to access the insurance. The doctor/medical group/hospital is the **provider**, and senior living is the **operator**.

Medicare

In the United States, the public health insurer for people 65 years and older is Medicare, administered by the Centers for Medicare & Medicaid Services (CMS). CMS also administers Medicaid to people with low incomes, disabilities and other health issues. A portion of older adults are covered by both Medicare and Medicaid (dual-eligibles).

Original Medicare covers hospital stays and doctor's visits, and offers a drug

coverage plan. Older adults (beneficiaries) can choose any doctor/medical group that accepts Medicare's payment structure. There are supplemental Medigap plans offered by private companies to pay some costs not covered in Original Medicare.

Original Medicare reimburses providers through a fee-for-service model that links a payment amount to a code describing the service.

Special Needs Plans are available for groups of people who live with certain chronic diseases (e.g., chronic heart failure, dementia, diabetes, stroke) or health care needs, or are dually eligible for both Medicare and Medicaid.⁶ The plans include the medical visits, hospital visits and pharmacy available in Original Medicare plus benefits tailored to the Special Needs group. A care coordinator helps beneficiaries navigate the options.

Value-based care

Value-based care is intended to provide "what an individual values most." It is an approach developed in the CMS Innovation Center that combines person-centered care with an integrated care model of coordination among medical providers. The goals are to improve patient care and reduce costs by paying for health outcomes instead of paying for the number of tests and services provided in the fee-for-service system.⁷

More than 50 value-based care programs have been tested since 2010, but fewer are active today.

Organizations, such as medical groups and hospitals, that enroll in value-based care programs focus on improving outcomes for their patients by using technology to streamline operations and emphasizing preventive care.

Accountable care is part of the value-based care strategy.

Accountable care

Another approach from the CMS Innovation Center is accountable care, provided by a care team that is responsible (accountable) for care coordination and health outcomes for a defined group of individuals. The goals are to reduce care fragmentation and avoid unnecessary costs for individuals and the healthcare system.⁸

Accountable care organizations (ACO) are groups that may/may not include physicians, hospitals, pharmacies and other providers who band together to coordinate care. They are part of Original Medicare. An ACO can care for patients of all ages along with Medicare beneficiaries, or it may focus solely on Medicare beneficiaries.⁷

If the ACO saves money for Medicare, then it shares in the cost savings. If Medicare costs increase, then the ACO can be charged a penalty.⁹ An American Medical Association survey found that 58% of physicians said their practice belonged to an ACO. Among them, 38% were part of a Medicare ACO.¹⁰

A physician/medical practice may provide healthcare in an accountable care shared savings program without



being an accountable care organization.

Advantages for patients in a 65+-focused medical group:

- Doctors spend more time with patients so visits are less hurried and more comprehensive
- Healthcare teams offer education and help manage chronic conditions
- Care is coordinated so that an individual's medical history is in one place, which aids the provider in recommending treatments
- Staff coordinate appointments and referrals
- Emphasis is on preventive care

Reported outcomes include:

- Reduced number of falls, reduced hospital readmissions and fewer

instances of polypharmacy. Resident satisfaction is at 95%.¹¹ (Curana Health)

- Reduced hospital admissions and emergency department visits, reduced hospital readmission rates. More than four-fifths (87%) of patients completed annual wellness visits.¹² (Oak Street Health)

Medicare Advantage health insurance

Private health insurers offer Medicare Advantage plans to Medicare beneficiaries as an option to Original Medicare. The plan may be offered as a Health Maintenance Organization (HMO) or a Preferred Provider Organization (PPO). The model influences the availability of doctors and services inside or outside of the plan's network.

Medicare Advantage plans aim to control costs by promoting and providing preventive care to minimize the risk of serious illnesses. CMS pays Medicare Advantage plans a fixed annual fee for each beneficiary enrolled in their plans. If the healthcare costs for the plan are lower than the revenue it receives from CMS, the plan keeps the savings.

There were about 43 Medicare Advantage plans available to the average Medicare beneficiary in 2024. Just over half (54%) of the Medicare-eligible population, 32.8 million people, was enrolled in a Medicare Advantage plan.¹³

Medicare Advantage plans attract healthier beneficiaries who appreciate the additional benefits the plans offer that are not covered by Original Medicare. Benefits may be included in the insurance premium or offered at a discount. The type and quantity of these supplemental benefits depend on the plan and the geographic location. Almost all offer vision, dental and hearing. Some may offer benefits for over-the-counter purchases and telehealth. Meal benefits, acupuncture and transportation may be included.¹⁴

More than 90% of the Medicare Advantage plans have a fitness benefit in 2025. The benefit is delivered through a network of programs, such as Silver&Fit, SilverSneakers or Renew Active. The benefit may be offered at a location or virtually or both. The plan gives the gym/program a stipend for each

beneficiary who participates. The Medicare Advantage plan can change fitness providers yearly or keep the same company for multiple years.

Senior living businesses may start their own plans or join a group plan. By 2021, 98 Medicare Advantage Special Needs Plans were directly owned by seniors housing and care providers, including skilled nursing and assisted living companies.¹⁵ CMS has different plans that a community could select, either to operate independently or as a joint venture with a health insurer.

Outcomes compared to Original Medicare:

- Medicare Advantage was associated with more preventive care visits, fewer hospital admissions and emergency department visits and lower healthcare spending.
- Stays in skilled nursing or hospitals were shorter.
- Readmission rates and patient experience were the same for Medicare Advantage and Original Medicare.¹⁶

Potential of integrating care with wellness

The goal of senior living, accountable care providers and health plans is the same: control costs and give value. A focus on outcomes is one way to achieve that. Because of the services already in place, senior living operators are able to negotiate from a position of strength.

Intersections: Wellness meets healthcare

Health Coach

A health coach, sometimes called a health and wellness coach, uses goal setting, motivational interviewing, positive psychology and habit formation or elimination to help individuals determine how to make lifestyle changes. Health coaches are not licensed psychologists or healthcare providers, but experts in helping others with behavior change. Coaches help patients understand their conditions and the options they have to, for example, control hypertension, diabetes or other chronic conditions through lifestyle choices.

The American Medical Association has Category III Health and Well-being codes that may be used by medical practices to cover certified health coach appointments.¹⁷

National Board for Health and Wellness Coaching
<https://nbhwc.org/>

National Commission for Health Education Credentialing Inc.
<https://www.nchec.org/>

Lifestyle medicine

Lifestyle medicine physicians use evidence-based interventions including nutrition, physical activity, sleep, stress management and avoidance of risky substances as a primary treatment modality to prevent and manage chronic diseases.

American College of Lifestyle Medicine
<https://lifestylemedicine.org/>

Integrative medicine

Integrative medical providers combine complementary therapies, such as acupuncture, massage or meditation, with traditional medical treatments.

Mayo Clinic Integrative Medicine and Health
<https://www.mayoclinic.org/departments-centers/integrative-medicine-health/sections/overview/ovc-20464567>

Food Is Medicine

Food Is Medicine recognizes the role of nutritious food in treating, managing and preventing health conditions, including those related to food insecurity. Organizations may offer medically tailored meals, nutrition

education, prescriptions or vouchers for groceries.

Food Is Medicine Coalition
<https://fimcoalition.org/>

Culinary Medicine

An evidence-based practice that brings together nutrition and culinary knowledge to help patients choose and prepare high-quality foods in conjunction with medical care to prevent or manage food-related disease.

The American College of Culinary Medicine
<https://culinarymedicine.org/>

Exercise Is Medicine

The Exercise Is Medicine initiative encourages physicians to include evidence-based exercise programs and qualified exercise professionals in healthcare treatment plans.

ACSM Exercise Is Medicine
<https://www.exerciseismedicine.org/>

1. Communities have the Medicare population that value-based medical networks and Medicare Advantage plans want to increase their scale of operations.
2. Many senior living communities have the nutrition/culinary, physical activity, social opportunities and supportive services that focus on preventive health care, which is the strategy pursued by value-based organizations and Medicare Advantage plans.

More than 40% of healthcare expenses were for people 65 years of age and older, found an analysis of U.S. insurance claims between 2010-2019. People 85 and older (often the current residents in senior living) had the highest expenses.¹⁸

The highest healthcare costs across all ages in the study were for type 2 diabetes, musculoskeletal disorders and ischemic heart disease. Senior living already offers services that help manage these conditions, such as physical activity, plant-based eating plans and health education and easy access to healthcare monitoring.

3. Senior living operators have the leadership and the wellness staff who can coordinate services to control costs and improve outcomes, which benefits the community, healthcare providers and health insurers.
4. Senior living strategists can target medical groups and health insurers

that share similar values. Many physicians, therapists, and allied health professionals recognize that an individual's lifestyle choices impact their health status. Emerging philosophies in medicine are shaping the intersections between healthcare and wellness.

For example, therapy groups have added physical activity programming to physical, occupational and speech therapies in senior living communities. Lifestyle medicine and integrated medicine practices are found among individual physicians and large systems, such as the Mayo Clinic and Cleveland Clinic. On the policy level, the social determinants of health are recognized as non-medical factors—such as access to food, economic stability, neighborhood environment and social support—that influence health and well-being.

5. Senior living communities and CMS have the same timelines.
 - By 2030, 71% of senior living communities are expected to be based in a wellness lifestyle with options for care.¹⁹
 - By 2030, CMS wants to have all Medicare fee-for-service beneficiaries and the majority of Medicaid beneficiaries in a “care relationship with accountability for quality and total cost of care.”²⁰

Plan to move past roadblocks over the next five years for the best possible care for residents.

Profile: Wellness integration with value-based care

Because the founders of Watermark Retirement Communities operated from a vision of resident well-being, executive leadership committed to exploring approaches that foster integration between healthcare and wellness. The National Director of Health Strategy, responsible for wellness, resident life and clinical services, was uniquely positioned to see the opportunity for an initiative formalizing value-based care partnerships in senior living.

Wellness program. The 360Well® signature program features four circles of wellness: mind, body, spirit and community. Each circle contains elements of the wellness dimensions. A 360Well Coordinator guides residents to activities that align with their interests and needs. Physical activity, lifelong learning, social connections and engagement activities are available.

Clinical services. Person-centered healthcare is provided in partnership with a primary care medical group, Curana Health, which is an accountable care organization (ACO). In this partnership, the primary care team collaborates closely with pharmacy and therapy providers within an integrated care model to ensure that all providers are aligned in their efforts towards better clinical outcomes. A Medical Concierge guides residents on their care and available options.

The blend. Both 360Well and the integrated care model carry a consistent identity of “mind, body and spirit.” The 360Well Coordinator and the Medical Concierge cross-refer residents to the programs and the clinic. Clinicians are present in the community, for example, as speakers at the monthly events within the 360Well program. Complementary healthcare services, such as acupuncture, or wellness-oriented services, such as massage, are available.

Requirements. Planning for a sustainable initiative and collaboration among all functional areas is important, as is joint decision-making. Collecting data from all service areas and consolidating it into a single pool was critical. The outcomes at Watermark needed to align with the outcomes required by Curana to participate in the value-based care payment model.

Outcomes. Initially, 18 outcomes were identified from the data already available in electronic health records, pharmacy and therapy records. Currently, five outcomes are the Key Performance Indicators (KPIs) monitored monthly on a dashboard: length of stay, number of falls, hospitalizations, number of medications per resident and satisfaction ratings.

Advantages. Working with a single healthcare provider, Curana, rather than multiple providers is effective for various reasons: Watermark can modify and apply new workflows more easily

and the partnership brought innovative, complementary services, including remote patient monitoring and behavioral health. Watermark labor is reduced because staffing, ordering supplies, making appointments and other tasks are handled by Curana. Residents have easy access to the 360Well Coordinator and Medical Concierge.

Challenges. Communities are not all the same. Initial and ongoing education for the executive director, financial officer and managers is necessary to explain the benefits of using a national clinical provider group instead of local providers. Managers and line staff must understand how the 360Well program integrates with healthcare providers. The preventive care model associated with value-based care differs from the current sick-care model. This new model emphasizes prevention and wellness, encouraging everyone on the care team to adopt a more proactive approach to identify care needs before these become acute. Developing better shared risk stratification tools across electronic medical records (EMR) presents an additional layer of challenge.

Results. The clinical outcomes have been met. The number of falls, number of medications per resident and number of hospitalizations have decreased.

PREPARATION

Every individual has a meaningful role to play in their health care—each person's voice, concerns and health goals matter. Value-based care puts people at the center of their care. Doctors and other health care providers partner with individuals to create unique care plans that are personalized to each person's unique needs and goals.

-- CMS Innovation Center



Credit: Breah Parker

Plan wellness and healthcare partnerships

Strategic partnerships function well when a strategy is in place and the goals and objectives of each organization are clearly stated. Before a senior living organization approaches potential partners, the leadership must be clear on what the organization wants to accomplish. Is it better care for residents? Growth through new or expanded services? Efficiency? Differentiation from competitors? Appeal to potential prevention-minded residents?

- Be very specific about what you want. If you want to include physical activity and nutrition, ask for these.
- Clarify exactly what outcomes matter, and how these are defined.

- Investigate medical providers, health insurance plans and technology providers since multiple partnerships may be required.

Considerations for selecting partners:

- What are the goals of each partner?
- How are the strategies and goals aligned?
- How well does a potential partner understand operations in senior living?
- Are potential partners comfortable with the senior living culture?
- Is there a share of savings?
- How will outcomes be determined? By whom?
- How will data points be collected and shared?
- How will wellness options be integrated with the care?
- Is there a long-term perspective?

Partner with an accountable care medical group

Advantages:

- Operational benefit from coordinating with a single company instead of multiple vendors
- Expanded network of providers
- ACO manages human resources
- Technology capabilities
- Potential for healthcare savings

Roadblocks:

- Resistance to changing the current system
- Reluctance to end relationships with current providers
- Disbelief in the value of wellness versus traditional healthcare
- Lack of technology to gather and sync results
- Local, state, federal regulations and rules

Partner with a Medicare Advantage plan

Advantages:

- MA staff educate residents on plan options and benefits
- Emphasis is on preventive care
- May have programs to assist with nutrition or other necessities
- Ability to negotiate included benefits
- Physical activity programs may be available to residents

Roadblocks:

- Benefits available in one location may not be available in others
- Residents' unwillingness to change from a plan already in place
- Management responsibility of an owned or jointly owned private plan

- Lack of understanding of the Medicare/Medicaid or insurer's details
- Local, state, federal regulations and rules

Define the objectives of well-care

Objective: Wellness integration

Importance: A formal, comprehensive wellness function that includes physical activity, dining/culinary, engagement and care creates a unified whole that healthcare providers can participate in.

When a robust wellness culture brings together staff members across all departments—engagement, maintenance, care, and culinary—everyone is empowered to recognize residents who may withdraw from activities or have mobility problems. Communicating minor changes can prompt early interventions to prevent further decline. This aligns with the goals of preventive health and reducing resident move-outs due to a need for a higher level of care.

Tactics:

- Audit all wellness programs, places and staff members to create a baseline.
- Analyze the wellness audit findings to promote or repurpose underutilized areas.
- Identify areas of integration between wellness audit resources and preventive care.
- Write a care and wellness plan for each resident with wellness and care staff contributing equally.

- Identify the owner of the care and wellness plan.
- Rewrite marketing and sales scripts to include participation in wellness lifestyle as an equal component to care.
- Remove the name “wellness” from a single department.
- Use the dimensions of wellness to educate staff in all roles on the relationship of lifestyle to health.
- Update job description to include the wellness philosophy.
- Provide professional wellness development for managers and supervisors.
- Provide time and incentives for staff to join a wellness program.
- Underwrite the employee wellness program so staff members do not have to pay or use break time to join program activities.

Objective: Person-centered wellness with care

Importance: Individuals are more likely to adopt the lifestyle behaviors that integrate with healthcare recommendations when their

preferences are solicited, the reasons for blending lifestyle with healthcare are clear and their choices are respected.

Person-centered wellness²¹ and person-centered healthcare²² have the same goals: to improve health and well-being by acknowledging individuals’ preferences and autonomy. Personalized wellness and care merge clinical prevention (primary care visits, health screenings, therapy) with wellness (physical activity, nutrition, cognitive activity). Personalized wellness and care plans have the potential to increase resident and family satisfaction, reduce staff turnover, meet regulatory requirements and lead to positive health outcomes.²³

Tactics:

- Monitor adherence to each resident’s wellness and care plan during monthly team meetings.
- Set resident expectations by embedding the wellness-healthcare dynamic into marketing, sales, signage and operations within the community.

Voices

- ☐ “Residents need to be ready to improve their health.”
- ☐ “Where does the personalized wellness and care plan sit? Who’s accountable for it? And how are all parties that are touching the resident accountable?”
- ☐ “A lot of the residents need to be educated on what their insurance plan covers. They have these plans, but don’t understand what is available to them.”
- ☐ “Generations are shifting. The older generations that only responded to what the doctor told them is being replaced by boomers who do online research, ask more questions and may be more receptive or demanding of diverse and healthier food preparations.”
- ☐ “When we did our annual survey, mental health and emotional health were at the forefront of almost everyone’s mind.”

- Educate healthcare staff on the integration between person-centered care and wellness-centered care.
- Employ wellness staff with the skills to cross functions and coordinate with all areas of the community.
- Schedule caregiver tasks to allow time for conversations with residents to discover their interests and skills.
- Adapt menus and café items to increase high-quality foods and preparations while emphasizing taste.

During the ICAA Wellness Think Tank, delegates stressed the importance of personal choice, trust-building and tailoring wellness plans to individual needs and preferences. Ask questions, listen and act upon what the resident and family members relate. For example:

- What is important to you?
- What are you concerned about?
- Do you have enough to eat?
- What do you like to do?
- What makes you happy?
- What are your goals?

The person-centered approach empowers people to actively participate in the decisions about their lifestyle and healthcare.

Objective: Organizational readiness

Importance: Integrating wellness into healthcare (and healthcare into wellness) requires a shift in the mindset of everyone associated with the organization, including the residents and their families.



Every organization has a culture that surrounds its purpose, policies, people and goals. How well the people leading and working at an organization interact with one another and adhere to the mission or annual plan is related to the culture's level of transparency, communication and ethics. To be successful, the change to well-care needs to be understood, valued and embraced.

While wellness leaders will not be responsible for the changes in each department, they can facilitate the change by identifying issues and collaborating with others to create organizational alignment.

Tactics:

- Align the purpose and objectives of the wellness-with-care model with the organization's values and goals.
- Confirm executive commitment to investigate the potential of working with accountable care providers or Medicare Advantage plans.

- Ensure the clinical leader is committed to planning integrations and is involved in all meetings and decisions.
- Task the financial leader with developing scenarios that reflect the long-term goals of partnering with vetted providers for well-care.
- Develop continuous training programs for staff that explain the purpose of the integration, the roles of staff and managers, and how it will assist them in their work.
- Require technology that enables the collection and integration of data to guide the process.

Objective: Collaboration

Importance: Integrating healthcare with wellness requires disciplines and departments to join together for a mutual purpose without holding back resources (such as budget, staff or information).

Wellness professionals, healthcare providers and insurers bring different

skills and resources to the table. Collaboration means gathering representatives from all the groups to exchange ideas and concerns. Everyone is involved in planning, and everyone is important.

Lack of collaboration can lead to failure. In senior living, Medicare Special Needs Plans are utilized by ACOs and Medicare Advantage plans. Why do these plans fail to enroll residents and manage health care costs? Often, there is a lack of communication and collaboration between the care staff and the plan's clinical provider or between the national office and local leadership. A disconnect between business staff and clinical staff can likewise reduce chances for success.²⁴

Tactics:

- Include in-house and external representatives from clinical, therapy, technology, pharmacy, culinary/dining, physical activity, engagement, hospitals and social work in planning

the partnerships, roles and implementation.

- Involve residents and family members in the planning to ensure they understand the strategy and can offer valuable insights on how to develop and promote well-care.
- Position an expert facilitator to lead the planning meetings and committees.
- Throughout development, prepare clear documentation that explains the goals, responsibilities and expected outcomes.
- Give plan developers the time they need to develop the well-care structure.

Objective: Outcomes and data analytics

Importance: Accountable Care Organizations, Medicare Advantage plans and senior living communities rely on outcomes to evaluate the results of the well-care integration and discover when the clinical outcomes and cost savings are realized.

Voices

- *"Community leaders are the Wellness Champions. Whether that's the C-suite, the executive director or the management team. Leaders need to live the life of a Wellness Champion because it is through them that our residents are inspired and willing to buy in."*
- *"If the executive director does not fully understand the strategy and how we're trying to pivot from a traditional model to the new*

well-care model, the new model will not be implemented."

- *"The most important stakeholders in larger communities are the regional operating directors. You can get the C-suite, but they'll move on to something else. At the community level, there will be five or six other initiatives over the course of the year. You'll lose momentum at each building if you don't get buy-in from the regional director."*



A senior living community's ability to gather and analyze data that aligns with the outcomes required by an ACO or a Medicare Advantage plan paves the way for a mutually beneficial partnership. Both types of organizations collect data on the number of emergency room visits, hospital readmissions, falls with major injury, and patient or resident experience.²⁵ These metrics coincide with wellness performance indicators, such as participant satisfaction and falls prevention.

Health care providers participating in an ACO must typically use certified electronic health record (EHR) technologies. Additional technologies may include data aggregation and analytics software, patient registries and health information exchange systems. Remote patient monitoring may be used to collect data.

Telehealth capabilities, such as video conferencing, may be available in senior living as well as used by providers.

Predictive analytics uses history to forecast trends and possible events. For example, with accurate data, predictive analytics could be used to classify residents' health status, estimate risks and help providers personalize treatment plans. Collecting indicators such as activity levels, social interaction and meal consumption supports proactive preventive care.^{26,27}

Tactics:

- Invest in technology capable of collecting data from multiple departments and sources into a single, unified system.
- Include fitness, nutrition and evidence-based activities (e.g., volunteering, cognitive stimulation, fall prevention programs) in the data collected and reported.
- Gather data collected throughout the organization to see what is already in place.
- Match the definition of outcomes collected in senior living to those needed by accountable care and health insurers.

- Develop a small set of Key Performance Indicators (KPI) to monitor regularly.
- Budget for continuous technology training and real-time support for managers and staff.

Wish list:

- Share healthcare data. Think tank delegates pointed out that health insurance payors and medical providers have large amounts of data on patient health conditions and treatments. So do senior living communities with care. Sharing this information would provide a robust picture of resident health and enable informed decision-making.
- Place wellness on the dashboard. Senior living communities have quantities of data from assisted living, nursing, culinary, fitness and resident life. Pooling these onto a single dashboard would show links among services.

Intersection: Falls reduction through collaboration

Falls are costly for the person and the healthcare system, resulting in hospital admissions, physician billings and labor. In senior living, costs for care, insurance, liability claims and potential regulatory issues are impacted by the number of falls resulting in injury.

Falls management example: Wellness and healthcare intersection			
Collaborators	Actions	Measurement	Outcome
Fitness, physical therapy	Fall prevention class	<ul style="list-style-type: none"> - Leg strength - Sit-to-stand - Change in fear of falling 	<ul style="list-style-type: none"> - Increased leg strength - Ability to safely move to/from chair
Fitness	Balance exercise in every group class	<ul style="list-style-type: none"> - One-legged stand - Change in fear of falling 	<ul style="list-style-type: none"> - Improved ability to regain balance - Risk factor for falls reduced
Physician, pharmacist	Medication review	Number or type of medications adjusted	<ul style="list-style-type: none"> - Medication side effects reduced - Medication eliminated
Care coordinator	Follow-up following medication change	Change in patient symptoms	<ul style="list-style-type: none"> - Medication change maintained or adjusted - Risk factor for falls reduced
Occupational therapist, maintenance, housekeeping	Review of trip hazards, lighting, placement of grab bars	<ul style="list-style-type: none"> - Trip hazard removed - Lighting improved - Voice-activated technology placed - Grab bars installed and secured 	Risk factors for falls reduced
Engagement, activities	<ul style="list-style-type: none"> - Vision and hearing screenings scheduled - Wellness fairs organized 	<ul style="list-style-type: none"> - Referrals for vision and hearing appointments - Referrals based on brief screenings at fair 	Risk factors for falls identified
Physician, care coordinator, housekeeping, engagement, dining servers, fitness	Observe and report changes in behaviors or abilities of residents	Evaluation conducted in response to observation	<ul style="list-style-type: none"> - Health status change identified - Risk factors for falls identified

INITIATE

A wellness culture involves all leaders and staff members, in every role and department, along with the older adults they serve, in providing lifestyle and healthcare services and experiences that enable older adults to participate in life-affirming choices.

-- Adapted from ICAA Wellness Program Work Group

Map the direction to a new model of well-care

Lifestyle and healthcare have always been intertwined in the physical dimension of wellness. This dimension encompasses nutrition, physical activity, healthcare, restorative sleep, and stress management as a cohesive unit. Both wellness and healthcare advocate for limiting or avoiding excessive alcohol consumption, smoking and illicit drug use.

Add in the values of social connections, intellectual challenges and emotional support (social, cognitive, emotional and spiritual dimensions) and the mind-body-spirit aspects of healthy aging merge in the wellness-with-care alliance.

After all, value-based healthcare and wellness share many of the same aims for prevention and outcomes:

- Value-based care models emphasize preventative healthcare, such as regular doctor visits, screenings, and lifestyle options to improve outcomes.
- Wellness emphasizes lifestyle choices that prevent or delay illness or help manage health conditions, such as high-quality nutrition, physical activity, social engagement and lifelong learning.
- A robust wellness lifestyle in senior living is related to resident satisfaction, length of stay, controlled costs and reduced turnover.²⁸
- The outcomes aimed for in value-based care models include less utilization, patient satisfaction, controlled costs and efficient management of resources.

While financial sustainability is driving innovations in wellness and healthcare, finance also is a roadblock. Transitioning from the medical model to the wellness model requires significant changes in processes, accounting structures and risk assessment. Large investments in technology and personnel are necessary. Historic revenue streams are questioned. Resistance to change is an ongoing challenge.

Still, senior living communities have proven it can be done. Just as uncertainty and confusion during the COVID-19 pandemic closures triggered major changes in how senior living communities operated, today's environment of economic pressures, shifting population attitudes and global uncertainties also requires a radical shift in the mindset of senior living leadership and government policymakers.

As this report is published early in 2025, the impact of the federal executive's policies on the Centers for Medicare and Medicaid remains uncertain. That's why the innovative solutions that senior living operators have repeatedly demonstrated will enable them to adapt.

For years, wellness thought leaders have envisioned a partnership between wellness and healthcare. By aligning with healthcare providers and insurers, senior living communities can create a new paradigm of care that prioritizes wellness, enhances resident health span and delivers value to all stakeholders.

The time is right to shift to the wellness-with-care model.

Thought leaders

Stephanie Boreale is the National Director of Health Strategy at Watermark Communities, focused on building solid clinical operations and innovative strategies for addressing whole person wellness.

Michelle Davis, AVP-Humana and CenterWell Marketing, is an executive leader specializing in clinical operations, marketing and community engagement.

Chris Dawe, president of Curana Health's Medical Group, oversees a national team of providers and healthcare professionals serving older adults in more than 1,500 senior living communities and skilled nursing facilities.

Colin Milner, Founder and CEO of International Council on Active Aging, is a leading authority on the health and well-being of older adults.

ICAA resources

Funding the new wellness model in senior living
International Council on Active Aging
https://www.icaa.cc/conferenceandevents/forums/reports/2022_06.pdf

ICAA Wellness Audit
International Council on Active Aging
https://www.icaa.cc/wellness_audit/audit_promo.php

Person-centered wellness is the key to the future

Outcomes from the ICAA Forum
April 2023

International Council on Active Aging
https://www.icaa.cc/conferenceandevents/forums/reports/2023_06_future.pdf

Industry resources

Note: ICAA does not endorse or recommend organizations listed here.

Accountable Care Organizations (ACOs): General Information
Programs, case studies, toolkit
<https://www.cms.gov/priorities/innovation/innovation-models/aco>

Guiding an Improved Dementia Experience (GUIDE) Model
Model supports people with dementia and reduces strain on unpaid caregivers
<https://www.cms.gov/priorities/innovation/innovation-models/guide>

Medicare Special Needs Plans
<https://www.medicare.gov/health-drug-plans/health-plans/your-coverage-options/SNP>

Medicare Advantage: A Policy Primer
The Commonwealth Fund
<https://www.commonwealthfund.org/publications/explainer/2024/jan/medicare-advantage-policy-primer>

Better Medicare Alliance
Advocates for Medicare Advantage
<https://bettermedicarealliance.org/>



Providers

Better Health Group
provider network that manages patients in Medicare Advantage plans, Medicare ACOs, Managed Medicaid and commercial plans
<https://www.betterhealthgroup.com/>

Centerwell Senior Primary Care
primary care, home health and pharmacy through Original Medicare and Medicare Advantage plans; a division is an ACO
<https://www.centerwellprimarycare.com/>

Curana Health
primary care within Medicare Advantage and an ACO for senior living and skilled nursing operators
<https://curanahealth.com/>

Oak Street Health
primary care for Medicare and Medicare Advantage beneficiaries; a division is an ACO
<https://www.oakstreethealth.com/>

Operators

360Well
Wellness circles of mind, body, spirit and community
Watermark Retirement Communities
<https://www.watermarkcommunities.com/why-watermark/signature-programs/360well/>

Acts health services
Acts Retirement-Life Communities
On-site primary care in 26 communities
<https://www.actshealthservices.org/>

Connect4Life
Juniper Communities
integrates medical services and coordinates care
<https://junipercommunities.com/integrated-senior-care/connect4life-overview/>

Erickson Advantage health plan
Erickson Senior Living
<https://www.ericksonadvantage.com/>

The Perennial Consortium
Helps senior living operators set up their own plans
<https://perennialadvantage.com/>

Value-Based Care Alliance
Regional coalition of senior living organizations
Serviam Care Network
<https://via.serviam.org/blog/an-introduction-to-value-based-care-for-senior-living-operators/>

Endnotes

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APPENDIX

Outcomes for wellness and healthcare	
Outcomes	Metrics
Occupancy	Age at move-in
	Resident and customer referrals to potential customers
	Wellness participants satisfaction with quality of life
	Wellness one of primary reasons for move-in
Length of stay	Resident satisfaction (because of wellness participation)
	Resident self-rated health (compare wellness participants to nonparticipants)
	Participant satisfaction
	Family satisfaction
Employee turnover (retention and reason for leaving)	Employee engagement
	Employee satisfaction
	Employee referrals to potential staff
Clinical indicators and functional outcomes	Falls resulting in injury
	Falls correlation to prevention programs
	Falls correlated to daily activities, e.g., going to dinner or travel
	Transition to higher level of care
	Hospital admission/readmission rate
	Cognitive indicators meet program goals
	Gait and mobility assessment
	Activities of daily living assessment
	Functional goals identified and progress assessed
	Fitness assessment
Program, activity or initiative performance	Participant engagement
	Participation, attendance
	Program goal and objectives met
	Before and after outcomes
	Participant satisfaction rating
Sources: ICAA Forum 2022: Funding the new wellness model in senior living; ICAA/ProMatura Wellness Benchmarks for Senior Living National Report 2017	

Well-care objectives checklist			
Date:			
Scheduled	In process	Completed	
			Objective: Wellness integration
			Audit of wellness programs, places and staff
			Wellness audit findings analyzed
			Changes made to integrate wellness with preventive healthcare
			Care and wellness plan written for each resident
			Owner of the care and wellness plan identified
			Marketing messages assume wellness and healthcare are equal
			Sales scripts explain participation in wellness lifestyle is assumed
			The name “wellness” removed from a single department
			Staff educated on the dimensions of wellness
			Job descriptions include the wellness philosophy
			Wellness training for managers and supervisors
			Staff wellness program launched
			Staff incentivized to participate in wellness
			Objective: Person-centered wellness with care
			Wellness-healthcare dynamic embedded into marketing
			Wellness-healthcare dynamic embedded into sales
			Wellness-healthcare dynamic embedded into operations
			Caregiver schedules allow more time with each resident
			Menus and café items emphasize high-quality foods
			Healthcare staff educated on wellness-centered care
			Wellness staff have the skills for cross-functional collaboration

Well-care objectives checklist			
Date:			
Scheduled	In process	Completed	
			Objective: Organizational readiness
			Purpose and objectives of the well-care model align with the organization's values
			Purpose and objectives of the well-care model align with the organization's goals
			Executives commit to investigating accountable care providers
			Executives commit to investigating Medicare Advantage plans
			Clinical leader committed to planning well-care integrations
			Financial scenarios developed
			Training programs for staff developed
			Objective: Collaboration
			In-house and external representatives plan well-care integrations
			Residents and family members plan well-care integrations
			Expert facilitator leads planning meetings and committees
			Goals, responsibilities and expected outcomes documented
			Planning timeline established
			Objective: Outcomes and data analytics
			Technology able to collect data from multiple sources
			Technology collects data from fitness, nutrition, evidence-based activities, healthcare
			Dashboard includes wellness, care, resident satisfaction, finance
			Senior living outcomes aligned with healthcare outcomes
			Dashboard of KPIs formatted
			Continuous training of managers and staff in budget



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