

CLINICAL PROGRAMS:



FALL PREVENTION

STARTER KIT

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TIMELINE

FALL 2019 TO PRESENT

SIGNIFICANCE

National Impact/Burden

The U.S. Census projects that, by 2030, one out of every five people will be above age 65, a result of the aging baby boomer population. Falls are the leading cause of injuries and injury-related deaths in older adults in the US, and the age-adjusted rate of deaths from falls is increasing.^{1,2} Twenty-five percent of older adults fall each year (approximately 30 million individuals); one in five falls results in a serious injury. In 2015, the total medical cost for falls was more than \$50 billion; Medicare and Medicaid were responsible for 75% of that amount.³

Centene Impact/Burden

One of the most serious fall injuries is a hip fracture; in 2017, hip fractures generated more than 545,000 direct claims enterprise-wide. Nearly 10% of Centene's membership is 65 years of age or older, and as the population ages, the incidence of hip fractures is expected to increase. Falls without injury can also place an undue burden on our members by increasing the fear of falling, which can lead to depression, social isolation, and increased fall risk.

SUMMARY

Falls are common and costly, but they are also largely preventable. Centene's Fall Prevention program leverages an evidence-based falls prevention toolkit to identify members at risk of falling and provide education and interventions to reduce fall risk.

PARTNERSHIPS

Care Management

Care Managers interact directly with members and their providers. They play a pivotal role in assessing a member's likelihood of falling and connecting members with appropriate resources.

Member Connections

Community Health Service Representatives help assess members' home safety and refer to care management and additional services, as needed.

Healthcare Analytics - Clinical

The Fall Prevention team collaborates with Healthcare Analytics across the program lifespan – from identification of high-risk members to evaluation of program effectiveness.



PROGRAM GOAL

The goal of Centene's Fall Prevention program is to decrease the number and severity of older adult falls. The program also aims to support members in maintaining their safety, stability, and independence as long as possible. Fall prevention improves the health and quality of life of our members, while simultaneously reducing medical costs.

STRATEGY

Clinical Programs developed a multi-pronged, comprehensive approach to address fall prevention, incorporating the Centers for Disease Control and Prevention (CDC) STEADI model (Stopping Elderly Accidents, Deaths & Injuries). The key elements of this approach are screening for fall risk; assessing for modifiable environmental, biological, and behavioral risk factors; and intervening using effective clinical and community strategies.

Centene's enterprise-wide documentation system is incorporating updated fall prevention screening algorithms. Members receive tailored interventions to reduce their risk of falling, based on risk level and evidence-based guidelines. Interventions may include member education, home safety assessments, medication review, referral to ophthalmology or optometry for vision check, or referral to primary care for physical exam and medication optimization.

ACCOMPLISHMENTS

Centene launched the Fall Prevention program in September 2019 to coincide with Falls Prevention Month. Nearly 1,000 Medicare-focused Care Managers completed the Centene Fall Prevention training in the first thirty days after launch.

¹ Bergen G, Stevens MR, Burns ER. Falls and Fall Injuries Among Adults Aged ≥65 Years — United States, 2014. *MMWR Morb Mortal Wkly Rep* 2016;65:993–998.

² Burns E, Kakara R. Deaths from Falls Among Persons Aged ≥65 Years — United States, 2007–2016. *MMWR Morb Mortal Wkly Rep* 2018;67:509–514.

³ Florence CS, Bergen G, Atherly A, Burns ER, Stevens JA, Drake C. Medical Costs of Fatal and Nonfatal Falls in Older Adults. *Journal of the American Geriatrics Society*, 2018 March.

Four Things You Can Do to Prevent Falls:

① **Speak up.**

Talk openly with your healthcare provider about fall risks and prevention. Ask your doctor or pharmacist to review your medicines.

② **Keep moving.**

Begin an exercise program to improve your leg strength and balance.

③ **Get an annual eye exam.**

Replace eyeglasses as needed.

④ **Make your home safer.**

Remove clutter and tripping hazards.

1 in 4 people 65 and older falls each year.

Falls can lead to a loss of independence, but they are preventable.

Learn More

Contact your local community or senior center for information on exercise, fall prevention programs, and options for improving home safety, or visit:

- go.usa.gov/xN9XA
- www.stopfalls.org



Stay Independent

Learn more about fall prevention.



For more information, visit www.cdc.gov/steady

This brochure was produced in collaboration with the following organizations: VA Greater Los Angeles Healthcare System, Geriatric Research Education & Clinical Center (GRECC), and the Fall Prevention Center of Excellence



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

STEADI

Stopping Elderly Accidents, Deaths & Injuries

Check Your Risk for Falling

Circle “Yes” or “No” for each statement below			Why it matters
Yes (2)	No (0)	I have fallen in the past year.	People who have fallen once are likely to fall again.
Yes (2)	No (0)	I use or have been advised to use a cane or walker to get around safely.	People who have been advised to use a cane or walker may already be more likely to fall.
Yes (1)	No (0)	Sometimes I feel unsteady when I am walking.	Unsteadiness or needing support while walking are signs of poor balance.
Yes (1)	No (0)	I steady myself by holding onto furniture when walking at home.	This is also a sign of poor balance.
Yes (1)	No (0)	I am worried about falling.	People who are worried about falling are more likely to fall.
Yes (1)	No (0)	I need to push with my hands to stand up from a chair.	This is a sign of weak leg muscles, a major reason for falling.
Yes (1)	No (0)	I have some trouble stepping up onto a curb.	This is also a sign of weak leg muscles.
Yes (1)	No (0)	I often have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chance of falling.
Yes (1)	No (0)	I have lost some feeling in my feet.	Numbness in your feet can cause stumbles and lead to falls.
Yes (1)	No (0)	I take medicine that sometimes makes me feel light-headed or more tired than usual.	Side effects from medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I take medicine to help me sleep or improve my mood.	These medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I often feel sad or depressed.	Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.
Total		Add up the number of points for each “yes” answer. If you scored 4 points or more, you may be at risk for falling. Discuss this brochure with your doctor.	

FACT SHEET

Talking about Fall Prevention with Your Patients

Many fall prevention strategies call for patients to change their behaviors by:

- ▶ Changing their medications
- ▶ Doing prescribed exercises
- ▶ Attending a fall prevention program
- ▶ Changing their home environment

We know that behavior change is difficult. Traditional advice and patient education often does not work.

The Stages of Change model is used to assess an individual's readiness to act on a new, healthier behavior. Research on the change process depicts patients as always being in one of the five "stages" of change.

Behavior change is seen as a dynamic process involving both cognition and behavior that moves a patient from being uninterested, unaware, or unwilling to make a change (precontemplation); to considering a change (contemplation); to deciding and preparing to make a change (preparation); to changing behavior in the short term (action); and to continuing the new behavior for at least 6 months (maintenance).

The Stages of Change model has been validated and applied to a variety of behaviors, including:

- ▶ Exercise behavior
- ▶ Contraceptive use
- ▶ Smoking cessation
- ▶ Dietary behavior

Stages of Change Model

STAGE OF CHANGE:	PATIENT COGNITION AND BEHAVIOR:
Precontemplation	Does not think about change, is resigned or fatalistic Does not believe in, or downplays personal susceptibility
Contemplation	Weighs benefits vs. costs of proposed behavior change
Preparation	Experiments with small changes
Action	Takes definitive action to change
Maintenance	Maintains new behavior over time

Adapted from: Prochaska JO, Velicer WF. The transtheoretical model of health behavior change. *Am J Health Promot* 1997;12(1):38-48.



When talking with a patient, applying the Stages of Change model can help you match your advice about fall prevention to your patient’s stage of readiness.

The following sections give examples of patient-provider exchanges for each of the first four stages, and offer possible responses to help move the patient from one stage to another. The maintenance stage is not included because older adults are most often in the early stages of behavior change for fall prevention.

Examples of Conversations about Fall Prevention

PRECONTEMPLATION STAGE:	PATIENT SAYS:	PROVIDER SAYS:
<p>The patient doesn’t view him or herself as being at risk of falling.</p> <p>Goal: The patient will begin thinking about change.</p> <p>To move the patient to the contemplation stage, provide information, and explain the reasons for making changes.</p>	<p>Falls just happen when you get old.</p>	<p>It’s true that falling is very common. About a third of all seniors fall each year, but you don’t have to fall. There are specific things you can do to reduce your chances of falling.</p>
	<p>Falling is just a matter of bad luck. I just slipped. That could have happened to anybody.</p>	<p>As we age, falls are more likely for many reasons, including changes in our balance and how we walk.</p>
	<p>My 92-year-old mother is the one I’m worried about, not myself.</p>	<p>Taking steps to prevent yourself from falling sooner rather than later can help you stay independent.</p>
	<p>It was an accident. It won’t happen again because I’m being more careful.</p>	<p>Being careful is always a good idea, but it’s usually not enough to keep you from falling. There are many things you can do to reduce your risk of falling.</p>
	<p>I took a Tai Chi class, but it was too hard to remember the forms.</p>	<p>Maybe you’d enjoy taking a balance class instead.</p>

Examples of Conversations about Fall Prevention

CONTEMPLATION STAGE:	PATIENT SAYS:	PROVIDER SAYS:
<p>The patient is considering the possibility that he or she may be at risk of falling.</p> <p>Goal: Patient will examine benefits and barriers to change.</p> <p>To move the patient to the preparation stage, make specific suggestions, be encouraging, and enlist support from the family.</p>	<p>I'd like to exercise, but I don't because I'm afraid I'll get too tired.</p>	<p>You can reduce your chances of falling by doing strength and balance exercises as little as 3 times a week, and you don't have to overexert yourself to benefit.</p> <p>You can do these exercises at home, or I can recommend some exercise classes near you.</p>
	<p>My friend down the street fell and ended up in a nursing home.</p>	<p>Preventing falls can also prevent broken hips and help you stay independent.</p>
	<p>I have so many other medical appointments already.</p>	<p>I have patients very much like you who do these exercises to prevent falls.</p> <p>These types of exercises only take a few minutes a day.</p>
	<p>I already walk for exercise.</p>	<p>Walking is terrific exercise for keeping your heart and lungs in good condition, but it may not prevent you from falling.</p>
	<p>I don't want to ask my daughter to drive me to the exercise class.</p> <p>Getting to the senior center is so hard now that I don't drive.</p> <p>I have to take care of my husband. I don't have time for this.</p>	<p>There are quite a few simple exercises you can do to keep yourself from falling.</p> <p>They don't take a lot of time and you don't have to rely on other people. You don't even have to leave your own home.</p>

The National Institute on Aging has free exercise and physical activity resources for older adults. Go to: www.nia.nih.gov/health/publication/exercise-physical-activity/introduction

Examples of Conversations about Fall Prevention

PREPARATION STAGE:	PATIENT SAYS:	PROVIDER SAYS:
<p>The patient considers him or herself to be at risk of falling and is thinking about doing something about it.</p> <p>Goal: Patient will begin to consider specific changes.</p> <p>To move the patient to the action stage, help the patient set specific goals and create an action plan. Reinforce the progress the patient has made.</p>	<p>I'm worried about falling. Do you think there's anything I can do to keep from falling?</p>	<p>Let's look at some factors that may make you likely to fall, and talk about what you could do about one or two of them.</p> <p>Here's CDC's <i>What YOU Can Do to Prevent Falls</i> brochure. Why don't you go over it with your spouse?</p>
	<p>I read that some medicines can make you dizzy. Do you think any of mine might be a problem?</p>	<p>Many seniors say they'd prefer to take fewer medicines.</p> <p>Let's go over yours and see if we can reduce or eliminate any of them.</p>
ACTION STAGE:	PATIENT SAYS:	PROVIDER SAYS:
<p>The patient considers him or herself to be at risk of falling and is ready to do something about it.</p> <p>Goal: Patient will take definite action to change.</p> <p>Facilitate change. Provide specific resources, support, and encouragement to help the patient to adopt new behaviors.</p>	<p>I know a fall can be serious. What can I do to keep from falling and stay independent?</p>	<p>I'm going to fill out a referral form for a specialist who can help you [increase your balance; improve your vision; find shoes that make walking easier].</p> <p>Someone from the office will call you in about a month to see how you're doing.</p>
	<p>I want to take a fall prevention class. What do you recommend?</p>	<p>I'm glad that you're interested in taking a class. Please see the nurse before you leave. She'll give you a list of recommended programs near you.</p>
	<p>I know I'd feel safer if I had grab bars put in my shower.</p>	<p>I'm glad that you're thinking of installing grab bars.</p> <p>CDC's <i>Check for Safety</i> brochure can help you identify home hazards, and suggest ways to make other changes to prevent falls.</p>

CDC's STEADI tools and resources can help you screen, assess, and intervene to reduce your patient's fall risk. For more information, visit www.cdc.gov/steadi.

Adapted from: Zimmerman GL, Olsen CG, Bosworth MF. A 'Stages of Change' approach to helping patients change behavior. *American Family Physician* 2000;61(5):1409-1416.



ASSESSMENT

Timed Up & Go (TUG)

Purpose: To assess mobility

Equipment: A stopwatch

Directions: Patients wear their regular footwear and can use a walking aid, if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters, or 10 feet away, on the floor.

① Instruct the patient:

When I say “Go,” I want you to:

1. Stand up from the chair.
2. Walk to the line on the floor at your normal pace.
3. Turn.
4. Walk back to the chair at your normal pace.
5. Sit down again.

NOTE:

Always stay by the patient for safety.

② On the word “Go,” begin timing.

③ Stop timing after patient sits back down.

④ Record time.

Time in Seconds: _____

An older adult who takes ≥ 12 seconds to complete the TUG is at risk for falling.

CDC’s STEADI tools and resources can help you screen, assess, and intervene to reduce your patient’s fall risk. For more information, visit www.cdc.gov/steadi

Patient _____

Date _____

Time _____

AM PM

OBSERVATIONS

Observe the patient’s postural stability, gait, stride length, and sway.

Check all that apply:

- Slow tentative pace
- Loss of balance
- Short strides
- Little or no arm swing
- Steadying self on walls
- Shuffling
- En bloc turning
- Not using assistive device properly

These changes may signify neurological problems that require further evaluation.



ASSESSMENT

The 4-Stage Balance Test

Purpose: To assess static balance

Equipment: A stopwatch

Directions: There are four standing positions that get progressively harder to maintain. You should describe and demonstrate each position to the patient. Then, stand next to the patient, hold their arm, and help them assume the correct position. When the patient is steady, let go, and time how long they can maintain the position, but remain ready to assist the patient if they should lose their balance.

- ▶ If the patient can hold a position for 10 seconds without moving their feet or needing support, go on to the next position.
- ▶ If not, **STOP** the test.

Patients should not use an assistive device (cane or walker) and they should keep their eyes open.

An older adult who cannot hold the tandem stand for at least 10 seconds is at increased risk of falling. To reduce their risk of falling, you might consider referring them to physical therapy for gait and balance exercises, or refer them to an evidence-based fall prevention program, such as Tai Chi.



ASSESSMENT CONTINUED

The 4-Stage Balance Test





Patient _____

Date _____

Time _____ AM PM

Instructions to the patient:

- ▶ I'm going to show you four positions.
- ▶ Try to stand in each position for 10 seconds.
- ▶ You can hold your arms out, or move your body to help keep your balance, but don't move your feet.
- ▶ For each position I will say, "Ready, begin." Then, I will start timing. After 10 seconds, I will say, "Stop."

	① Stand with your feet side-by-side.	Time: _____ seconds
	② Place the instep of one foot so it is touching the big toe of the other foot.	Time: _____ seconds
	③ Tandem stand: Place one foot in front of the other, heel touching toe.	Time: _____ seconds
	④ Stand on one foot.	Time: _____ seconds

Notes:

CDC's STEADI tools and resources can help you screen, assess, and intervene to reduce your patient's fall risk. For more information, visit www.cdc.gov/steady



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National Center for Injury Prevention and Control



ASSESSMENT

30-Second Chair Stand

Purpose: To test leg strength and endurance

Equipment: A chair with a straight back without arm rests (seat 17” high), and a stopwatch.

① Instruct the patient:

1. Sit in the middle of the chair.
2. Place your hands on the opposite shoulder crossed, at the wrists.
3. Keep your feet flat on the floor.
4. Keep your back straight, and keep your arms against your chest.
5. On “Go,” rise to a full standing position, then sit back down again.
6. Repeat this for 30 seconds.

NOTE:

Stand next to the patient for safety.



② On the word “Go,” begin timing.

If the patient must use his/her arms to stand, stop the test. Record “0” for the number and score.

③ Count the number of times the patient comes to a full standing position in 30 seconds.

If the patient is over halfway to a standing position when 30 seconds have elapsed, count it as a stand.

④ Record the number of times the patient stands in 30 seconds.

Number: _____ **Score:** _____

Patient _____

Date _____

Time _____ AM PM

SCORING

Chair Stand Below Average Scores

AGE	MEN	WOMEN
60-64	< 14	< 12
65-69	< 12	< 11
70-74	< 12	< 10
75-79	< 11	< 10
80-84	< 10	< 9
85-89	< 8	< 8
90-94	< 7	< 4

A below average score indicates a risk for falls.

CDC’s STEADI tools and resources can help you screen, assess, and intervene to reduce your patient’s fall risk. For more information, visit www.cdc.gov/steady



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STEADI Stopping Elderly Accidents,
Deaths & Injuries

Risk Factors for Falls

Research has identified many risk factors that contribute to falling—some of these are modifiable.

Most falls are caused by the interaction of multiple risk factors. The more risk factors a person has, the greater his/her chances of falling. Healthcare providers can lower a person's risk by reducing or minimizing that individual's risk factors.

What healthcare providers can do

To prevent falls, providers should talk to their patients about their health goals. Then, determine which modifiable fall risk factors can be addressed to help them meet their goals.

Effective clinical and community interventions exist for the following fall risk factors:

- Vestibular disorder/poor balance
- Vitamin D insufficiency
- Medications linked to falls
- Postural hypotension
- Vision impairment
- Foot or ankle disorder
- Home hazards

CDC's STEADI tools and resources can help you screen, assess, and intervene to reduce your patient's fall risk. For more information, visit www.cdc.gov/steady.

Risks factors are categorized as intrinsic or extrinsic:

INTRINSIC | Factors

- Advanced age
- Previous falls
- Muscle weakness
- Gait & balance problems
- Poor vision
- Postural hypotension
- Chronic conditions including arthritis, stroke, incontinence, diabetes, Parkinson's, dementia
- Fear of falling

EXTRINSIC | Factors

- Lack of stair handrails
- Poor stair design
- Lack of bathroom grab bars
- Dim lighting or glare
- Obstacles & tripping hazards
- Slippery or uneven surfaces
- Psychoactive medications
- Improper use of assistive device



FACT SHEET

Medications Linked to Falls

Review medications with all patients 65 and older. Medication management can reduce interactions and side effects that may lead to falls.

STOP medications when possible.

SWITCH to safer alternatives.

REDUCE medications to the lowest effective dose.

Check for psychoactive medications, such as:

- ▶ Anticonvulsants
- ▶ Antidepressants*
- ▶ Antipsychotics
- ▶ Benzodiazepines
- ▶ Opioids
- ▶ Sedatives-hypnotics*

Review prescription drugs, over-the-counter medications, and herbal supplements. Some can cause dizziness, sedation, confusion, blurred vision, or orthostatic hypotension. These include:

- ▶ Anticholinergics
- ▶ Antihistamines
- ▶ Medications affecting blood pressure
- ▶ Muscle relaxants

Develop a patient plan that includes medication changes, and a monitoring plan for potential side effects. Implement other strategies, including non-pharmacologic options to manage conditions, address patient barriers, and reduce fall risk.

Visit the [American Geriatrics Society Beers Criteria](#) for more information on medications linked to falls.

CDC's STEADI tools and resources can help you screen, assess, and intervene to reduce your patient's fall risk. For more information, visit www.cdc.gov/steadi

*Antidepressants include TCAs and SSRIs. Sedative-hypnotics include eszopiclone, zaleplon, and zolpidem.



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FACT SHEET

SAFE

Medication Review Framework

Use this framework to conduct a medication review to help prevent older adult falls.



SCREEN

for medications that may increase fall risk.



ASSESS

the patient to best manage health conditions.



FORMULATE

the patient's medication action plan.



EDUCATE

the patient and caregiver about medication changes and fall prevention strategies.

A Team-based Approach

Adapted from existing medication therapy management tools developed and used by pharmacists, this review framework uses the **SAFE** process: **Screen, Assess, Formulate, and Educate.**

Consider working with pharmacists, who are trained specifically in medication review and management.

Pharmacists are a valuable resource available to your healthcare team.



SCREEN for medications that may increase fall risk.

- Obtain and reconcile the medication list¹
- Group medications based on medical conditions
- Identify [medications that may increase fall risk](#) or have potential interactions
- Consider adjusting medications based on age, kidney, and liver function
- Use labs, health and prescription history, and prescription monitoring data



ASSESS the patient to best manage health conditions.

Discuss the following:

- Treatment goals
- Current medication regimen
- Side effects experienced
- Non-pharmacologic options
- Patient values and preferences
- Barriers to care²



FORMULATE the patient's medication action plan.

- **STOP** medications when possible³
- **SWITCH** to safer alternatives
- **REDUCE** medications to the lowest effective dose
- Simplify the dosing regimen
- Develop a monitoring plan for medication side effects
- Explore non-pharmacologic options to manage medical conditions
- Incorporate patient preferences and solutions to identified barriers



EDUCATE the patient and caregiver about medication changes and fall prevention strategies. Discuss the following:

- Steps for implementing an action plan
- Reasons for medication changes
- Importance of referrals to specialists
- Other approaches to reduce fall risk



CDC's STEADI tools and resources can help you screen, assess, and intervene to reduce your patient's fall risk.

For more information, visit www.cdc.gov/steady

1. Include information about prescription drugs, over-the-counter medications, supplements, allergies, alcohol use, and recreational drug use.
2. Examples include low health literacy, physical or cognitive impairment, and socioeconomic barriers that may affect medication adherence.
3. In some instances, gradual dose reduction (tapering) may be advisable.





Check for Safety

A Home Fall Prevention Checklist for Older Adults



Contact your local community or senior center for information on exercise, fall prevention programs, or options for improving home safety.

For additional information on fall prevention, visit [go.usa.gov/xN9XA](https://www.go.usa.gov/xN9XA)



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STEADI

Stopping Elderly Accidents,
Deaths & Injuries

Use this checklist to find and fix hazards in your home.

STAIRS & STEPS (INDOORS & OUTDOORS)

Are there papers, shoes, books, or other objects on the stairs?

- Always keep objects off the stairs.

Are some steps broken or uneven?

- Fix loose or uneven steps.

Is there a light and light switch at the top and bottom of the stairs?

- Have an electrician put in an overhead light and light switch at the top and bottom of the stairs. You can get light switches that glow.

Has a stairway light bulb burned out?

- Have a friend or family member change the light bulb.

Is the carpet on the steps loose or torn?

- Make sure the carpet is firmly attached to every step, or remove the carpet and attach non-slip rubber treads to the stairs.

Are the handrails loose or broken? Is there a handrail on only one side of the stairs?

- Fix loose handrails, or put in new ones. Make sure handrails are on both sides of the stairs, and are as long as the stairs.

FLOORS

When you walk through a room, do you have to walk around furniture?

- Ask someone to move the furniture so your path is clear.

Do you have throw rugs on the floor?

- Remove the rugs, or use double-sided tape or a non-slip backing so the rugs won't slip.

Are there papers, shoes, books, or other objects on the floor?

- Pick up things that are on the floor. Always keep objects off the floor.

Do you have to walk over or around wires or cords (like lamp, telephone, or extension cords)?

- Coil or tape cords and wires next to the wall so you can't trip over them. If needed, have an electrician put in another outlet.

KITCHEN

Are the things you use often on high shelves?

- Keep things you use often on the lower shelves (about waist high).

Is your step stool sturdy?

- If you must use a step stool, get one with a bar to hold on to. Never use a chair as a step stool.

BEDROOMS

Is the light near the bed hard to reach?

- Place a lamp close to the bed where it's easy to reach.

Is the path from your bed to the bathroom dark?

- Put in a nightlight so you can see where you're walking. Some nightlights go on by themselves after dark.

BATHROOMS

Is the tub or shower floor slippery?

- Put a non-slip rubber mat or self-stick strips on the floor of the tub or shower.

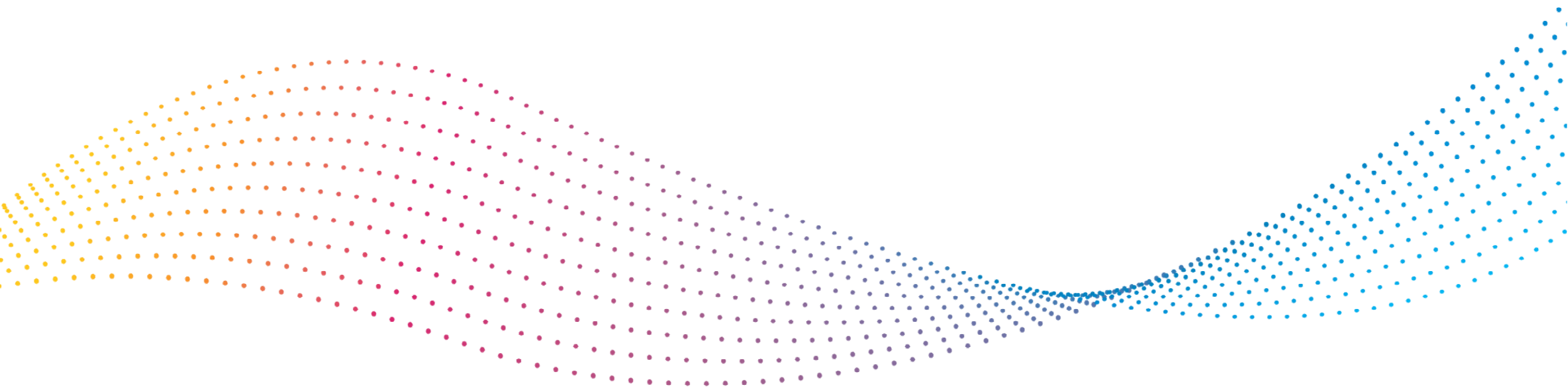
Do you need some support when you get in and out of the tub, or up from the toilet?

- Have grab bars put in next to and inside the tub, and next to the toilet.



Clinical Programs

Fall Prevention



Significance: National Snapshot and Centene Burden



Falls are the leading cause of death by injury in people 65 and over



20% of all older adult falls result in a serious injury

- Falls can cause hip fractures and head wounds, increasing the risk of early death and inducing fear that can reduce mobility and cause depression and social isolation



Roughly 3 million older adults treated in the ER annually for fall related injuries, accounting for 37% of ED costs



Every 20 minutes an older adult dies from a fall in the US

Centene Burden:

In 2017, more than 545,000 direct claims totaling about \$57 million were associated with hip fractures.

Program Overview

The CDC developed the STEADI (Stopping Elderly Accidents, Deaths, and Injuries) Initiative to help providers incorporate fall prevention into clinical practice. The goal is to reduce falls among older adults and to help them remain healthy, active, and independent as long as possible. The course is about 60 minutes.

CDC created this STEADI: Older Adult Fall Prevention training to give you the tools you need to make fall risk screening, risk factor assessment, and falls interventions part of your clinical practice.

The content is based on established clinical guidelines. You will learn:

- Two easy screening methods to determine a patient's fall risk
- Three rapid standardized gait, strength and balance assessment tests
- To apply the STEADI algorithm to determine a patient's fall risk level
- To select appropriate evidence-based interventions based on risk level
- To engage your older patients in interventions to reduce their fall risk

TruCare Assessments (Current)

HRA - DSNP/MMP		External Medicare Health Risk Assessment		MAPD Health Risk Assessment	
Have you fallen in the past year?	Yes No Unknown	Have you fallen in the past year?	Yes No Unknown	Have you fallen in the past year?	Yes No Unknown
Was the fall in the last 3 months?	Yes No Unknown	Was the fall in the last 3 months?	Yes No Unknown		
Do you feel unsteady when walking or standing?	Yes No Unknown	Do you feel unsteady when walking or standing?	Yes No Unknown	Do you feel unsteady when walking or standing?	Yes No Unknown
Do you worry about falling?	Yes No Unknown	Do you worry about falling?	Yes No Unknown		

Affirmative responses will generate fall risk related problems, goals and interventions

Current Care Plan Components

Problem

- Risk of Falling

Goal

- Decrease in fall risk

Interventions

- Mail fall risk assessment tool and brochure
- Coordinate discussion with primary care provider regarding interventions to prevent falls, i.e. exercise for balance, gait and strength training or physical therapy
- Review medications that can cause falls
- Identify home conditions that may cause falls

What's to Come: New Medicare HRAs and CCMA

CCMA	
Have you fallen in the last year?	Yes No Unknown
How many times have you fallen?	One fall More than one fall Unknown
Were you injured?	Yes No Unknown
Do you feel unsteady when walking or standing?	Yes No Unknown
Do you worry about falling?	Yes No Unknown
Are you age 65 or older?	Yes No Unknown

Affirmative responses will generate fall risk related problems, goals and interventions

Future Care Plan Components

Problem: Low/Moderate Fall Risk

Goal: Remain fall free for (number) of days by (target date).

Sample Interventions:

- Care Manager will educate and provide the member with resources on fall prevention, to include reviewing the CDC's Stay Independent, What You Can Do to Prevent falls, and Check for Safety brochures.
- Member agrees to completion of home safety/fall prevention checklist and/or home visit.
- Care Manager will educate about the benefits of Vitamin D (+/- Calcium)
- Care Manager will educate about the benefits of exercise and provide member with community exercise or fall prevention program resources.

Future Care Plan Components

Problem: High Fall Risk

Goal: Remain fall free for (number) of days by (target date).

Interventions:

- Care Manager will educate about the benefits of Physical Therapy (to enhance functional mobility and improve strength and balance).
- Member agrees to attend appointment with PCP for evaluation of current needs around fall risk, including an evaluation of gait, strength, and balance.
- Care Manager will arrange internal medication review by pharmacy team.
- Care Manager will educate about the benefits of Vitamin D (+/- Calcium).

Interventions (con't):

- Care Manager will educate and provide the member with resources on fall prevention, to include reviewing the CDC Stay Independent brochure.
- Member agrees to completion of home safety/fall prevention checklist and/or home visit.
- Member agrees to get their vision and hearing checked.
- Care Manager will review depression screening results and refer to resources if needed.
- Care Manager will educate about the benefits of exercise and provide member with community exercise or fall prevention program resources.
- Member agrees to a follow-up appointment with Care Manager in 30 days.

Proposed Metrics

Process Metrics

- **CCMA and HRA**
 - % of complete fall screens completed (*# completed screenings/total eligible*)

Outcomes Measures

- Hip fractures
- Head and/or traumatic brain injuries (age 65+)
- Decrease in fall risk



Questions?

Sabrina Wannamaker

Sabrina.L.Wannamaker@centene.com

Julia Hughes-Poorfakhraei

Julia.L.Hughes@centene.com

Teresa Pearson

TePearson@centene.com
