“Future Risk of Falls—Care Planning and Prevention”
July 2016
ACO Announcements

• Reminders:
  – ACO Notifications
  – Requests for Tax ID information from PECOS
• 2016 MSSP Population Reports
  – Upcoming provider/Office manager meetings:
    • Annual Wellness Visit campaign
      – Regional Office manager meetings
      – July 20th Mercy Hospital
      – July 27th St Joes Hospital
    • 9/13/2016 Primary Care Surgical Specialty Meeting
    • 11/10/2016 Primary Care Meeting
Agenda

• ACO Falls Risk Measurement/Alignment with Clinical Integration Program
• Falls Risk Screening/Care Planning
• Falls Risk Prevention
• Catholic Health Resources
• Q&A section
Screening for Falls Risk Rationale

- Underlying causes: Multiple, diverse, overlapping
- Substantial cost and Resource use
- Structured process- American geriatrics society and British Geriatrics Society Practice guidelines
Quality Measurement: Domains

34 quality measures are separated into the following four key domains that will serve as the basis for assessing, benchmarking, rewarding, and improving ACO quality performance:

1. Patient/Caregiver Experience
2. Care Coordination/Patient Safety
3. Preventive Health
4. Clinical Care for At Risk Population
## ACO Care Coordination/Patient Safety

<table>
<thead>
<tr>
<th>Domain</th>
<th>Measure Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 Care Coordination / Patient Safety</td>
<td>Risk Standardized, All Condition Readmission</td>
</tr>
<tr>
<td>9 Care Coordination / Patient Safety</td>
<td>Ambulatory Sensitive Conditions Admissions: COPD (AHRQ Prevention Quality Indicator (PQI) #5)</td>
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<tr>
<td>10 Care Coordination / Patient Safety</td>
<td>Ambulatory Sensitive Conditions Admissions: CHF (AHRQ Prevention Quality Indicator (PQI) #8)</td>
</tr>
<tr>
<td>11 Care Coordination / Patient Safety</td>
<td>Percent of PCPs who Qualify for EHR Incentive Payment</td>
</tr>
<tr>
<td>13 Care Coordination / Patient Safety</td>
<td>Falls: Screening for Fall Risk</td>
</tr>
</tbody>
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ACO #13 (CARE 2): Screening for Future Fall Risk

• **Description:**
  – Percentage of patients 65 years of age and older who were screened for future fall risk during the last 12 months.

• **What is required?**
  – Completion of a fall risk screening. The screening may be done with a formal screening tool as long as it fulfills the fall history documentation requirements.

• **Where can the Falls Screening be completed?**
  Must take place in a healthcare setting.

ACO #13 (CARE 2): Screening for Future Fall Risk cont.

• **Who may perform the Falls Screening?**
  Any healthcare professional may perform a fall risk screening.

• **What are the documentation requirements for the Falls Screening?**
  The patient’s medical record must contain:
  Documentation of any of the following regarding the patient’s past history of falls:
  • No falls
  • One fall without major injury
  • Two or more falls
  • Any fall with major injury
  “Have you fallen in the past year? How many times? Did any one of the falls result in a major injury?”

Catholic Medical Partners Clinical Integration

- Catholic Medical Partners Clinical Integration Program
  - Prevention measures, At Risk Populations (Diabetes, Heart Failure, Coronary Artery Disease), Care Management
  - 8 Prevention related measures
  - Falls Risk goal is 73.38%!
FALLS RISK CARE PLAN/PREVENTION
WHAT IS A “FALL”? 

Definition of a FALL:
A sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of a sudden onset of paralysis, epileptic seizure, or overwhelming external force. * 

WHO is at risk for future falls????
Patients who have had a fall in the past year or any fall with injury in the past year. 

* NCF Measure 101/CMS ACO GPRO Measure
Falls Risk

- Falls are the leading cause of injury and accidental death in adults over the age of 65 years.
- New or unfamiliar surroundings, improper footwear, cumbersome furniture arrangements and distractions all can cause a person to accidentally stumble and fall, causing serious injury and even death.
Falls Prevention

• Falls Risk Screening performed within the office
• Physical Therapy Treatment
• Implementing Prevention Practices at home
NAME: _______________________________

<table>
<thead>
<tr>
<th>BALANCE (if yes, let your doctor know)</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you slipped or fallen in the last year?</td>
<td></td>
<td></td>
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<tr>
<td>Are you afraid that you will fall?</td>
<td></td>
<td></td>
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<tr>
<td>Have you lost consciousness with your fall?</td>
<td></td>
<td></td>
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<tr>
<td>Did you need assistance to get up?</td>
<td></td>
<td></td>
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<tr>
<td>Do you ever feel like you or the room is spinning?</td>
<td></td>
<td></td>
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<tr>
<td>Do you get dizzy when you stand up?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you get dizzy when moving your head quickly or rolling over in bed?</td>
<td></td>
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<tr>
<td>Have you had an eye exam in the past year?</td>
<td></td>
<td></td>
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<tr>
<td>Do you use a device or assistance to get around (cane/walker/a person/walls/furniture)?</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICATIONS THAT MAY MAKE YOU FALL: (if you have more than 4 medications, let your doctor know)</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you take medications for:</td>
<td></td>
<td></td>
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<tr>
<td>Blood Pressure/Heart Problems</td>
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<td></td>
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<tr>
<td>Anxiety/Nervousness/Depression</td>
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<tr>
<td>Parkinson's/Seizures/Neurologic Condition</td>
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<tr>
<td>Urinary Incontinence</td>
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<td></td>
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<tr>
<td>Pain</td>
<td></td>
<td></td>
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<tr>
<td>Over the counter cold medication/allergies</td>
<td></td>
<td></td>
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<tr>
<td>Sleeping</td>
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<tr>
<td>&quot;Water Pill&quot;</td>
<td></td>
<td></td>
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<tr>
<td>Any history of drug/alcohol abuse?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin/Herbal Supplements?</td>
<td></td>
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</tbody>
</table>
NAME: ____________________________

<table>
<thead>
<tr>
<th>IS YOUR LIVING ENVIRONMENT SAFE?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a lightbulb at the top and bottom of your stairways inside and outside?</td>
<td></td>
<td></td>
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<tr>
<td>Does your shower/tub have non-slip mats?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your stairway have sturdy handrails on both sides?</td>
<td></td>
<td></td>
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<tr>
<td>Is it easy to get in and out of the tub or up from the toilet?</td>
<td></td>
<td></td>
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<tr>
<td>Are papers, shoes, or other objects on the stairway?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is your carpeting loose/torn or any throw rugs?</td>
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<td></td>
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<tr>
<td>Is there a light near your bed that is easy to reach?</td>
<td></td>
<td></td>
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<tr>
<td>Is the path from your bed to the bathroom lit?</td>
<td></td>
<td></td>
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<tr>
<td>Are you able to leave your home safely?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you avoid leaving your home because of a fear of falling?</td>
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</table>

(you may benefit from an exercise program...)

| Do you exercise regularly outside of your home? | | |
| Are you interested in participating in an exercise program in the community? | | |
| Are you interested in participating in an exercise program at home? | | |

Timed Up and Go Results

- High Risk: 60-69yo >9.0 secs; 70-79yo >10.2sec; 80-99yo >12.7sec

SLS Results

- High Risk: 60-69yo <27.0 secs; 70-79yo <17.2sec; 80-99yo <8.5sec
Case Study:

• An 84 year old female presents to the PCP office for a Transition of Care follow-up appointment.
• She was recently discharged from the hospital with a diagnosis of Transient Ischemic Attack (TIA). She has a past medical history of breast cancer, anxiety, age related vision changes and frequent falls.
• Patient states she was home alone when she suddenly became confused, had difficulty swallowing, and became unsteady; she called her daughter in Ohio who then called 911.
• The patient was then admitted to rule out a stroke.
Patient Assessment

The Care Manager performs an assessment on the patient using the care management annual assessment template due to the change in the patient’s health status. The Care Manager finds that the patient has:

- **Barriers to care**: Physical, frequent falls, decreased vision. Access, relies on senior van for transportation to appointments
- **Risk Factors**: Anxiety, patient lives alone, reduced support system, frequent falls
Patient Self Management Care Plan

- **Problem:** Frequent falls and safety in home
- **Patient’s Goal:** “I want to stay independent in my home”
- **Intervention:** CHS Partners in Rehab educational materials provided. Patient given Checklist to Make Your Home Safer from Falls. Referred patient for evaluation to Partners in Rehab for Physical Therapy. Suggested consideration of vitamin D supplementation. Patient will attend scheduled specialist appointments with Neurology and Ophthalmology.
- **Follow Up:** Patient to discuss vitamin D use with provider. Care manager will follow up with patient in 2 weeks to ensure patient completed home safety checklist, Physical Therapy Evaluation completed, Neurology appointment attended and consult received. Patient has PCP follow up appointment in one month.
CHECKLIST TO MAKE YOUR HOME SAFER FROM FALLS

ROOMS
- Make sure you have a clear path to walk through a room and that you do not have to walk around furniture.
- Always keep objects (e.g., shoes, books, etc.) off the floor and keep the stairs clear of clutter.
- Place cords, wires, or cords next to the wall so you will not trip over them.
- Make sure there is good lighting in all rooms, especially on the stairs and outside, and ensure that the light switches are easily accessible.
- Move items that you use most often are on the lower shelves (about waist height).

STAIRS
- Be sure that there are handrails on both sides of your staircase.
- If you have slippery steps, use adhesive stair treads or a carpet runner.
- Paint or tape a contrasting color to the top edge of all steps so you can see it better.
- Be sure all steps outside are safe and that they have railing.

BATHROOM
- Put a non-slip rubber mat or solo stick strips on the floor of the tub/shower.
- If you need extra support when you get out of the tub or toilet, have grab bars installed and if bars are already present, be sure that the placement is correct.

BEDROOM
- Place a night light and a cordless phone close to your bed where it is easy to reach.
- Place night lights along any path you might use during the night time.
Screening For Future Fall Risk:

Why screen?

1. First and foremost: For the good of the patient and the right thing to do--Family physicians/practices have a pivotal role in screening older patients for risk of falls, and applying preventive strategies for patients at risk. (GPRO version 6.0, al-Aama2011)

2. It is an ACO quality metric

3. It is part of the CMP Clinical Integration Program and is incentivized.
You’ve identified a patient at risk for falls…

NOW WHAT?
Data Collection

- June 17th- ACO Lunch and Learn- “Screening for future risk of falls- when and why it is important”
- Collected information from new patients referred to outpatient therapy
- Averaged 129 new patients/month
Data Collection cont.

- Per month: 39 reported fall within last year; 21 reported multiple falls; 22 reported injury after a fall
- Risk factors: Vertigo, neurological disorders, multiple co-morbidities, weakness
- Only 2-3 patients reported they were referred for therapy specifically due to falls risk (verified from MD order)
Case Study 1

- 90 year old male
- PMH: Interstitial lung disease, subdural haematoma, Alzheimer’s
- Fell 1 year ago- fractured ribs and clavicle, subdural haematoma
- Fell 1 month ago- concussion
- They notice he happens to lose his balance and fall more often later in the day.
Case Study 1 cont.

- Strength, Range of Motion, Sensation normal
- Tinetti Score: 26/28; Balance unremarkable
- BP: 150/80; HR: 66 bpm
- Oxygen: 91% at rest; 86% after walking 20 feet
- Supplemental oxygen at night only
Case Study 1 cont.

- Called MD and discussed findings
- Ordered O₂ throughout the day
- Wife checked his pulse ox- down to 78% at times (without O₂)
- Balance and energy improved
- After 3 weeks, patient and spouse reported no falls or significant loss of balance
Benign Paroxysmal Positional Vertigo (BPPV)

• Canalithiasis – (Most common form) – debris (otoconia) from utricle is floating in the endolymph in the semi circular canal. Symptoms last for less than 60 seconds.
• Cupulolithiasis – (Least common) – debris is displaced into the semi circular canal and attaches to cupula, or gets stuck. Symptoms lasts greater than 60 seconds.
Testing for BPPV

- Hallpike test – tests for involvement of the posterior / anterior canals. Looking for upbeating vs. downbeating. Upbeating is the involvement of the posterior canal. Down beating – we are looking at the anterior canal.
- Roll test – testing for involvement of the horizontal canal. Geotropic or Ageotropic (towards earth / away from earth).
Treatment options:

• Eppley Maneuver – 90% effective for posterior canal canalithiasis
• Liberatory for anterior canal / posterior canal with Cupulolithiasis.
• Gufoni (Appiani) Maneuver for horizontal canal canalithiasis
• Brandt Daroff - for anterior / posterior canal
BPPV Video

• https://www.youtube.com/watch?v=ZM78NpiX1vc
Vertigo

Are there associated Neurologic Symptoms?

No

Peripheral
Attacks sudden, severe lasting seconds or minutes
Nystagmus horizontal, worsened by head position
No neurologic findings
Auditory findings may be present

Yes

Central
Attacks gradual, mild usually present for weeks or months
Nystagmus horizontal/rotary/vertical
Little change with head position
Neurologic findings present
No auditory findings

BPPV
No specific cause, short lived, positional episodes

Meniere’s
Tinnitus, hearing loss, attacks in clusters, long symptom free intervals

Vestibular Neuronitis
Severe vertigo for days, mild positional vertigo, No auditory symptoms

Acoustic Neuroma
Peripheral cause that can become central. Vertigo, hearing loss, Tinnitus

Labyrinthitis

Acute Suppurative
Toxic patient, Severe vertigo, Hearing loss

Serous
Non toxic, milder symptoms, nearby infection

Toxic
Hearing loss, tinnitus, Medication exposure

Chronic
Symptoms due to fistula
Case Study 2

- 73 year old female
- 2 week history of Vertigo. Onset while walking dog and quickly moving her head.
- Has had vertigo in the past – so she tried to treat herself. Has not helped.
- Symptoms present with rolling to right side and getting out of bed. Last only for 15 seconds then go away. Otherwise she has no symptoms.
- No medications for this condition are currently being taken.
Case Study 2 cont.

- Testing: Saccades / smooth pursuits were within normal limits
- Dix-Hallpike to right: Positive with immediate onset of upbeat nystagmus which lasted approx. 15-20 seconds.
- Eppley maneuver performed to right side while in that position.
- Patient was placed in chair and rested for 10 minutes.
- Retested Dix-Hallpike to right side – No symptoms provoked.
- Patient was then told to sleep somewhat reclined for evening and avoid sleeping on right side as well.
- Patient to call with update in one week.
What can you do to reduce the risk of falls with your Patients?

- The most effective program is **multi-factorial**. This means using more than one strategy:
  - Physical Activity
  - Education
  - Environmental Modifications
  - Fall Risk Assessment
  - Review of Medications
What does a falls Risk PT referral entail?

- Thorough History
- Posture assessment
- Footwear assessment
- Vestibular/Musculoskeletal/Neurologic screen
- Gait assessment
- Functional testing
  - Timed up and go (TUG), Five Time Sit to Stand (FTSTS)
- Balance Testing
  - Berg Balance Scale, Tinetti, POMA, Single/Tandem leg Stance
Physical Therapy Treatment

• Education (home safety)
• Vestibular Rehab (BPPV, Vestibular hypo-function)
• Strengthening Program
• Stretching/ROM
• Balance activities
• Gait training
Catholic Health Resource for Fall Assessment and Interventions

Falls Risk Screening (MD office)
- Refer for Home Assessment
- Refer to CI PT (vestibular/balance/HT/ neuropsychological)
- Refer to Other Specialist (neurology/ophthalmology/cardiologist)

PT Falls Risk Assessment:
- NO history of falls will dictate specific PT Assessment:
  - Vestibular
  - Orthopedic
  - Neurological
- All assessments include:
  - ILS
  - TUG
  - ANOVA, as indicated from eval
  - Timed Stance
  - Berg/Timed/ROMA

PT Interventions:
- Vestibular:
  - Vestibular strengthening/balance exercises
- HT & Falls Prevention
  - Education
  - Community Exercise Referral
- HOME Assessment Referral
Falls Interventions - RESOURCES

Outpatient Rehabilitation:
Rehab, Wellness, and Injury and Fall Prevention

Convenient Locations:
Catholic Health Partners in Rehab

AthletiCare North:
1495 Military Road
Kensington, NY 14217
Phone: (716) 447-6037

AthletiCare South:
3669 Southwestern Blvd,
Orchard Park, NY 14127
Phone: (716) 828-2455

Partners in Rehab:
Mercy Diagnostic Center
94 Olcott Street
East Aurora, NY 14052
Phone: (716) 828-3700

Sisters of Charity Hospital,
St. Joseph Campus
2805 Harlem Road
Cheektowaga, NY 14225
Phone: (716) 891-2703

Mercy Diagnostic and Treatment Center
550 Orchard Park Road
West Seneca, NY 14224
Phone: (716) 827-5022

Partners in Rehab:
6599 Transit Road
Depew, NY 14043
Phone: (716) 634-0649

Sisters of Charity Hospital
2157 Main Street
Buffalo, NY 14214
Phone: (716) 862-1170

Catholic Health

Interventions based on assessment results may include:
- Vestibular Rehab
- Home Exercise Program and Falls-Prevention Education
- Therapeutic Exercise/Stretching/Balance Exercises
- Community Exercise Referral
- Home Assessment Referral

Falls Risk Assessment includes screening of:
- Vestibular Function
- Musculoskeletal System (Strength, ROM)
- Neurologic Function

All assessments include:
- Single Leg Stand
- Timed Up and Go
- And/or ... dependent upon evaluation
- Tandem Stance
- Berg/Elderly/POMA

To find out more, visit www.chbhsufftdo.org/rehab or call (716) 447-6265
QUESTIONS
Announcements

• Next Lunch & Learn: 8/17/2016
• Topic: “2016 CMS Quality Measures-How can we be successful?”
• 2016 MSSP Population Reports
  – Upcoming provider/Office manager meetings:
    • Annual Wellness visit campaign
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