

# MASSACHUSETTS COMMISSION ON FALLS PREVENTION

## Phase 2 Progress Report

9/22/13-9/22/14



September 22, 2014

## I. BACKGROUND

In 2010, total hospital charges associated with fall-related injuries for those over the age of 65 in Massachusetts exceeded \$630 million. In that same year, unintentional falls were the main reason older adults received treatment in acute care hospitals (61,466 nonfatal older adult fall-related injuries were treated with 35% of those cases requiring hospitalization).<sup>1</sup>

The types of injuries sustained in an unintentional fall can range from minor bumps and bruises to more severe and/or life threatening injuries such as broken bones (e.g. hip fractures) and traumatic brain injuries (TBIs); unfortunately, not only do falls sometimes cause serious injuries requiring costly hospitalizations and necessitating long-term rehabilitation, falls can also be deadly. In 2010, 434 older adults in Massachusetts died with a fall identified as the primary underlying cause.

The serious and escalating public health problem of older adult falls, the associated health care costs, and the life changing and financially draining injuries these events often incur are the reason that legislation was signed into law in 2010 (Chapter 288 §9, Acts of 2010) creating a public body under the aegis of the Massachusetts Department of Public Health (DPH or Department) known as the “Massachusetts Commission on Falls Prevention” (“the Commission”).

The Commission is comprised of 13 members representing state and stakeholder agencies and organizations (see Appendix A for a list of Commission members) and has a statutory mandate to:

*“...make an investigation and comprehensive study of the effects of falls on older adults and the potential for reducing the number of falls by older adults. The commission shall monitor the effects of falls by older adults on health care costs, the potential for reducing the number of falls by older adults and the most effective strategies for reducing falls and health care costs associated with falls.”*

The Commission is further charged with reporting its findings annually to the Secretary of Health and Human Services and the Joint Committee on Health Care Financing no later than September 22.

## II. COMMISSION’S WORK PLAN AND PROGRESS TO DATE

The Commission organized its work into two phases; Phase 1 would focus on assessing the current state of the state vis a vis elder falls. The second phase would focus on

---

<sup>1</sup>“Fall-Related Injuries: Deaths, Hospital Discharges, Observation Stays, and Emergency Department Visits,” Injury Surveillance Program, Bureau of Health Information, Statistics, Research, and Evaluation, DPH.

recommendations for future actions likely to reduce older adult falls and associated costs.

## **A. Phase 1**

The first meeting of the Commission was convened by DPH on August 30, 2012. The Commission met in open meeting seven times during what became referred to as “Phase 1” from August 2012 through July 2013 and submitted its first report, “Phase 1 Report: The Current Landscape.” A public announcement of the release of the report was delivered by DPH Commissioner Cheryl Bartlett at the Massachusetts Falls Prevention Coalition’s annual “Falls Prevention Awareness Day” event that was held at the State House on September 23, 2013.

The “Phase 1” work period focused on gathering information to further Commission members’ understanding of the impact of older adult falls in Massachusetts and the “current landscape”, i.e., available data, ongoing falls-related initiatives of stakeholder groups, and existing evidence-based initiatives. In order to ensure a well-rounded perspective on the topic of older adult falls and prominent themes, many of the Commission meetings during Phase 1 included presentations from a variety of speakers including DPH injury prevention epidemiologists and health care quality experts, representatives from the Executive Office of Elder Affairs and the Massachusetts Association of Councils on Aging on the elder service delivery network, and health provider organizations like the Massachusetts Hospital Association, Massachusetts Senior Care, and the Home Care Alliance of Massachusetts. During Phase 1, the Commission also identified critical information that would be needed to guide and inform their Phase 2 work.

One specific area in which more information was required but was not readily accessible, was the types and availability of evidence-based falls prevention programs being offered to older adults throughout Massachusetts communities. As a large body of research has confirmed, older adult falls are largely preventable and certain evidence-based falls prevention programs are often cited for the benefits to participating older adults in improving their balance, increasing their muscle strength and/or addressing the emotional side effects of a fall, e.g. fear of falling. But, there was no systemically gathered information as to what extent such programs existed in the state.

As a result of the need for this information, DPH engaged the Boston Medical Center Injury Prevention Center (BMC-IPC), and more specifically Dr. Jonathan Howland and Research Assistant Nicole (Krellenstein) Treadway, to develop a survey to establish a statewide inventory of the evidence-based falls prevention programs being offered or delivered by organizations commonly serving older adults, including: Aging Services Access Points (ASAP), YMCAs, and Councils on Aging. This report was submitted to the

Department in July 2014 and will provide important information to the Commission as it continues to develop recommendations.

The Department also initiated a contract with JSI Training & Research, Inc., to coordinate and facilitate the work of four Task Groups formed within the Commission (composed of members and other recruited experts/advisors). These Task Groups are: Data and Surveillance, Community-Based Falls Prevention, Providers and the Clinical Environment, and Public Education and Communication. JSI also participated in drafting the Commission's Phase 1 Report which can be found on-line at:

<http://www.mass.gov/eohhs/docs/dph/injury-surveillance/falls-prevention-phase-1-report.pdf>.

## **B. Phase 2**

### **1) Commission Meetings**

In moving forward into Phase 2 of their work, Commission members agreed to a workplan that was intended to help complete a Phase 2 Report, including final recommendations, by July 2014. Commission members agreed to meet monthly for two and a half hours each time, to continue meeting in the Task Groups that had been established during Phase 1, and to continue working with coordination and facilitation from JSI.

Between October 2013 and July 2014 the Commission held six meetings. Agendas and minutes for Commission meetings can be obtained from DPH.

### **2) Task Group Updates**

Because, the Data and Surveillance Task Group had essentially completed their work and identified key recommendations during Phase 1, the decision was made to dissolve that Task Group in Phase 2 and concentrate efforts on the development of recommendations from the three remaining Task Groups.

All three Task Groups resumed meeting in January 2014 and continued through April 2014. All Task Groups had a twofold mission during this timeframe: 1) to engage outside subject matter experts to help enhance members' understanding and knowledge of chief issues connected to their respective focal areas; and 2) to refine earlier work from Phase 1 and develop a set of recommendations that could be considered for adoption by the full Commission and incorporated into the Phase 2 Recommendations Report.

The following is an overview of each Task Group's (TG) work this past year:

- i. *Community-Based Falls Prevention Task Group* - This Task Group met four times and concentrated their work on trying to identify the kinds of falls prevention programs and activities that are currently being made available to older adults in their communities, what organizations are offering these programs and most importantly, the costs and needs involved in supporting and sustaining these programs to improve greater access and ensure a competently trained staff. The Task Group benefitted from hearing about preliminary results from Dr. Howland's Inventory Project through his TG meeting participation.

The Task Group explored the program offerings and delivery model of the Healthy Living Center of Excellence (HLCE) which involves the partnership of a private non-profit agency, Elder Services of Merrimack Valley and a medical geriatric provider organization affiliated with Harvard Medical School, Hebrew SeniorLife (HSL). HLCE offers an array of evidence-based healthy aging programs, including the Chronic Disease Self-Management Program, and delivers these programs through an infrastructure of six regional Coalitions. Jennifer Raymond, the Executive Director of Evidence-based Programs from HSL, was invited and participated in a Task Group meeting and has served as an advisor.

Another key issue that this TG researched and plans to address in their final recommendations is the impact of the built environment as a contributor to older adult falls and falls risks. JSI consulting staff reached out to multiple experts for input on this topic and the falls prevention benefits that might be achieved through environmental modifications, to make Massachusetts safer and more walkable for all age groups, e.g. better signage, curb cuts in streets, and contrast markings. Experts, such as Russell Lopez, Senior Research Associate from the Dukakis Center, also participated directly in TG meetings. Other advisors and outside experts that helped to inform this TG included Deborah D'Avolio, Associate Professor, Northeastern University; Kathy Sykes, Senior Advisor for Aging and Sustainability, Office of Research and Development, US EPA; Wendy Landman, Executive Director, WalkBoston; and Ben Wood, Healthy Community Design Coordinator, MA DPH.

- ii. *Provider Task Group* - This Task Group met four times and focused much work and discussion on best strategies to improve health provider education and comprehension regarding falls prevention and importance of performing falls risk assessment with older adult patients, particularly with the release of the Centers for Disease Control and Prevention's STEADI (Stopping Elderly Accidents, Deaths, and Injuries) toolkit for providers (in late 2012). Other core issues that were explored included the possible advantages that might exist with the advent of electronic medical records (e.g. utilization of clinical decision making support systems with features that could help identify patients at high risk for falls). This TG was also concerned about whether lack of understanding of insurance reimbursement options for falls-related services was impeding progress and how

that might be addressed in recommendations. The Provider TG also looked at transitions of care across health care settings and current initiatives to ensure important health information follows the patient. External experts such as Terry O'Malley, MD, Co-Chair, Clinical Transitions, Partners Healthcare and advisor on the IMPACT (Improving MA Post-Acute Care Transfers) Project provided key information to this Task Group. Other experts that helped inform this Task Group included: Laura Nasuti, Deputy Director, Office of Statistics and Evaluation, MA DPH; Cynthia Bero, CIO, Partners Community Healthcare; and Barbara Piselli, Interim Executive Director, Board of Registration in Medicine.

- iii. *Public Education and Communication Task Group* - This Task Group met four times and primary activities included 1) identifying opportunities on how to incorporate falls messaging into current communications around healthy aging and chronic disease prevention; and 2) researching other states' efforts and lessons learned regarding development of a state falls awareness campaign, e.g., feasibility and costs. JSI staff and Task Group members sought guidance from a number of national experts and subject matter experts from other states on this topic including Bonita "Lynn" Beattie, Lead, Falls Free® Initiative, National Council on Aging (NCOA); Christine Harding, Director of Community Education Programs, NCOA; Ellen Caylor Schneider, UNC Falls Prevention Awareness and Advocacy Committee; Stanley Michaels, Injury Prevention Specialist, Hawaii State Department of Health; Anna Quyen Do Nguyen, Fall Prevention Center of Excellence, CA; and Pam Marietti, StopFalls Napa Valley, CA.

### 3) Inventory Report

The work by Dr. Jonathan Howland and Nicole (Krellenstein) Treadway of the BMC-IPC to develop the statewide "Inventory Project" continued throughout this reporting period. The researchers developed a baseline survey to capture quantitative and qualitative data from multiple types of organizations on evidence-based falls prevention programs hosted or offered to older adults in their communities in 2012. Seven types of organizations were surveyed: Area Agencies on Aging/Aging Service Access Points; Assisted Living Residences; Community Action Agencies; Community Health Centers; Councils on Aging; Home Health Agencies; and YMCAs.

This report will be reviewed and utilized by Commission members and the Department as they complete Phase 2.

### 4) Relationship with the Prevention and Wellness Trust Fund

In an effort to continue to increase access and improve outcomes in health care, Chapter 224 of the Acts of the 2012, a health care cost containment bill, was passed. Chapter 224 established the Prevention and Wellness Trust Fund (PWTF), a first of its kind fund intended to demonstrate that effective collaboration between community

agencies, clinical care and municipalities can be a driving force in the reduction of health care costs and improving population health.

Under the auspices of the DPH, the PWTF has set forth a challenge for the Commonwealth to reduce health care costs by targeting interventions toward health conditions that carry the highest burden. The \$57M Trust Fund supports grantees in their efforts to implement research-based interventions that will reduce rates of the most prevalent and preventable health conditions and increase healthy behaviors.

In selecting the health conditions to be addressed by grantees, the Commissioner and her advisors on the Prevention and Wellness Advisory Board considered: the prevalence of health conditions, the associated health care costs, and whether there are known evidence-based interventions. Falls amongst older adults (along with hypertension, tobacco use and pediatric asthma) was selected as one of the four priority conditions to be addressed by grantees.

The procurement through which grantees were selected for funding required applicants to form partnerships which included at least one clinical site, at least one community-based provider and one municipality. Nine partnerships have been awarded funding and they are separated into two cohorts. Cohort 1 includes Boston Public Health Commission, Holyoke, Lynn Community Health Center, Manet Community Health Center, and Worcester. Cohort 2 includes Barnstable, Berkshire County, Hudson, and New Bedford. Cohort 1 completed their capacity-building phase in September 2014 and has moved into implementation. Cohort 2 will begin implementation in January 2015.

All but one of the grantees will be addressing falls. Most will be focusing on multi-factorial risk assessment in the clinical setting as well as community-based interventions such as home assessments and Matter of Balance.

Because the PWTF includes a significant evaluation effort, the Commission expects that the implementation phase will afford a wealth of information about not only the effectiveness of these interventions, but also about the challenges and facilitators for their implementation. The PWTF will have a significant impact on the landscape of falls prevention in the Commonwealth and will also have major relevance to the findings and recommendations of this Commission.

### **III. NEXT STEPS IN COMPLETING PHASE 2**

The Commission intends to continue its work throughout FY2015. The Massachusetts Chapter of the American Association of Retired Persons is expected to provide a nomination to replace their representative on the Commission. When this appointment is made by the Governor, it will complete the Commission's membership. Task Groups will continue meeting through the coordination of JSI and full Commission meetings will be held monthly.

Activities will focus on: continuing to meet as Task Groups and refining their findings and recommendations; assimilating the information provided by BMC IPC's Inventory Report as well as the developing information from the PWTF Grantees; and moving forward to develop Commission recommendations for the final report.



**APPENDIX A**  
**Members of the Massachusetts Commission on Falls Prevention**

| <b>Member Name</b>  | <b>Organization Representing:</b>                   |
|---|---|
| <ul style="list-style-type: none"> <li>▪ <b>Carlene Pavlos</b>, Director, Bureau of Community Health and Prevention;<br/><b>Commission Chair</b></li> </ul>   | MA Department of Public Health                      |
| <ul style="list-style-type: none"> <li>▪ <b>Almas Dossa</b>, Program Manager, Home Health, Hospice, and Independent Nurse Providers<br/>Office of Long Term Care Services &amp; Supports*</li> <li>▪ Janet Cutter, Clinical Manager, Office of Long Term Services and Supports**</li> </ul> | MassHealth  |
| <ul style="list-style-type: none"> <li>▪ <b>Annette Peele</b>, Director of Information Services</li> </ul>  | MA Exec. Office of Elder Affairs                    |
| <ul style="list-style-type: none"> <li>▪ <b>Colleen Bayard</b>, Director of Regulatory and Clinical Affairs</li> </ul>  | Home Care Alliance of MA                            |
| <ul style="list-style-type: none"> <li>• Almas Dossa, Research Scientist ***</li> </ul>   | American Assn. of Retired Persons (AARP)-MA Chapter |
| <ul style="list-style-type: none"> <li>▪ <b>Ish Gupta</b>, Assistant Professor of Internal Medicine, University of MA Medical School</li> </ul>   | MA Medical Society                                  |
| <ul style="list-style-type: none"> <li>▪ <b>Helen Magliozzi</b>, Director of Regulatory Affairs</li> </ul>  | MA Senior Care Association                          |
| <ul style="list-style-type: none"> <li>▪ <b>Emily Meyer</b>, President</li> </ul>   | MA Assisted Living Facilities Association           |
| <ul style="list-style-type: none"> <li>▪ <b>Joanne Moore</b>, Director, Duxbury Council on Aging</li> </ul>   | MA Association of Councils on Aging                 |
| <ul style="list-style-type: none"> <li>▪ <b>Emily Shea</b>, Commissioner, Commission on Affairs of the Elderly (City of Boston)</li> </ul>  | Mass Home Care                                      |
| <ul style="list-style-type: none"> <li>▪ <b>Mary Sullivan</b>, Pharmacy Manager, Senior Whole Health</li> </ul>   | MA Pharmacists Association                          |
| <ul style="list-style-type: none"> <li>▪ <b>Jennifer Kaldenberg</b></li> </ul>  | MA Association for Occupational Therapy             |
| <ul style="list-style-type: none"> <li>▪ <b>Melissa Jones</b></li> </ul>  | American Physical Therapy Association of MA         |

\* Began serving as MassHealth representative in April, 2014 to present

\*\* Served as MassHealth representative from August, 2013 thru April, 2014

\*\*\* Served as AARP representative from August, 2012 thru April, 2014