"Screening for Future Risk of Falls-When & Why Important"
June 2015
ACO Announcements

• Reminders:
  – ACO Notifications,
  – Requests for Tax ID information from PECOS
Agenda

• ACO Falls Risk Measurement/Alignment with Clinical Integration Program
• Falls Risk Screening
• Falls Risk Assessment
• 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

33 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><strong>Risk Standardized, All Condition Readmission</strong></td>
</tr>
<tr>
<td>9  Care Coordination / Patient Safety</td>
<td><strong>Ambulatory Sensitive Conditions Admissions: COPD</strong></td>
</tr>
<tr>
<td></td>
<td>(AHRQ Prevention Quality Indicator (PQI) #5)</td>
</tr>
<tr>
<td>10 Care Coordination / Patient Safety</td>
<td><strong>Ambulatory Sensitive Conditions Admissions: CHF</strong></td>
</tr>
<tr>
<td></td>
<td>(AHRQ Prevention Quality Indicator (PQI) #8)</td>
</tr>
<tr>
<td>11 Care Coordination / Patient Safety</td>
<td><strong>Percent of PCPs who Qualify for EHR Incentive Payment</strong></td>
</tr>
<tr>
<td>13 Care Coordination / Patient Safety</td>
<td><strong>Falls: Screening for Fall Risk</strong></td>
</tr>
</tbody>
</table>
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%**!
Why focus on falls?
FACTS ABOUT FALLS...

• Falls are a public health problem that is largely preventable for millions of adults aged 65 and older.

• 1 out of 3 older adults falls each year but less than half talk to their health care providers about it.

• Falls are the leading cause of both fatal and nonfatal injuries in the older adult.

• In 2013, 2.5 million nonfatal falls among older adults were treated in the emergency department and more than 734,000 of these patients were hospitalized.

• In 2013, the direct medical costs of falls, adjusted for inflation, were $34 Billion.

FACTS ABOUT FALLS...

Outcomes linked to falls:

• 20-30% of people who fall suffer moderate to severe head injuries such as lacerations, hip fractures, and head traumas. (impacts independence)
• Falls are the most common cause of traumatic brain injuries (TBI)
• About ½ of fatal falls among older adults are due to TBI
FACTS ABOUT FALLS…

Outcomes linked to falls:

- Most fractures among older adults are caused by falls. The most common are fractures of the spine, hip, forearm, leg, ankle, pelvis, upper arm, and hand.
- Many people who fall, even if not injured, have a fear of falling. This fear may cause them to limit their activities, which leads to reduced mobility and loss of physical fitness, and in turn increased their actual risk of falling (CDC)
FACTS ABOUT FALLS...

• The death rates from falls among older men and women have risen sharply over the past decade.

• In 2013, about 25,500 older adults died from unintentional fall injuries.

• Men are more likely than women to die from a fall. –The fall death rate is approximately 40% higher for men than for women.
FACTS ABOUT FALLS…

• Older whites are 2.7 times more likely to die from falls as their black counterparts.

• Rates also differ by ethnicity – older non-Hispanics have higher fatal fall rates than Hispanics.

• People age 75 and older who fall are 4-5 times more likely than those age 65-74 to be admitted to a long-term care facility for a year or longer (CDC).
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 SCREENING FOR FUTURE FALL RISK

**DESCRIPTION:** Percentage of patients 65 yrs. of age and older who were screened for future fall risk during the measurement period.

**DENOMINATOR / INITIAL PATIENT POPULATION:**
Patients 65 years and older with a visit during the measurement period. NO EXCLUSIONS.

**DENOMINATOR EXCEPTIONS:** patient is not ambulatory.

**NUMERATOR:** Patients who were screened for future fall risk at least once within the measurement period.
SCREENING FOR FUTURE FALL RISK:

All persons 65 and older who are under the care of a health professional (or their caregivers) should be asked at least once a year about falls.

PATIENTS ARE CONSIDERED AT RISK FOR FUTURE FALLS IF THEY HAVE HAD 2 OR MORE FALLS IN THE PAST YEAR OR ANY FALL WITH ANY INJURY IN THE PAST YEAR.

Anyone in office can ask this question and document in EMR.
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.
FUTURE FALL RISK? NOW WHAT…..

• Older persons who present for medical attention because of fall, report recurrent falls in the past year, or demonstrate abnormalities of gait and/or balance should have a fall evaluation performed. This evaluation should be performed by a clinician with appropriate skills and experience, which may necessitate referral to a specialist such as a physical therapist.
FALLS ASSESSMENT

A falls assessment (after a screening) should include the following, but are not limited to:

- A history of falls circumstances
- Review of all medications and doses
- Evaluation of gait and balance, mobility levels and lower extremity function
- Examination of vision
- Examination of neurological function, muscle strength, proprioception, reflexes, and tests of cortical, extrapyramidal and cerebellar function
- Cognitive evaluation
- Screening for depression
- Assessment of postural blood pressure
- Assessment of heart rate and rhythm
- Assessment of heart rate and rhythm, and blood pressure responses to carotid sinus stimulation if appropriate
- Assessment of home environment

The falls risk assessment should be followed by direct intervention on the identified risk.
FRAIL ELDERLY POPULATION
Frail Elderly

What is FRAILTY?

• Low physical activity
• Muscle Weakness
• Slowed Performance
• Fatigue or Poor Endurance
• Unintentional Weight Loss

To be considered Frail, a person must have 3 or more of these characteristics.

Frail Elderly (cont’d)

Research has shown that individuals who:

- smoke
- persons with depression or long term medical problems
- those underweight

are more likely to become frail.
Vulnerability of Frail Elderly

Frail older adults are more likely to develop infections due to less than optimally functioning immune system. Simple infections may cause more harm, even death, for the frail elderly person than for a person of the same age who is healthy.

Malnutrition is also common among frail elderly. Loss of muscle mass (more than the healthy aging) may result from a diet low in protein. Because of inability to plan and prepare their own meals, frail elderly may not consume enough protein and calories to maintain their own body weight and health.
PREVENTION with Frailty

1. Physical activity (walking, balance, muscle mass)
2. Keep the mind active (crossword or number puzzles, card games, socializing) to maintain mental sharpness
3. Recognize and treat depression, other psychiatric illness, and medical problems to prevent progression of frailty
4. Maintain good nutrition with balanced diet (protein, fruits, vegetables, fiber, and fluids (esp. when warm weather is present)

# FALLS ASSESSMENT cheat sheet

## ANNUAL EXAM PROCEDURES
- **ALWAYS** ask pt. if fallen twice in past 12 mo or once with injury
- ASSESS gait
- ENCOURAGE exercise

## MEDICATION
- REVIEW meds for sedatives, antidepressants, anti seizure, antihypertensives (all assoc with falls)
- TREAT cognitive deficits with meds as appropriate

## FEET
- CHECK feet thoroughly
- ENCOURAGE proper footwear
- ASSESS pt. for neuropathy and tx.

## REFERRAL TO PT/OT
- IF ASSESSMENTS INDICATE FALLS RISK, ASSISTIVE DEVICES NOT USED PROPERLY, BALANCE IMPAIRMENTS, GAIT DEFICITS, STRENGTH DEFICITS

## ASSESSMENT OF POSITIVE SCREEN
- Timed UP and GO Score $>14$ sec
- Gait speed: male, 70s, $>3.08$ ft/sec  
  female, 70s, $>2.79$ ft/sec

## LIVING ALONG
- **ASK** pt. if he/she lives alone
- **ALERT** specialists or other referrals that pt. lives alone

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Accessed HCFWNY website 3/10/14, tool created by Geriatric Center of WNY
Falls Interventions

• Observe for balance or gait deficits and considered for their ability to benefit from interventions to improve strength and balance.

• A program of muscle strengthening and balance retraining, individually prescribed at home by a trained health professional

• Home hazard assessment and modification for those with a history of falling

• Withdrawal of psychotropic medication

• Multidisciplinary, multifactorial health/environmental risk factor screening/intervention programs for community dwelling older people

• OTHER
Falls Interventions

- Patient education handout on falls (website next slide)
- HOME SAFETY CHECKLIST handout (website next slide)
- Change in Medication
- Assistive Device
- Exercises for balance/strength
- Referral to Otology/Neurology/Audiology/Physical Therapy/Occupational Therapy/Nurse for home safety inspection/modifications/Optometrist or Ophthalmologist/Cardiologist/Neurologist/Mental Health Professional
You’ve identified a patient at risk for falls…

NOW WHAT?
Catholic Health Resource for Fall Assessment and Interventions

**Falls Risk Screening (MD office)**
- Refer for Home Assessment
- Refer to CH PT (vestibular/balance/MS/neuro)
- Refer to Other Specialist (Neuro/Ophthalmology/Cardiologist)

**PT Falls Risk Assessment:**
- MOI/History of falls will dictate specific PT Assessment:
  - Vestibular
  - Orthopedic
  - Neurologic
- All Assessments Include:
  - SLS
  - TUG
  - AND/OR, as indicated from eval:
  - Tandem Stance
  - Berg/Tinetti/POMA

**PT Interventions:**
- Vestibular: Ther Ex-strengthening/balance exercises
- HEP & Falls Prevention Education
- Community Exercise Referral
- Home Assessment Referral
Falls Interventions - RESOURCES

Catholic Health Partners In Rehab

Fall 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/Tinetti/POMA

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

Convenient Locations:

AthletiCare North:
1495 Military Road
Kenmore, 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 Olean Street
East Aurora, NY 14052
Phone: (716) 828-3700

Partners In Rehab:
Mercy Diagnostic and Treatment Center
550 Orchard Park Road
West Seneca, NY 14224
Phone: (716) 677-5022

Sisters of Charity Hospital
St. Joseph Campus
2605 Harlem Road
Cheektowaga, NY 14225
Phone: (716) 891-2703

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

To find out more, visit www.chsbuffalo.org/rehab or call (716) 447-6205
Falls Interventions - RESOURCES

• Your patient can access outpatient rehab for fall risk assessment and fall prevention…
  – Prescription for “fall risk assessment & treatment”
  – Fax/email script directly to the OP rehab clinic of patients choice with patient number and name and clinic will contact to schedule
Falls Interventions - RESOURCES


TOOLKIT:

CATHOLIC HOME RESPONSE
Catholic Home Response
Overview

• Catholic Health has over 30 years of PERS (personal emergency response service) experience.
• We offer various services to accommodate the needs of our subscribers.
• The basic service - which the majority of our subscribers have consists of a small waterproof button and base unit that utilizes a landline or digital service such as Time Warner cable or Verizon Fios.
Catholic Home Response

- Cellular based service is for those subscribers that no longer have a landline – once the button is pressed the unit transmits a signal to the Care Center via the closest cell tower in the area.
- Fall detection button – if the subscriber incurs a fall – the button automatically signals the Care Center without having to be manually pressed. (note) not all falls are detected. Signal depends on velocity and trajectory of each occurrence.
Catholic Health Home Response

• Mobile Care button - incorporates a fall detector and GPS locator in one button. There is not a base unit. The unit/button is worn around the neck and is ideal for the active senior who drives and goes for walks but may have some health issues.

COST

• Home Response works on a sliding fee scale based on subscriber income.
Catholic Health Home Response

Summary

• The majority of subscriber button presses are due to falls. (see attached incident report)
• While a Pers service will not prevent a fall the subscriber will get immediate help – early intervention which is a critical factor as it relates to the condition of the person who has fallen and gets help as soon as possible as opposed to the person that falls and remains on the floor for hours and possibly days!
Catholic Health Home Response

• Incident reports are available via e-mail for those physicians that would like to know if their patients have fallen or have been transported to the hospital.

For further information or if you need any Home Response brochures or information please call the Home Response Office at 447-6309.
Announcements

• Next Lunch & Learn: 7/15/2015
   Topic: "Screening for Clinical Depression and Follow up– Sheila Gould, Registered Nurse, Disease Management Coordinator
• Reminders: ACO Notifications, Requests for Tax ID information from PECOS

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