UTAH STATE LEGISLATURE

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Dear Senators Collins and Casey,

Thank you for soliciting recommendations to reduce older Americans' risk of falls and fall-related injuries. The following suggestions are submitted by the Utah Falls Prevention Alliance, a group of diverse stakeholders dedicated to reducing falls and fall injuries in Utah's older adult population. We work to increase public awareness of the steps older adults and their families can take to prevent falls, and build connections between our healthcare providers, Emergency Medical Services, Area Agencies on Aging, and health insurers to improve coordination of care. We appreciate the opportunity to be part of this important discussion.

Regards,

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Utah Falls Prevention Alliance

Introduction

One in three adults ages 65 years and older will fall each year. Falls are the third leading cause of chronic disability and account for half of injury related hospitalizations. Falls are often considered to be a marker of other medical conditions such as medication issues, deterioration in medical conditions or an indicator of progressive frailty. Risk factors for falls include poor vision, psychoactive medications, reduced muscle strength and impaired balance and gait. Addressing simple risk factors can decrease falls by up to 24%.

The average cost of a fall is $9,700. Between 9,563 and 45,164 medically treated falls could be prevented annually by addressing risk factors. Estimates for the associated costs to Medicare averted range from $94 million to $442 million. Falls are preventable with appropriate evaluation, intervention, and coordination of care.

Reporting and Follow-Up

According to the Utah Department of Health's Bureau of Emergency Medical Services (EMS) and Preparedness, EMS agencies in 2017 responded to 20,000 calls from older adults for assistance after a fall. Nearly 50% of those calls were not transported to the Emergency Department. Falls that do not result in transport to the ED, are undetected by healthcare providers. This represents a missed opportunity to prevent future falls.

In addition, analysis of Utah EMS data has identified an important area of under-reporting. 911 calls not requiring patient medical assistance are dispatched as "Fire" calls. "Fire" call data is not reported to the Department of Health's Bureau of EMS and subsequently not included in the overall fall count.

Notifications of a fall can avert several thousands of dollars in hospitalization as well as maintain the independence of our older adults. Notifications of hospital events – admissions and discharges – from the inpatient and emergency setting have already proven their efficacy in reducing readmissions.

Recommendations to improve reporting and follow-up:

- 911 dispatch centers should be encouraged to code fall calls as a medical call to better capture the true extent of fall calls.
- EMS data needs to be shared with the healthcare community through a central Health Information Exchange. This can be achieved directly through individual connections with EMS agencies or through the State EMS registry.
- Combine the EMS data with the patient's medication history and co-morbidities. Pulling the patient's data from disparate sources provides a complete picture of the patient's health.
- Create an algorithm using the combined patient data to identify patients at risk for a future fall.
- Send an alert to the appropriate provider or case manager notifying them of their patients who are at risk for another fall. With this notice, the provider or case manager can intervene by providing the follow up needed to prevent a future fall.
- Provide training for the providers and case managers on successful interventions to prevent future falls.

Tools and Resources

The tools and resources below were developed by the Centers for Disease Control and Prevention (CDC) and the Utah Department of Health to assist older adults in making health behavior changes that reduce fall risk. Increasing awareness of online and community resources such as these, would empower many older adults to make important health behavior changes to reduce fall risk.

- The CDC's "My Mobility Plan", provides retirement-aged adults with information about how to stay safe, mobile, and independent as they age.
- The Utah Department of Health's Living Well website gives detailed information on evidence-based fall prevention classes offered throughout the state and offers online registration.
- The Utah Falls Prevention Alliance's website informs seniors and their caregivers about specific strategies to reduce fall risk and provides links to current research, fall prevention programs, and community resources.
- Evidence-based fall prevention programs, such as Otago, Stepping On, Enhance Fitness, and Tai Chi for Health/Arthritis improve strength, balance and mobility. Overall, programs which focus on balance training can reduce fall rates by more than 17%.

A U.S. Department of Housing and Urban Development report cited several major obstacles to adopting and implementing policies and programs for preventing falls among the elderly.

- A lack of consistent, long-term funding and services.
- The inability to recruit and engage seniors in fall prevention activities.
- A lack of uniformity on research methodology (i.e. the difficulty in comparing the effectiveness of programs because of the various ways intervention studies are conducted).

Medicare Coverage

Recommendations for improving Medicare coverage and reimbursement for fall-related services are below.

- Provide coverage for home safety devices, such as grab bars and low-entry shower retrofits.
- Provide allowance for home-based programs for any beneficiary other than those significantly home bound. Many of the older population does not meet the criteria of home-bound, but costs for travel to a program twice a week for 25 weeks is prohibitive. This travel is actually unnecessary when appropriate home based and tele-based programs are available.
- Expand coverage for vision assist devices and glasses. Visual disturbance is a key contributor to falls and coverage for vision assist devices is extremely limited.

Evidence Based Practice and Coordination of Care

We recommend the development of a comprehensive, national plan for reducing older adult falls that is evidence-based and borrows techniques from other prevention programs such as the National Diabetes Prevention Plan and the Million Hearts Campaign.

Essential elements of a plan would include:

- Assembly of a national task force to develop an action plan.
- Implementation of a national standardized fall risk screening measure, such as the Timed Up and Go or the 30-Second Chair Stand test.
- Increased adoption of the CDC's Stopping Elderly Accidents Deaths and Injuries (STEADI) toolkit. STEADI is a comprehensive set of materials that provides a foundation for primary care providers and other healthcare professionals to systematically evaluate and address fall risk.
- Elimination of barriers preventing Emergency Medical Services from sharing 911 call data for older adult falls with healthcare professionals and social service agencies in order to provide continuity of patient care.

- Incentives for individuals working with frail older adults, such as first responders and Area Agency on Aging case managers, to identify older adults at high fall risk, conduct home safety assessments, and refer those at risk to healthcare providers and community services.
- Emphasis on coordinating care between Emergency Medical Technicians, healthcare professionals, Area Agencies on Aging, public health, and insurers.
- Public awareness campaign to convey the message that falls occur frequently but are often preventable. This may help de-stigmatize the occurrence of falls and encourage people who are falling to take steps to address their modifiable fall-risk factors.

Polypharmacy

Medication use is a modifiable risk factor for falls. As a general practice, medications should be reviewed annually to eliminate unnecessary meds and taper doses when appropriate. Evaluating for medication side effects minimizes potentially additive fall-related effects when new medications are added. Consultation with a pharmacist can help with these efforts.

Several online tools exist that can assist prescribing providers in determining appropriate medications and dosages to reduce fall risk.

- The American Geriatrics Society Beers Criteria, last updated in January 2019, addresses potentially inappropriate medication use for older adults, including medications to eliminate or avoid for patients with a history of falls or fractures.
- The Screening Tool of Older Persons' potentially inappropriate Prescriptions (STOPP) criteria and the Screening Tool to Alert doctors to Right Treatments (START) criteria.

There is a need for increased research in the U.S. that more clearly delineates which specific medication attributes are most closely linked to falls outcomes, and what types of medication interventions are most effective in improving fall-related morbidity and mortality. There is also an opportunity for research on whether any medications might be protective of falls.

Post-Fracture Care

Prevention and risk management aspects for most post-fracture protocols depend heavily on a patient's access to rehabilitative services, i.e. home health care, skilled nursing, physical therapy and occupational therapy. The biggest barrier for post-fracture care can be the ability of the patient to absorb the costs associated with rehabilitation care, such as transportation to an outpatient facility or the high cost of co-pays for Physical or Occupational Therapy.

The following are recommendations to improve post-fracture care:

- Waive rehabilitation co-pays for post-fall care.
- Provide free or low-cost rides to outpatient services.
- Increase funding for home modifications, such as ramps, stair rails, and proper lighting.
- Provide adequate funding for assistive devices to ensure safe mobility.