

HEALTH ENHANCEMENT ORGANIZATION (HEO)

Falls and Fracture Reduction Pilot Program

PILOT DURATION 12 months	TARGET POPULATION 50,000 adults age 65 and older
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PURPOSE

To evaluate whether a simple, scalable Health Enhancement Organization (HEO) intervention program can reduce falls, fractures, disability, imaging utilization, specialist referrals, emergency department visits, and hospitalizations among adults aged 65 years and older.

PRIMARY OUTCOME GOALS

- 30% reduction in hip fractures
- 30% reduction in wrist (Colles') fractures
- 10% reduction in other fall-related fractures
- 20% reduction in MRI utilization for back, hip, and knee pain
- 30% reduction in musculoskeletal specialist referrals
- Improved balance, mobility, and patient confidence
- Improved patient satisfaction

EXPECTED MECHANISMS

- Improved balance and fall prevention
- Increased lower-extremity strength
- Increased shock absorption through preserved muscle mass
- Improved posture and gait mechanics
- Greater patient engagement in health preservation

EXECUTIVE ROI SUMMARY

Financial opportunity and strategic value

FINANCIAL OPPORTUNITY

Hip fractures remain among the most expensive and disabling injuries affecting older adults. Estimated direct and indirect costs commonly include:

- Hospitalization and surgery
- Rehabilitation and skilled nursing placement
- Home health services and readmissions
- Long-term disability

Even modest reductions in falls and fractures can generate substantial healthcare savings while improving quality of life and independence.

ADDITIONAL POTENTIAL SAVINGS

- Reduced emergency department utilization
- Reduced hospitalization rates
- Reduced advanced imaging utilization
- Reduced orthopedic and spine referrals
- Reduced physical disability
- Reduced caregiver burden

STRATEGIC VALUE

The HEO model is designed to complement - not replace - existing healthcare services. The objective is to strengthen health enhancement efforts upstream of disease progression, disability, and costly healthcare utilization.

GUIDING PRINCIPLE

America performs exceptionally well in acute interventions and disease management.

We can do better in health enhancement to reduce chronic disease burden before disability occurs.

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