Team-Based Interventions to Reduce Falls in Older Adults

November 17, 2016
We Want To Hear From You!

Type questions into the **Questions Pane** at any time during this presentation.
Patient-Centered Primary Care Institute

Online Modules
Webinars
Website
Learning Collaboratives
Trainings
TA Network
Oregon’s PCPCH Model is defined by six core attributes, each with specific standards and measures

- **Access to Care** “Health care team, be there when we need you”
- **Accountability** “Take responsibility for making sure we receive the best possible health care”
- **Comprehensive Whole Person Care** “Provide or help us get the health care, information and services we need”
- **Continuity** “Be our partner over time in caring for us”
- **Coordination and Integration** “Help us navigate the health care system to get the care we need in a safe and timely way”
- **Person and Family Centered Care** “Recognize that we are the most important part of the care team - and that we are ultimately responsible for our overall health and wellness”

Learn more: [http://primarycarehome.oregon.gov](http://primarycarehome.oregon.gov)
Our Presenter

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Oregon Health & Science University
Team-Based Interventions to Reduce Falls in Older Adults

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Oregon Health & Science University

STEADI
Stopping Elderly Accidents, Deaths & Injuries
POLL

Where are you in the process of implementing Falls Prevention in your setting?

- Gathering information/haven’t started implementing
- Trying to screen but having trouble – looking for help!
- Screening in place – now what?
- Comprehensive falls prevention program in place.
Goals for today

- Review evidence-based strategies to reduce falls in older adults
- Describe CDC’s Stopping Elderly Accidents, Deaths, and Injuries (STEADI) initiative
- Discuss lessons learned from implementing STEADI at OHSU
- Brainstorm ways to help implement falls prevention strategies in your own clinic setting
POLL

Which of the learning objectives would you like to focus on most today?

- Review evidence-based strategies to reduce falls.
- Describe CDC’s STEADI Initiative
- Discuss lessons learned from implementing STEADI at OHSU
- How to implement falls prevention strategies in your setting
Mrs. B

Delightful 85 yo woman with a history of HTN, HLD, DMII, and overactive bladder.

She presents to your office for evaluation of intermittent episodes of confusion, fatigue, and a recent fall.

She can’t seem to remember names at times, has increasing difficulty with complex tasks, and her son worries she may not be safe at home anymore.
Mrs. B - PCP visit (1 week post fall)

- Lisinopril 40 mg daily
- Metformin 1000 mg BID
- Atenolol 50 mg BID
- Clonidine 0.1 mg daily
- HCTZ 25 mg daily
- Vitamin D 400 IU daily
- Tylenol PM prn
- Sertraline 25 mg daily
- Atorvastatin 20 mg qhs
- Oxybutynin 5 mg qd

- BP 118/80, standing 98/54, HR 58
- Weight down 10 pounds (140 to 130 in 3 months)
- Heart regular, lungs clear
- TUG 25 seconds, and she uses her hands to stand.
- Gait unsteady with walker, knees hurt with walking
- Creatinine is 1.4
- HbA1C is 7.2.
- LDL 112
An older adult falls every second of every day. Less than half of them talk to their doctor about their fall.

IN 2014:

- Totalling 29M older adult falls.
- 24% of those falls required medical treatment or restricted activity for at least a day.

Falls are the number one reason older adults lose their independence.

1 in 4 older adults reported a fall.
Falls are the leading causes of injury death among adults over the age of 65.

- **27,044 Fall Deaths**
- Fall-related deaths have increased 163% since 2000

Bar chart showing:
- Falls: 27,044
- Motor Vehicle: 5,000
- Suffocation: 2,000
- Poisoning: 1,000
- Fire/Burn: 1,000
- Drowning: 1,000
- Other: 1,000
- Unspecified: 1,000

Total deaths: 53,672

NCHS, 2014
A Growing Burden:

Falls and fall injuries are increasing in the US.

Annual medical expenses for older adult falls cost over $31 billion.

These costs will surge unless preventive measures are adopted.

Over 10,000 people in the U.S. turn 65 every day.
Tests for Gait, Strength, and Balance

- **The Timed Up and Go (TUG)**
  - Stand up from chair without using arms
  - Walk 10 feet
  - Turn around
  - Go back to chair
  - Sit down
  - At risk for falls if > 15 seconds

- **Other possible performance tests:**
  - 30-Second Chair Stand Test
  - 4-Stage Balance Test (4 steps, 10 seconds each)
  - Tinetti Gait and Balance
If the Patient Screens Positive for Fall Risk

- **Further assessment**: gait, orthostasis, cardiac problems, vision, cognitive screen
- **Exercise program** to prevent falls: Tai Chi is best
  - Motivational interviewing can help
- **Vitamin D, calcium supplementation**
- **Reduction of risky medications** and total medications
- **Environmental modifications**
  - Eyewear, foot and footwear, gait aids
  - Home safety, fear of falls
How Much Do these Things Help to Reduce the Risk of Falls?

- Tai Chi - 49% reduced risk for falls
- Muscle strengthening/ balance retraining - 17% reduced risk
- Vitamin D supplementation - 26% reduced risk
- Withdrawal of psychotropic meds - 66% reduced risk
- Home safety assessment for person with history of falls - 34% reduced risk

## Cost Effectiveness of Falls Prevention Interventions

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Cost (2007 $)</th>
<th>Relative Risk (Confidence Interval)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychotropic withdrawal</td>
<td>160</td>
<td>0.34 (0.16-0.74)</td>
</tr>
<tr>
<td>Group Tai Chi</td>
<td>104</td>
<td>0.51 (0.36-0.73)</td>
</tr>
<tr>
<td>Home modification</td>
<td>326</td>
<td>0.66 (0.54-0.81)</td>
</tr>
<tr>
<td>Vitamin D supplementation</td>
<td>99</td>
<td>0.74 (0.61-0.88)</td>
</tr>
<tr>
<td>Muscle and balance training</td>
<td>371</td>
<td>0.83 (0.66-0.98)</td>
</tr>
</tbody>
</table>

If focus only on cost, Vitamin D has highest net benefit

Frick, J Am Geriatr Soc, 2010
Tai Chi and Falls Reduction in Older Adults

✓ 6-month RCT in Oregon of 3x/wk Tai Chi vs. stretching
✓ 256 inactive, home-living elders (age 72-92)
✓ 6 month study

<table>
<thead>
<tr>
<th></th>
<th>Tai Chi</th>
<th>Stretching</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls</td>
<td>38%</td>
<td>73%</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Fallers</td>
<td>28%</td>
<td>46%</td>
<td>.01</td>
</tr>
<tr>
<td>Inj. falls</td>
<td>7%</td>
<td>18%</td>
<td>.03</td>
</tr>
</tbody>
</table>

Tai-chi group also significantly better in balance, physical performance & fear of falling

Other Balance and Exercise Programs

- 7 independent randomized controlled trials
  - 2328 subjects from Atlanta, Boston, Farmington, New Haven, Portland, San Antonio, Seattle
- Variety of interventions to reduce falls & frailty, all included exercise
- Exercise lasted 10-36 weeks, ≥ 2 year follow-up
- Pooled effects on falls: 10% RR (95% CI, .81- .99)
  - Effect for balance exercises: 17% RR (.70 - .98)

Province, JAMA, 1995.
Community programs

Tai Chi: Moving for Better Balance
- Developed at Oregon Research Institute
- Fitness centers, health care, parks and recreation, senior centers, living communities

Stepping On
- Taught by health professionals
- Classes at Providence, Legacy, the Portland VA Medical Center, senior living, fitness centers

Otago Exercise Program
- For homebound seniors
- Taught by Physical Therapists
- Taught by personal trainers through NW Seniors and People with Disabilities and Beyond the Clinic in Portland
Falls Prevention Website

- Maintained by the Oregon Health Authority
- Falls prevention information
- Program descriptions and updates
- Class locations and times
- List of Otago providers
- Instructor resources: trainings, class material
- Falls workgroup information

To help determine the right class for you, please go to healthoregon.org/fallprevention or call 971-673-1101
Vitamin D ↓ Fractures and Falls

• Vitamin D quickly increases muscle strength through its effect on calcium transport and protein synthesis.

• Fall reduction can be dramatic and can be observed within months (NNT = 15).

• Daily vitamin D doses of at least 800 IU are needed to observe benefit.

• Don’t forget calcium- 1,200 mg. dietary calcium is recommended daily for men and women age 71+; supplementation is controversial.
Vitamin D Levels and Dosing

• Interpretation of serum concentrations
  • <20 ng/ml – deficient
  • 20 – 30 ng/ml – insufficient

• ~50% of those >65 yr. have inadequate Vit D level

• Always use D₃!
  • 1,000 – 2,000 IU D₃ by mouth daily
    • 4,000 IU daily from all sources would lead to 92% of older adults with adequate levels
Medication Reduction: The Challenge

- >50% of all Medicare beneficiaries are treated for ≥ 5 chronic conditions/yr
- A typical Medicare beneficiary sees:
  - 2 PCPs, 5 specialists, across 4 practices
High-Risk Medications for Falls

- Psychoactive medications
  - Antipsychotics (e.g., Haldol, Risperdal)
  - Antianxiety drugs (Benzodiazepines, e.g., Xanax, Ativan)
  - Hypnotics (e.g., Ambien, Sonata)
  - Antidepressants (e.g., Tricyclics, Zoloft, Effexor)
- Opioids (e.g., hydrocodone, oxycodone)
- Antiparkinson (e.g., Sinemet)
- Antiepileptics (e.g., Tegretol, Dilantin)
- Anticholinergics (e.g., Ditropan, Detrol)
- Cardiovascular (e.g., diuretics, antihypertensives)
Footwear Style & Fall Risk

Prospective 2-year study of independent elders (327 fallers compared to 327 controls) found:

• Footwear matters
  
  • Safest shoes = athletic & canvas shoes
    (other types increased falls by 70%)
  
  • Going barefoot dramatically increased falls 10-fold
    (1000%)

Koepsell, J Amer Geriatr Soc, 2004
Single-Lens Distance Vision Glasses May Reduce Falls

RCT of 606 multifocal wearers, avg age 80, who had fallen in past year or had Timed Up and Go > 15 seconds found:

- Falls were prevented by getting rid of bifocals and progressive lenses for subjects with above-median levels of outdoor activity (NNT=2 to prevent an injurious fall)

- If subjects NOT active, single lenses increased falls

Haran, BMS, 2010
Home Safety Hazards

- Consider a home safety evaluation by OT
- Uneven or slippery surfaces
  (e.g., bathroom floor after shower or if resident incontinent)
- Throw rugs or loose carpets, mats
- Poor lighting (insufficient or uneven)
- Items that are difficult to reach
- Electrical cords (long, unsecured); oxygen tubing
- Chairs/toilet too low and/or without arms
Home Modifications

- Edges of stairs, uneven surfaces marked
- No (or secured) throw rugs, mats, long electrical cords
- Less clutter (easier said than done!)
- Chairs, toilet at appropriate height
- Furniture arranged so provides assistance, not obstacles
- Night lights
- Nonslip pads in shower, tub
- Grab bars in shower, next to toilet (raised, handbars)
- Handrails along staircases
- Even, non-glare lighting
# Multi-Component Falls Prevention Interventions

<table>
<thead>
<tr>
<th>Rec</th>
<th>Problem</th>
<th>Interventions</th>
<th>Referral prn</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Function, fear of falling, and unsafe home environment</td>
<td>Home safety eval (OT); PT; mobility/gait aid eval (PT); Tai Chi; Otago</td>
<td>PT, OT, ST (if MCI); pelvic floor PT, MSW</td>
</tr>
<tr>
<td>A</td>
<td>Vitamin D/ Calcium</td>
<td>Recommend 4000 units D3 &amp; 1200-1500 Ca from all sources; goal D&gt;30</td>
<td>NA</td>
</tr>
<tr>
<td>B</td>
<td>Visual impairment</td>
<td>Review meds affecting vision, switch bifocals to single focal distance lenses (NNT=2!)</td>
<td>Optometry; Ophthalmology</td>
</tr>
<tr>
<td>B</td>
<td>Manage HR/rhythm abnormalities</td>
<td>Holter monitoring, medication optimization, hydration, pacer</td>
<td>Cardiology</td>
</tr>
<tr>
<td>B</td>
<td>Medication/Polypharmacy</td>
<td>Med optimization &amp; minimization; gradual dose reduction</td>
<td>NCM/PharmD; psych MD; geri consult</td>
</tr>
<tr>
<td>C</td>
<td>Hypotension, Orthostasis, Dizziness</td>
<td>Establish right goal; Med titration; hydration; compression stockings; warm up exercises</td>
<td>Neurovestibular rehab; PT/OT</td>
</tr>
<tr>
<td>C</td>
<td>Feet/footwear</td>
<td>Avoid bare feet, slippers, flip flops</td>
<td>Podiatry</td>
</tr>
<tr>
<td></td>
<td>Morbidities (in addition to above)</td>
<td>Optimize treatment of PD, UI, COPD, DM2, OA/pain, MCI, MS, CHF, mood</td>
<td>As needed</td>
</tr>
</tbody>
</table>
What can you do for Mrs. B?

- Lisinopril 40 mg daily
- Metformin 1000 mg BID
- Atenolol 50 mg BID
- Clonidine 0.1 mg daily
- HCTZ 25 mg daily
- Vitamin D 400 IU daily
- Tylenol PM prn
- Sertraline 25 mg daily
- Atorvastatin 20 mg qhs
- Oxybutynin 5 mg qd

- BP 118/80, standing 98/54, HR 58
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- TUG 25 seconds, and she uses her hands to stand.
- Gait unsteady with walker, knees hurt with walking
- Creatinine is 1.4
- HbA1C is 7.2
- LDL 112
Mrs. B

- Refer to PT for gait and balance
- Refer to community tai chi class
- Home safety evaluation with OT
- Taper/discontinue risky medications
  - Tylenol PM, oxybutynin, atenolol, clonidine, metformin, HCTZ, atorvastatin
- Add recommended meds- Tylenol, vitamin D, calcium
- Recommend 50 oz fluid daily, compression stockings
- Recommend good shoes in the house
- Recommend single distance lenses when walking outdoors
Mrs. B

Vitals: BP 144/78, seated. 135/74 standing. HR 74.

She is no longer having episodes of confusion and feels she has more energy. She hasn’t had any more falls.

She and her son are extremely pleased with her care!

Med List Now:

- Lisinopril 20 mg daily
- Calcium 600 mg daily
- D3 2000 IU Daily
- Sertraline 25 mg daily
- Tylenol 1000 mg TID

- Don’t forget PT, topical pain rx, kegels, home safety evaluation, Tai chi class
In Summary...

- Falls screening
  - For everyone 75+ (or 65+ for quality measures)
  - For those at risk: Timed Up and Go is easy and helpful, vision, and orthostatics to get started

- Evidence-based strategies to reduce risk of falls in your practice
  - Exercise including Tai Chi
  - Vitamin D
  - Medication review and reduction
  - Environmental approaches
Stopping, Elderly Accidents, Deaths and Injuries

http://www.cdc.gov/steadi/

New Releases

Falls Among Persons Aged ≥65 Years With and Without Severe Vision Impairment – United States, 2014

CDC Expert Commentary

Are You Asking Older Adult Patients the Right Questions?

By asking three simple questions and taking action—when needed—you can reduce the risk of falling.

Free Medscape login required.

View Video >

Additional Resources

- Take a Stand on Falls: CDC Feature Article
- Keeping Seniors Safe Podcasts, Listen (0:59) | (3:50)
- Preventing Older Adult Falls and TBI, Listen (2:37)
- Concussion and Traumatic Brain Injury
- Violence Prevention: Elder Abuse
- Motor Vehicle Safety: Older Adult Drivers

For every 5,000 health care providers who adopt STEADI, over a 5-year period as many as:

- 6 million more patients could be screened,
- 1 million more falls could be prevented; and
- $3.5 billion more in direct medical costs could be saved.
Identify main fall risk factors

**Waiting room:** Patient completes *Stay Independent* brochure

**Clinical visit:** Clinician identifies patients at risk
- Patient scored ≥4 on *Stay Independent* brochure
- Fell in past year
- Feels unsteady when standing or walking
- Worries about falling

Evaluate gait, strength & balance
- **Timed Up & Go (recommended)**
- 30 Second Chair Stand (optional)
- 4 Stage Balance Test (optional)

Gait, strength or balance problem
- ≥2 falls
- 1 fall
- 0 falls

**Conduct multifactorial risk assessment**
- Review *Stay Independent* brochure
- Falls history
- Physical exam
- Postural dizziness/ postural hypotension
- Cognitive screening
- Medication review
- Feet & footwear
- Use of mobility aids
- Visual acuity check

**Recommend**

**LOW RISK**
- fall interventions
  - Educate patient
  - Vitamin D +/- calcium
  - Refer to community exercise or fall prevention program

**MODERATE RISK**
- fall interventions
  - Educate patient
  - Vitamin D +/- calcium
  - Refer to PT (gait and/or balance retraining)
  - or a community fall prevention program

**HIGH RISK**
- fall interventions
  - Educate patient
  - Enhance strength & balance
  - Improve functional mobility
  - Manage & monitor hypotension
  - Manage medications
  - Address foot problems
  - Vitamin D +/- calcium
  - Optimize vision
  - Optimize home safety

**Follow-up with patient**
- Review patient education
- Assess & encourage adherence with recommendations
- Discuss & address barriers to adherence

CDC STEADI Falls Screen Algorithm
STEADI online training available at www.cdc.train.org

Course 1: Overview

- SCREEN for fall risk
- REVIEW and manage medications linked to falls
- RECOMMEND daily vitamin D supplements

Course 2: Getting Started

Continuing education credit available (including CME & CNE)
Key Components that made STEADI successful at OHSU

Engage Leadership and Support Clinic Team Members

1. Align with institutional priorities to engage clinic and institutional leaders
2. Identify clinical champions: providers, medical assistants, front office staff, others
3. Support clinic teams throughout implementation: Falls “walk rounds,” “brown bag” refreshers

Develop a FEASIBLE Clinic Work Flow

2. Get input from all team members
   - Try it! before scaling up
   - Revise based on feedback

Build Epic Tools

3. Use familiar tools (e.g., health maintenance modifiers)
   - Keep it simple
   - Revise based on feedback
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## Falls Risk Assessment

Please complete this form while waiting to assist your provider in helping you stay active and independent.

Please check ☐ Yes or ☐ No for each statement below.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have fallen in the past year.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If yes, how many times in the past year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I use or have been advised to use a cane or walker to get around safely.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sometimes I feel unsteady when I am walking.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I steady myself by holding onto furniture or walls when walking at home</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I am worried about falling.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I need to push with my hands to stand up from a chair</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I have some trouble stepping up onto a curb.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I often have to rush to the toilet.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I have lost some feeling in my feet.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I take medicine that sometimes makes me feel light-headed or more tired than usual</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I take medicine to help me sleep or improve my mood</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I often feel sad or depressed</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Total ________  Your provider will discuss your score with you.

Patient signature: ____________________________  Date: ____________

Developed by the Greater Los Angeles VA Geriatric Research Education Clinical Center and affiliates as a validated fall risk self-assessment tool (Rubenstein et al. J Safety Res. 2011;42(6):483-495). Adapted, with permission of the authors.
STEADI Health Maintenance Modifier

- Panel review by all STEADI PCPs
- Eligible patients will have Falls Screen modifier added to Health Maintenance summary

<table>
<thead>
<tr>
<th>Health Maintenance Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>VITAMIN D MONITORING</td>
</tr>
<tr>
<td>FALLS SCREENING</td>
</tr>
<tr>
<td>DEPRESSION SCREEN</td>
</tr>
<tr>
<td>CHOLESTEROL SCREENING</td>
</tr>
</tbody>
</table>

- Appointment Notes include STEADI screen due

<table>
<thead>
<tr>
<th>Age</th>
<th>Sex</th>
<th>Followup</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>63 y.o. / F</td>
<td>6 month f/u</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>81 y.o. / F</td>
<td>HM STEADI DUE-OC OB ok per CC.DSHACK</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>75 y.o. / F</td>
<td>HM STEADI DUE-3/3 at 3:10 with NCM visit with J...</td>
<td>30</td>
<td></td>
</tr>
</tbody>
</table>
Front Desk Staff gives patient Stay Independent self-assessment questionnaire as part of check-in.

MA scores Stay Independent to identify patients with score of ≥4 on screening tool.

- **NO (Low Risk)**: MA puts screening tool on provider stool; Use .fallscheckin And STEADI doc flowsheet to document.
- **YES (High Risk)**: Provider reviews Stay Independent with patient; Refer to class if indicated/desired.

MA does TUG, Vision, Orthostatics as part of rooming process:
- Timed Up and Go (TUG) test (on way to room)
- Vision (eye chart) in 3 locations in clinic; corrected both eyes (use figures if patient doesn’t read)
- Measure Orthostatics during vital signs

MA puts screening tool on provider stool; Use .fallscheckin And STEADI doc flowsheet to document.
Provider completes full STEADI evaluation with potential interventions

Fail TUG; Fear of falling

• PT/OT\textsuperscript{1}
• Home Safety Evaluation
• Mobility aid evaluation
• Classes: Tai Chi, Stepping On
• Referral to Podiatry\textsuperscript{2}

Orthostasis Dizziness Hypotension

• Appropriate BP\textsuperscript{2} goal
• Medication optimization
• Hydration
• Compression stocking
• Warm up exercises
• Neurovestibular Rehab

Visual Impairment

• Bifocal education
• Review meds affecting vision
• Referral to Optometry, Ophthalmology

Medication Review

• Med optimization
• Gradual dose reduction
• RDA\textsuperscript{3} 4000 units D3 & 1200 Ca\textsuperscript{4}, between diet/supplement

Feet/footwear

• Avoid bare feet, slippers, flip flops
• Referral to Podiatry

Co-Morbidities

• Optimize treatment of Parkinson’s, COPD\textsuperscript{5}, DM2\textsuperscript{6}, OA\textsuperscript{7}/pain, MCI\textsuperscript{8}, MS\textsuperscript{9}, CHF\textsuperscript{10}, depression, incontinence
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6. Revise based on feedback

Build Epic Tools

7. Use familiar tools (e.g., health maintenance modifiers)
8. Keep it simple
9. Revise based on feedback
STEADI Smartset

IMC STEADI/FALLS — Required

- Reason for Visit
  - Fall Risk Screening

Chart Note

3 options to Chart Note:
1) Check box and then click 'edit'. Use F2 to complete fields.
2) Check box and then open Smartset and use F2 to complete fields.
3) Use one of the following dot phrases within the Visit notes.

Falls Assessment Chart Note
- STEADI HIGH RISK EVAL CHART NOTE (FRA score >= 4)
- STEADI LOW RISK STATEMENT (FRA <= 3)
- STEADI DEFER STATEMENT (uncheck Care Plan CPT 0518 b)

Orders

- PHYSICAL THERAPY REFERRAL [REHAB0000X1] Internal referral
- PHYSICAL THERAPY REFERRAL [REHAB00001] External Order
- CONSULT TO HOME HEALTH [CLINPROC00371] Internal referral
- Home Safety Evaluation (OT Referral - REHAB00002) Internal referral
- CONSULT TO FAMILY MEDICINE AT SOUTH WATERFRONT Internal referral
- RECOMMEND TO PODIATRY [CNSLLO078] External Order
- CONSULT TO OPHTHALMOLOGY [CNSLT0006] Internal referral
- CONSULT TO OPTOMETRY & OPHTHALMOLOGY [CNSLT0006] External Order
- Choledocyst, Vitamin D3, (MTAMIN D3) 1,000 unit Oral Referral
- BASIC METABOLIC SET (NA, K, CL, TCO2, BUN, CR, GLU, CREA)
- Consult to Bone Density (BONE DENSITY PROCEDURE CNSLTO0001)
- 12 LEAD ECG

CPT Codes — Required

- CPT CODES — YOU MUST PICK ONE OF THESE — Required
  - No falls/1 fall without injury in the past year [1101F]
  - 2 or more falls/1 fall with injury in the past year [1102F]

- Additional CPT Codes
  - Fall Risk Assessment DCED [3238F] (for ABIMABFM credits)
  - Fall Care Plan Docc [0519F] (for ABIMABFM credits)
  - Muscle and ROM testing, manual [05631]
  - Visual Screening Tool, Brief [03173]

Patient Instructions - Handouts
- Home Safety Checklist - CDC site
- Check for Safety Handout - brochure version
- Postural Hypotension brochure
- Postural Hypotension brochure - Spanish
- Stay Independent brochure
- Stay Independent brochure - Spanish
- Chair Rise Exercise
- Chair Rise Exercise - Spanish
- Measuring Orthostatic BP
- Good Shoes can Prevent Falls Patient Handout

AVS Patient Instructions
- Low Risk AVS Patient Instructions
- High Risk AVS Patient Instructions

Patient Instructions - Fall Prevention Classes (see Overview of Balance Classes link below)

Choose from any of the following to add patient instructions for the selected classes
- Falls Class Generic
- Tai Chi Classes - generic and DVDs
- Tai Chi Moving for Better Balance (12 weeks, 2 hrs/week, exercise only)
- Stepping On (17 weeks, 1 hr/week, didactic and exercise)
- Matter of Balance (8 weeks, 1 hr/week, didactic and exercise)
- Otago (homebound, 4 PT visits through Beyond the Clinic, follow up for 1 year)
- Bifocals/Simple Lens
- Good Hydration
- Low Blood Pressure
A Call To Action

- Do Something about Falls!
  - Care Teams and PCPs can help create more urgency and be equipped to manage fall risk
- It’s good patient care
  - Let’s promote independence and quality of life as long as possible
  - Offers an exemplar of evidence-based interdisciplinary practice serving seniors
- Offers potential for high population health impact
  - Focus on improving quality, changing utilization, and decreasing costs
What Questions Do You Have?

Type questions into the Questions Pane at any time during this presentation.
Resources & Thanks!

- [http://www.cdc.gov/steadi/](http://www.cdc.gov/steadi/)
- [http://healthoregon.org/fallprevention](http://healthoregon.org/fallprevention)
- Thank you for participating in this webinar!
- Please complete post-webinar survey