



South by Southwest Webinar, August 28

Integrating Falls Prevention into
Healthcare Systems



Meeting Orientation

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Integrating Falls Prevention into Healthcare Systems

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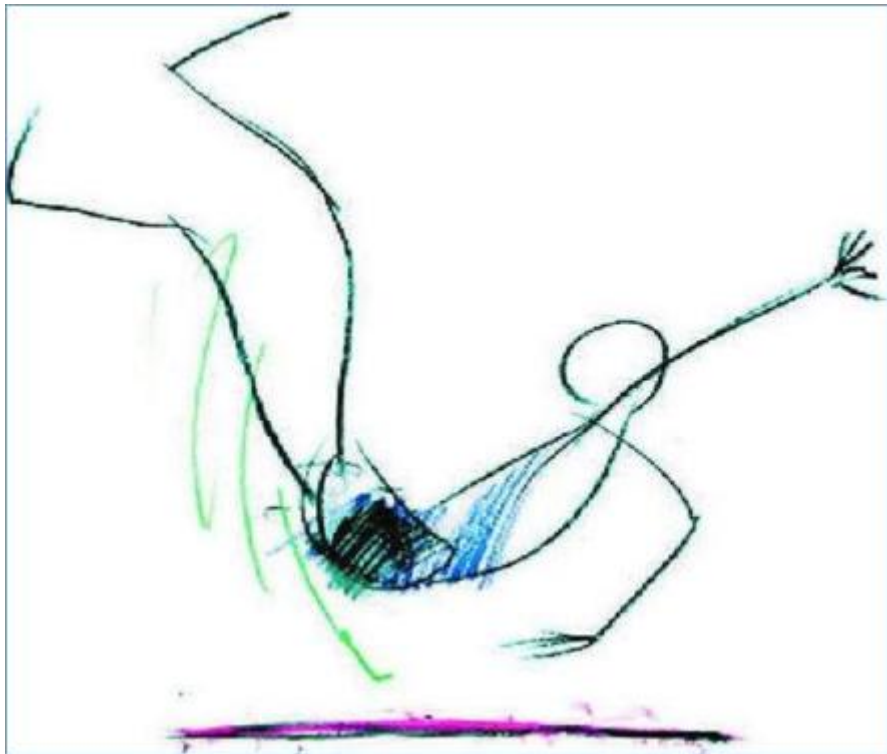
UNC School of Medicine, Carolina Geriatric Education Center



Objectives

- Discuss Falls Prevention Awareness Day growth and select activities
- Provide a brief overview of the CDC State Fall Prevention Program grant

Promoting Awareness/Education



6th Annual US Senate Resolution:
Fall Prevention Awareness Day
September 22, 2013

Preventing Falls—One Step at a Time

www.ncoa.org/FPAD



Falls Prevention Awareness Day

In 2007, 4 States observed FP Awareness Day

In 2008, 11 States

In 2009, 22 States

In 2010: 34 States

In 2011: 43 States and D.C.

In 2012: 46 states and D.C.

In 2013: 47 states and D.C.!!!

Creative FPAD Activities Across the Country

- IA: Tai Chi on the Capitol steps
- MA: Major FP event at State House
- NC: FP Screening and Education Fair
- NM: Legislative “Memorial,” FP activities at State Fair
- Many states: FP giveaways



Celebrate Fall Prevention Awareness Week Falls are Not a Normal Part of Aging! Stay Active, Stay Strong, Stay Standing



Exercise

- Choose exercises like Tai Chi that specifically target balance and lower body strength.
- Talk to your health care provider about the best exercise program for you.

Medication Management

- Take your medicines to a doctor or pharmacist for review.
- Ask if your medicines put you at risk for falling.

Vision

- Have vision checked annually.
- Use nightlights and allow extra time for eyes to adjust.

Home Safety

- Keep floors free of small objects that may cause you to trip.
- Remove throw rugs or use double-sided tape to keep them from sliding.
- Store items you use often within reach.

Did you know?

- One in 3 older adults fall every year.
- Falls are the most common cause of hospital admissions for trauma.
- Falls are the leading cause of injury death among older adults.
- Catch yourself before you fall with the suggestions from above!

Prevent Falls Puzzle

P	N	D	L	M	B	A	Z	T	W	E	D	F	U	A	G
Y	I	Q	E	I	E	B	W	X	J	V	D	W	T	M	R
A	G	S	A	M	G	D	A	A	S	O	R	H	S	H	A
C	H	L	R	L	U	H	I	L	R	W	K	K	L	A	B
L	T	Q	F	X	O	I	T	C	A	E	F	P	M	Z	B
U	L	C	L	P	D	O	C	I	A	N	N	Q	S	A	A
T	I	A	E	N	W	Y	S	L	N	T	C	E	Q	R	R
T	G	Z	X	R	O	J	G	E	A	G	I	E	S	D	S
E	H	Q	I	C	K	V	U	V	C	D	O	O	S	S	S
R	T	O	B	W	Y	D	R	I	P	A	C	Z	N	E	D
H	K	R	I	H	C	N	W	T	Q	W	R	A	S	P	P
M	G	B	L	F	V	O	O	A	Z	B	M	P	P	O	K
I	P	M	I	X	C	I	R	M	H	J	J	E	E	O	P
P	L	R	T	I	G	S	H	I	H	T	C	Y	T	U	U
H	B	N	Y	B	U	I	T	N	G	N	W	S	X	I	Z
Y	D	A	E	T	S	V	Y	D	V	I	N	D	E	R	Q

Full Fall Prevention Coalition: **Take a Stand** and **Give an Estate**

AWAWARENESS GRAB BARS NIGHTLIGHT BALANCE HAZARDS

CALCIUM LIGHTING THROW RUGS CLUTTER LOOSE CARPET

VISION FLEXIBILITY MEDICATIONS VITAMIN D STEADY

MISSION HOSPITAL Home Instead BAYADA CarePartners

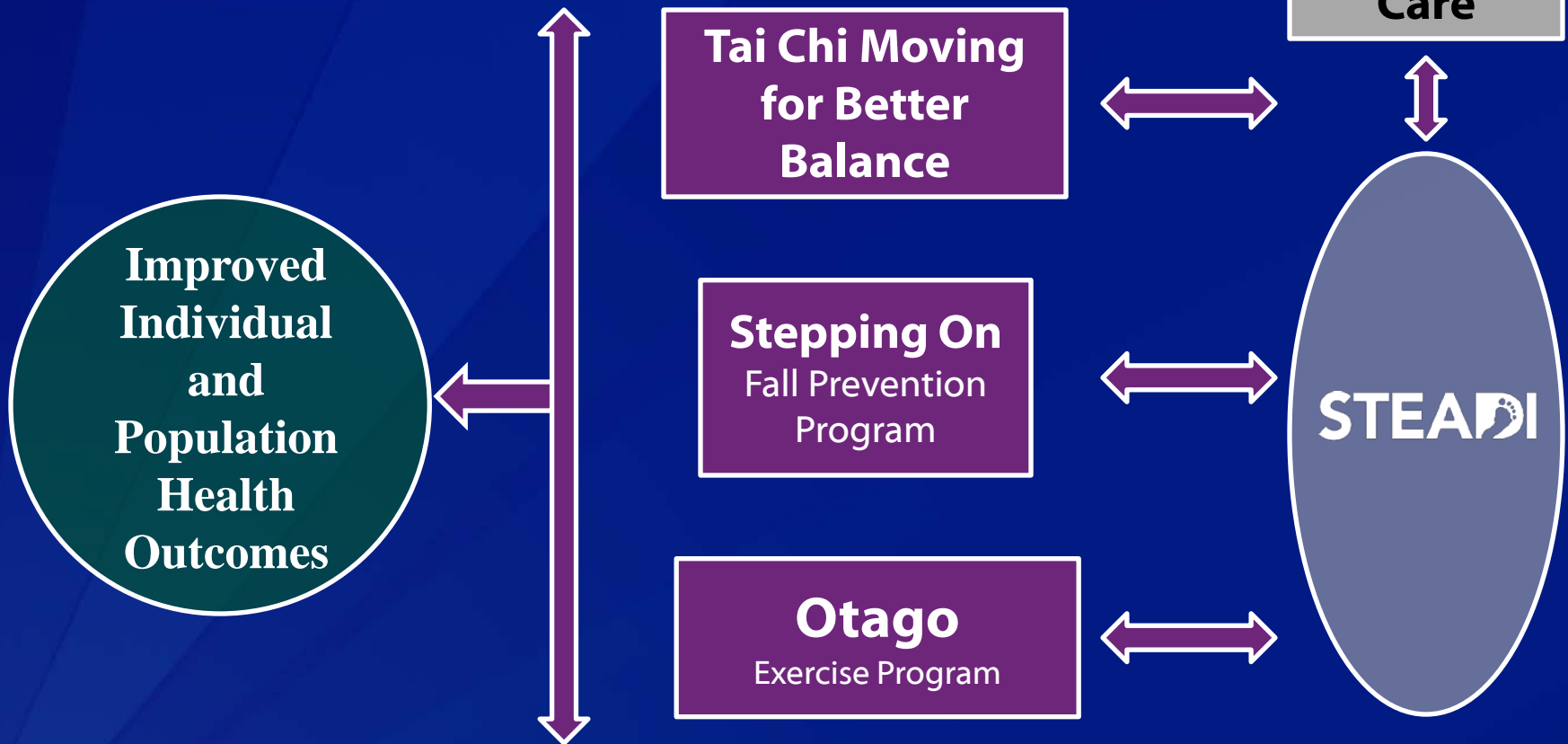
For Fall Prevention resources and information about Master of Balance or Tai Chi for Arthritis Classes visit www.fallpreventioncoalition.org



CDC's 5-Year SFPP

POLICY/SYSTEMS CHANGE STRATEGIES

Changes in Clinical Care



TECHNICAL ASSISTANCE and EVALUATION



Contact Information

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Preventing Falls—One Step at a Time!





Oregon Partnerships for Falls Prevention

Lisa Shields, Senior Falls Prevention Program Coordinator

Lisa Millet, MSH, Injury and Violence Prevention Program Manager

David Dowler, MS, PhD, Research Scientist, Program Design and Evaluation Services

August 28, 2013



Oregon
Health
Authority

Topics covered

Program
overview

Sustainability
plan

Health
systems

Health plans

Health system
transformation



How big is the problem?

- In Oregon, the fatal fall rate for adults 85+ increased 31% between 2006-2010
- The rate of fatal falls for those 85+ is 26x greater than those age 65-74
- The senior fall rate in Oregon is 1.5x higher than the national rate
- Nearly 60% of seniors in Oregon who are hospitalized for falls are discharged into long-term care

- [Injury in Oregon Annual Data Report 2011](#)
- [Falls Among Older Adults in Oregon 2012](#)
- [Oregon Injury Prevention Plan 2011-2015](#)



The cost of falls

- In 2006, fall hospitalization cost for Oregon seniors was \$121.6 million
- Unintentional falls were the third most costly hospitalized condition after cancer and heart disease
- Between 2002 and 2006, the median per patient hospitalization costs for fall-related injury was \$16,480. The charges ranged from a minimum of \$597 to a maximum of \$434,033
- Between 2002 and 2006, the average annual cost for fall injury hospitalization among seniors was \$101 million per year; this is equivalent to 79% of the total costs for all injury hospitalizations

- [Injury in Oregon Annual Data Report 2011](#)



Community Wide Efforts Can Reduce Falls Substantially

A multifaceted community based falls reduction program involving medical groups and the community reduced fall related injuries by **10% in a target community**

This is the model for the State Fall Prevention Program

State Fall Prevention Program

Policy Change Strategies

Changes in clinical care

Tai Chi: Moving for Better Balance

Stepping On Fall Prevention Program

Otago Exercise Program

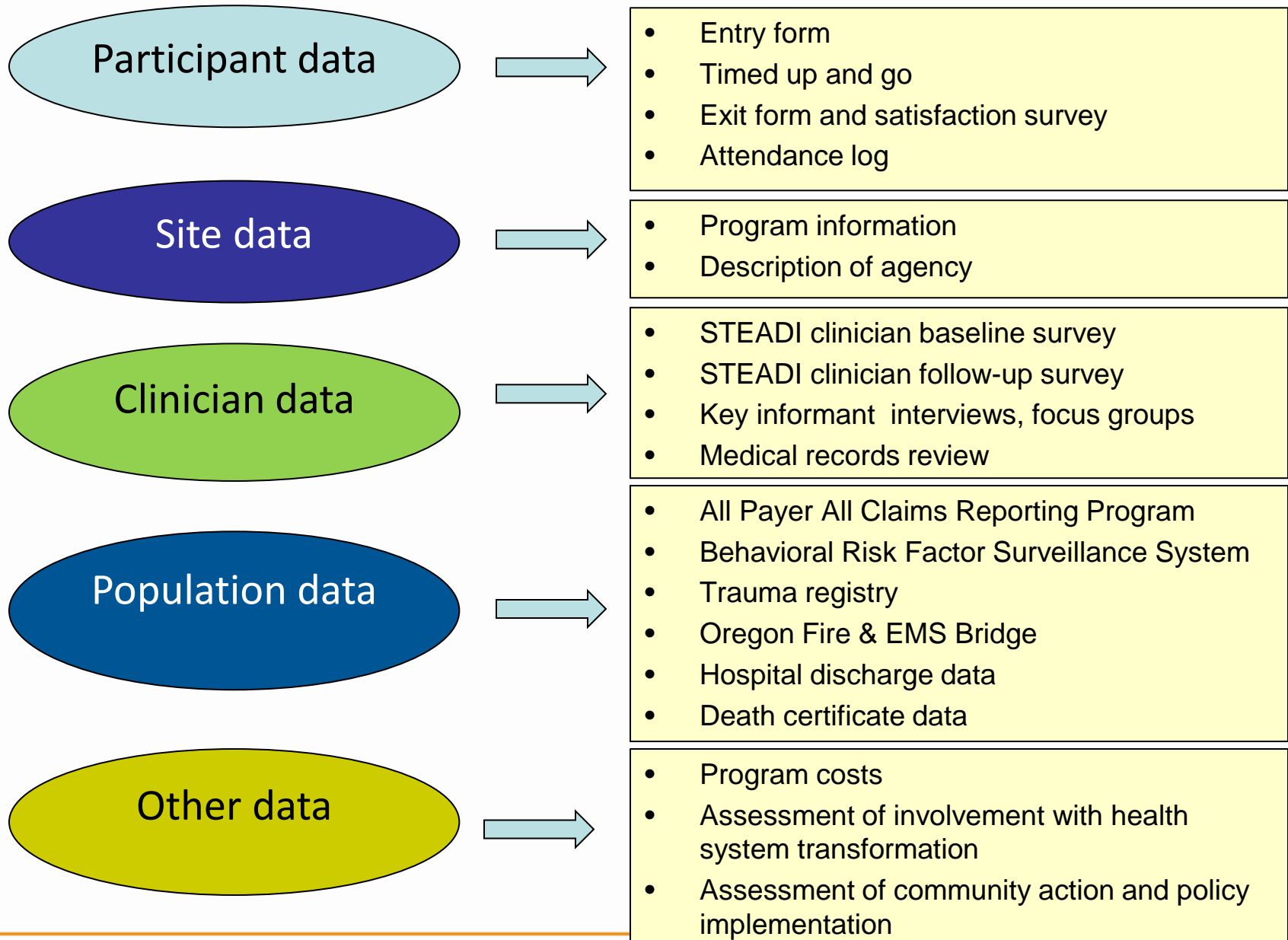
5-year program
3 state health departments

STEADI

Technical Assistance and Evaluation

Oregon Health Authority

Evaluation





Oregon falls prevention plan 2011-2016

Health system collaboration

Health plan coverage

Clinician education and referrals (STEADI)

Community health workers and volunteers

Aging services and professional organizations

Public awareness

Health system transformation



Health system collaboration

Find the right champions

Geriatrics, Primary Care, QI , Physical therapy /
Rehabilitation, Inpatient falls prevention, Trauma

Work together to tailor programs that
align with their business model

Incentives and motivators

Annual visits

- Welcome to Medicare and
- Annual Wellness Visit require fall risk assessment

PQRS

- Incentives through the Physician Quality Reporting System are tied to falls prevention measures

<https://www.cms.gov/MLN MattersArticles/downloads/MM7079.pdf>
https://www.cms.gov/MLNProducts/downloads/MPS_QRI_IPPE001a.pdf
https://www.cms.gov/PQRS//15_MeasuresCodes.asp

Our health system partners

Oregon Health & Science University

Includes Oregon Geriatric Education Center, Rural Practice-Based Research Network, Area Health Education Center, Prevention Research Center, and ThinkFirst Oregon

Providence Health & Services

5 states, includes 32 hospitals, 350 clinics, senior services, supported housing, health plan

Portland VA Medical Center

8 community clinics in OR and large campuses in Portland and Vancouver WA

Legacy Health System

6 hospitals and 50 primary care clinics in OR and Vancouver WA

Kaiser Permanente

Medicare 5 star advantage plan, hospital, 27 outpatient clinics, 16 dental offices

Clinical intervention: STEADI

Primary Care

- OHSU Internal Medicine clinic
- Oregon Geriatric Education Center
- Oregon Rural Practice-based Research Network

Physical Therapy

- Therapeutic Associates
Physical Therapy
Gresham and
Sherwood Clinics

OHA provides

- Print material
- Minor supplies: vision chart, wall clock
- Assistance with staff training and implementation planning
- Verification for ABIM

Incentives and motivators: American Board of Internal Medicine MOC IV credit, Physician Quality Reporting System (PQRS), Annual Wellness Visit, Welcome to Medicare visit

Community program matrix

PROGRAM NAME	TAI CHI MOVING FOR BETTER BALANCE	MATTER OF BALANCE	STEPPING ON	OTAGO- Patients must receive provider referral.
TARGET POPULATION	≥ 60 years Community dwelling Relatively healthy	≥ 60 years Community dwelling Relatively healthy	≥60 years Community dwelling Previous fall or concerned with falling Cognitively intact Assistive devices if part time	>80 or high risk ≥ 65 years Home bound seniors
KEY ASPECTS	Simplified Tai Chi forms- targets sensorimotor system. Can be adapted for chair use.	Increase activity levels and reduce fear of falling	Education, reduce fear of falling, encourage behavior change and improve balance, home exercise	Individually tailored strength and balance exercises with walking program, home-based
INSTRUCTOR	ORI certified instructors	Trained lay instructors	Health professionals	Physical Therapists
PROGRAM FORMAT	2x/week for 12 weeks 1 hour group sessions	1x/week for 8 weeks 2 hour group sessions	1x/week for 7 weeks 2 hour group discussion format Exercises and guest professional speakers	4 PT home visits with 3 booster sessions over 1 year Monthly phone follow-up for 1 year
LOCATION	Various location throughout Portland metro	OHSU Think First Program	Legacy Emanuel Providence Milwaukie Portland VA Medical Ctr.	Provided in the home through Beyond the Clinic Physical Therapy
REGISTRATION INFORMATION	healthoregon/fallprevention Click on Tai Chi: Moving for Better balance to view class listing	Kayt Zundel (phone)	Lynne MacMillan, PT at Emanuel (phone) Chase Katich, PT at Prov. Milwaukie(phone)	Ben Musholt, PT Bryan Pasternak, MS, PT (phone)

Oregon Health & Science University

Details

- Director of OGEC is on Injury Community Planning Group (ICPG) and Falls advisory board
- OHSU-VA researcher is on ICPG
- STEADI
- EHR referral to Matter Of Balance classes and Otago agency

OHA provides

- TCMBB instructor trainings in rural areas for OGEC
- Staff FTE for STEADI (intern)
- Minor supplies
- Tai chi class listings
- Participation in research group
- Data for reports and proposals

Barriers

- IRB submission delayed project
- Large clinic with appointments scheduled 3 months out, so difficult for full fall assessment follow-up

Incentives and motivators: American Board of Internal Medicine MOC IV credit, Physician Quality Reporting System (PQRS), Annual Wellness Visit, Welcome to Medicare visit

Portland VA Medical Center

Details

- Champions: Primary Care and inpatient falls prevention team. OHSU-VA researcher is on ICPG
- VA hospital and clinics located next to OHSU
- *Stepping On* classes in pilot phase, with plans to expand to multiple sites
- EHR flags eligible vets to receive class brochure to self-enroll

OHA provides

- Travel for two staff members (Primary Care LPNs) to Wisconsin for *Stepping On* leader training
- Start-up funds to cover supplies and *Stepping On* leader FTE during pilot phase

Barriers

- Complicated approval process
- Difficulty transferring funds
- Co-pays for veterans to take classes
- Major changes difficult to make in EHR

Incentives and motivators: Must meet national quality standards, vets fall at a higher rate than general public, Welcome to Medicare Visit, Annual Wellness Visit

Providence Health & Services

Details

- Champions: Senior housing rehab manager is on falls advisory board, outpatient rehab mgr leads regional falls workgroup
- *Stepping On* classes in 4 locations, with plans to expand system-wide
- Providence Health Plan will fully subsidize classes by 2016
- Exploring offering Otago through Home Health

OHA provides

- Travel for four staff members (PTs, PT assistant, activities coordinator) to Wisconsin for *Stepping On* leader training
- Start-up funds to cover supplies and *Stepping On* leader FTE during pilot phase
- Assistance connecting tai chi leaders to Silver Sneakers FLEX program
- TCMBB instructor training for ElderPlace staff

Barriers

- Enthusiastic rehab champions but slow to gain administrative support
- Large health system and slow to roll out changes
- Just switched EHR vendor and can't make major changes yet

Incentives and motivators: Health plan pursuing 5-star rating, home health, senior housing, Annual Wellness Visit, Welcome to Medicare visit

Kaiser Permanente NW

Details

- Champions: Medicare 5-star, Frail Seniors
- Working with Silver & Fit to establish enough classes to accommodate referrals
- Patients flagged during annual fall screen will receive follow up call from health coach to enroll in tai chi classes
- Exploring offering Otago through Home Health

OHA provides

- Travel for one staff members (PT Frail Seniors manager) to Wisconsin for *Stepping On* leader training
- Tai Chi: Moving for Better Balance training for 60 Silver & Fit fitness instructors from OR and WA

Barriers

- Prefer to use proprietary material rather than CDC publications
- QI initiatives are region-wide and timeline doesn't always align with ours

Incentives and motivators: Only Medicare 5-star health plan in the Portland area, home health, frail seniors program (KP Cares), Annual Wellness Visit, Welcome to Medicare visit

Legacy Health System

Details

- Champions: Trauma Services director is on ICPG and State Trauma Advisory Board
- *Stepping On* pilot at one location
- Research collaboration with Trauma Registry investigating surface type on injury severity

OHA provides

- Travel for two staff members (PTs, outreach coordinator) to Wisconsin for *Stepping On* leader training
- Start-up funds to cover supplies and *Stepping On* leader FTE during pilot phase
- Assistance with Trauma Registry data

Barriers

- Enthusiastic rehab and trauma champions but slow to gain administrative support
- No support yet for primary care referrals

Incentives and motivators: Level 1 Trauma Center, long partnership between Trauma Nurses Talk Tough, SafeKids, and OHA Injury Prevention , investment in local community

Partnering with health systems: overall lessons

Champions are
crucial!

Focus on how
you can help
them as a
business

Get engaged and
stay engaged;
each health
system is unique

Expect and
accept different
motivation levels
and timelines

There are many
different paths to
collaboration

Health plan coverage

Medicare beneficiary fitness programs

Silver & Fit

(American Specialty Health)

Kaiser Permanente

TCMBB is approved programming

Members have free gym membership; working to establish enough classes to accommodate provider referrals

Silver Sneakers (Healthways)

Providence Health Plan, Blue Cross-Blue Shield, Humana, AARP by United Health Care

TCMBB is approved FLEX programming, enabling tai chi classes to take place outside of traditional fitness centers

Barriers

Fitness centers have not recognized the potential return on investment with the senior market

Reluctant to try TCMBB because it isn't "exciting"

Class size limit smaller than typical fitness classes

Classes tend to be drop-in or month to month

Community Health Workers and volunteers

- Tai Chi: Moving for Better Balance training
- STEADI material
- Trainings, presentations, and event tables

Community Health Workers

NW Parish Nurse Ministries
Promotores de Salud (Parish Health Promoters)
El Programa Hispano (Catholic Charities)
Self-management leaders
Oregon Community Health Workers Association
CCO staff

Volunteer programs

RSVP: Metropolitan Family Service
Elders in Action
VIEWS: Cascadia Behavioral Health

Aging services and professional organizations

- Oregon DHS - Aging & People with Disabilities
- Multnomah County Aging & Disability Services
- Oregon Physical Therapy Association
- Oregon Geriatrics Society
- Oregon Gerontological Association
- Oregon Primary Care Association
- Oregon Community Health Workers Association
- Portland Parks and Recreation
- Oregon Recreation & Parks Association

OHA provides:

- Policy workgroup collaboration
- Instructor FTE for Portland Parks and Recreation pilot classes
- TCMBB instructor training
- Website partner listing
- Presentations, trainings, exhibit tables at events
- Data as requested

Public Awareness

Healthoregon.org/fallprevention

- Program info, class listings, instructor resources, data, news

www.adrcoforegon.org

- State Aging and Disability Resource Connection website
- Falls program listing searchable by county

Falls Prevention Awareness Day 2013

- Tai chi “flash mob” downtown Portland
- Press release
- Public Health Twitter and FaceBook
- Governor’s and county proclamations
- Presentations and screenings at senior centers throughout September

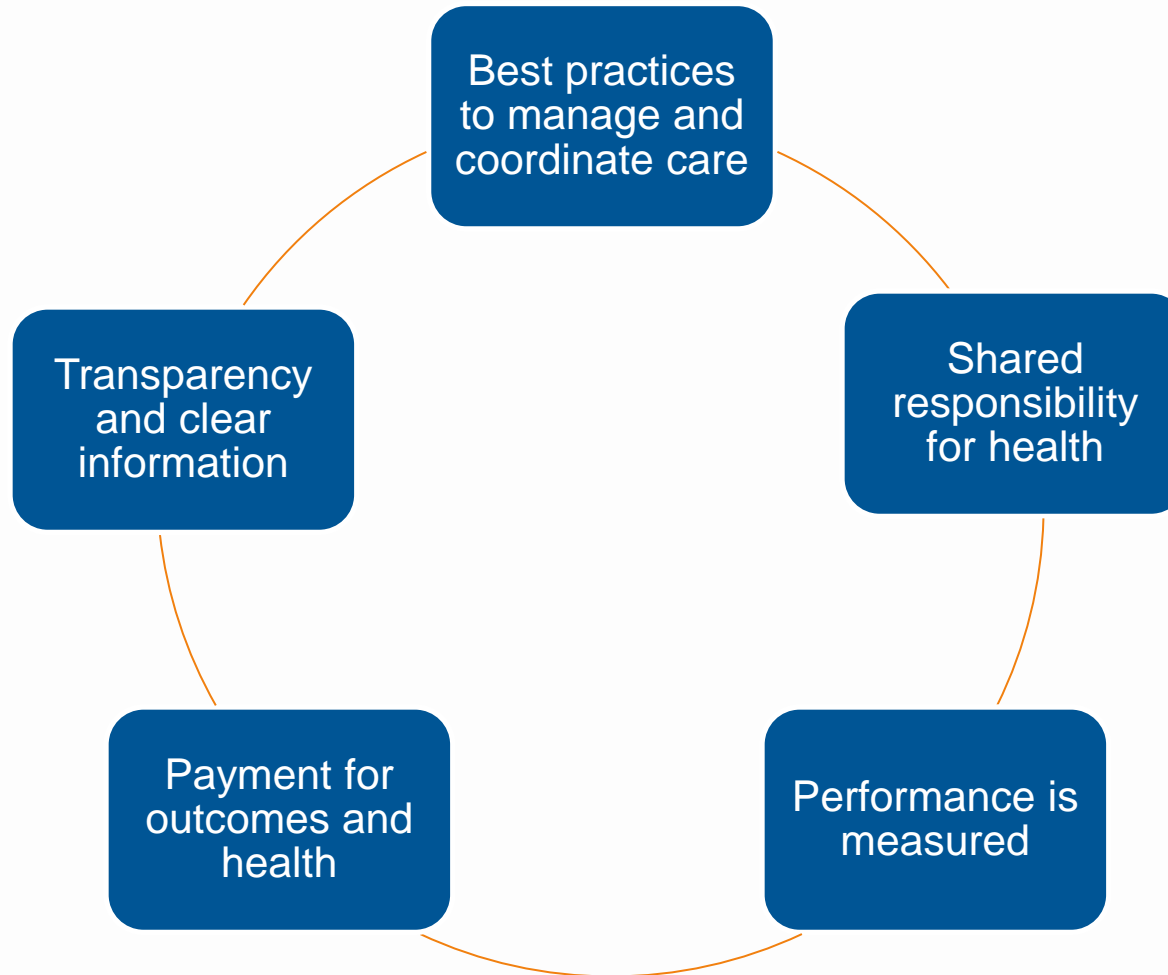


Health system transformation

Better health, better care, lower costs through fundamental changes that will:

- Better coordinate care at patient and financing level
- Integrate public, physical, mental and dental health
- Leverage public health strategies - recognizes that 10% of health happens in medical system
- Measure performance
- Engage people in their own health
- Pay for outcomes, not activities
- Provide clear and transparent information

Coordinated Care Model



Health system transformation in Oregon

Coordinated Care Organizations (CCOs)

- Networks of physical, mental, and dental health care providers for Oregon Health Plan (Medicaid)
- 15 CCOs in operation, serving about 90% of Oregon Health Plan members
- Focus on prevention
- Responsive to community

OHA provides

- Fall prevention recommendations for CCOs to meet the Ambulatory Care/ED Utilization incentive measure
- Staff training in STEADI or Tai Chi: Moving for Better Balance (TCMBB)

Barriers

- Falls prevention not a specific Incentive Measure
- Dual eligibles are small group
- Early stage- still planning
- CCOs are community-driven and independent

Resources

1. Oregon senior falls prevention site: healthoregon.org/fallprevention
2. ABIM credits for physicians: CDC STEADI quality Improvement Program: <https://www.abim.org/moc/earning-points/productinfo-demo-ordering.aspx#aqi>
3. Silver and Fit (American Specialty Health): <http://www.silverandfit.com/providersearch/default.aspx>
4. Silver Sneakers FLEX (Healthways): <http://www.silversneakers.com/FLEX.aspx>
5. Health reform in Oregon: <https://cco.health.oregon.gov/Pages/Home.aspx>

Contact Information

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The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font above the word "Health" in a large, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. A thin blue horizontal line is positioned between "Health" and "Authority".

Oregon
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