**MA Commission on Falls Prevention Meeting**

**MA Department of Public Health (DPH)**

 **Lobby 1 Conference Room**

**250 Washington St., Boston**

**April 26, 2017; 12:30-2:30 PM**

**Meeting Minutes**

*(Accepted 11-9-17)*

**Members Attending:** Leonard M. Lee (Chair), Almas Dossa, Ish Gupta, Melissa Jones, Helen Magliozzi, Joanne Moore, Annette Peele, Emily Shea, Mary Sullivan

**Members Not in Attendance:** Colleen Bayard, Jennifer Kaldenberg

**Pending Members Attending**: Richard Moore

**Others Attending:** Carla Cicerchia, Department of Public Health (DPH)-Div. of Violence and Injury Prevention (DVIP); Santhi Hariprasad, DPH-Prevention and Wellness Trust Fund (PWTF) Team; Amy Bettano, DPH-PWTF Team, Laura Kersanske, DPH, Jonathan Howland, Boston Medical Center-Injury Prevention Center (BMC), Holly Hackman, BMC

1. **Welcome/Introductions/Commission Business** (Leonard M. Lee, Department of Public Health (DPH), Commission Chair)
* Commission Chair Leonard M. Lee opened the meeting by greeting members and other attendees. Members and other meeting participants were then asked to introduce themselves and their affiliations.
* Minutes: After introductions, members reviewed draft minutes of the last meeting on 1-19-17. The Chair asked for a motion to approve the meeting minutes, which was received and seconded; the minutes were then unanimously accepted.
1. **Brief Update: Primary Care Provider (PCP) Survey Project** (Jonathan Howland, Boston Medical Center, Injury Prevention Center)
* Dr. Jonathan Howland, the chief evaluator on the PCP falls prevention survey provided some brief updates on that project, which included the following:
* Although the project has been scaled down-(in terms of the number of healthcare organizations with PCP practices participating) it is still ongoing and should yield some interesting findings.
* Current survey response rate from PCPs within one organization was at 67%
* The survey was recently deployed to a second healthcare organization, which includes 90 PCPs in the network. To date there was only a 30 % response rate but that was without sending any reminders-so this rate could still go up.
* Preliminary results from responses received indicated that only 15% of PCPs had heard of the CDC’s STEADI toolkit; of those that were aware of STEADI - 37% said that they were using it in their practice.
* For familiarity with certain evidence-based programs associated with fall prevention-15% knew about A Matter of Balance, 45% knew about Tai Chi, and only 2% knew about Otago.
* Emily Shea asked Jonathan if the survey asked why a PCP is not using STEADI. The survey does not ask that specifically but does inquire about any routine falls risk screening/assessment practices, which the PCP follows with patients 65 and older.

**3) Presentation: *Prevention and Wellness Trust Fund (PWTF) Fall Prevention Initiatives: Overview and Lessons Learned*** (Amy Bettano, Epidemiologist, DPH-Office of Statistics and Evaluation; Santhi Hariprasad, Quality Advisor-Falls, DPH-PWTF) PPT slides

* Amy Bettano, PWTF epidemiologist, presented on “PWTF by the Numbers” sharing some key data points to provide some context on this 4 year state initiative overseen by DPH that featured a $57 million trust fund, established by legislation. Amy began by explaining the overall structure of the PWTF model and the priority medical conditions around which PWTF grantee partnerships had implemented evidence-based interventions: hypertension, asthma, tobacco use, and *older adult falls*. The PWTF partnerships covered 47 towns with clients served from 224 communities throughout Massachusetts. Out of over 300,000 clinical patients seen in a year, approximately 74,000 were reached with priority conditions.
* Highlights regarding the 8 grantee partnerships that chose to implement interventions to prevent older falls included the following:
* Half of the partners that focused on falls had never collaborated in that area before participating in PWTF; the initiative introduced major systems innovations especially with clinical partners and implementation of STEADI.
* Out of 18,000 referrals made to community-based interventions, 5,400 were fall-related; out of 16,000 individuals that were enrolled for various community-based interventions 5,500 individuals were enrolled in falls programming.
* According to the evaluation performed by Harvard Catalyst (the contracted evaluator) the projected 5 year impact of PWTF would result in 3,000 fewer older adult falls in Massachusetts and 730 fewer older adult injuries and with $635,000 of healthcare costs averted.
* Jonathan Howland asked about the methodology used by Harvard Catalyst to arrive at these estimates. Amy said she would need to follow-up with him regarding that answer.
* The next presenter, Santhi Hariprasad, the PWTF Quality Advisor on falls, who assisted/advised the grantee partners with their falls interventions, discussed some of the lessons learned from the PWTF initiative, etc. Santhi started by providing some additional background on the PWTF initiative. She explained that the evidence-based interventions that were implemented were selected because they showed a return on investment (ROI) within 3-5 years. The goals for the PWTF initiative included reducing rates of certain preventable health conditions including falls, increasing healthy behaviors, addressing health disparities, and reinforcing the evidence-base for prevention programming.
* Santhi explained how the PWTF model was designed. The 8 grantee partnerships were comprised of clinical, community-based, and municipal partners. All primary care clinical partners were expected to implement parts of the CDC’s STEADI toolkit performing fall risk screenings of their 65 and older patients and recommending appropriate interventions depending on risk level using the [STEADI algorithm](https://www.cdc.gov/steadi/pdf/Algorithm_2015-04-a.pdf), e.g., referral to an evidence-based program like Tai Chi or A Matter of Balance at a community-based organization, home safety assessment, etc. Through a bi-directional system put into place, clinicians received feedback from the community organizations on whether patients followed through with their recommendations. In order to improve the outcomes, community health workers (CHWs) were also utilized to reach out to patients, help overcome any cultural barriers (some were bi-lingual) and offer assistance, e.g. arrange transportation, etc.
* The technical assistance strategy that was initiated to help the PWTF partners’ succeed included: learning sessions twice a year, on-site trainings in STEADI for clinical partners, conference calls and webinars with experts on pertinent topics, availability of online resources, requiring quarterly data and progress reports from partners, etc.
* Santhi spent some time discussing some of the challenges as well as successes in implementing STEADI-(making fall risk screening/assessment standard practice) with the clinical partners. In the challenge column she noted that time and competing priorities of clinicians sometimes got in the way of adoption of STEADI; also confusion over how to reimburse around falls screenings, etc., and lack of a standard EMR template was problematic. For PWTF successes however, many participating clinical sites added falls screening/risk assessment to their EMR template, over 200 providers and clinic staff were trained in use of STEADI, some new models were developed including establishment of a “falls clinic”, strong partnerships were formed with community-based organizations, and thousands of older adults (age 65 +) were screened, assessed, and referred for interventions.
* Finally, she concluded by sharing some of the lessons learned in implementing STEADI, and in establishing successful linkages with community partners. She also identified some next steps based on lessons learned from the overall PWTF initiative with regard to reduction of older adult falls (see slides).
* Several Commission members commented on how the Commission’s Phase 2 report recommendations were consistent with the PWTF’s findings such as the importance of engaging PCPs in falls risk assessment, ensuring availability of evidence-based programming, etc.
1. **Discussion: Commission’s Plans and Objectives for the Future** (Leonard M. Lee/All)
* Leonard initiated a discussion on members’ thoughts around the Commission’s future work plans and objectives and best ways to leverage limited resources. The following summarizes some of the ideas offered during said discussion:
* Almas Dossa expressed there was a strong priority of trying to train or engage more PCPs in focusing on older adult fall risk assessment (as just discussed during the PWTF presentations).
* Ish Gupta added that he’d recently attended a conference of the American College of Physicians and was surprised that there were no educational programs or lectures on older adult falls prevention.
* This led to further discussion about the Commission’s Phase 2 Report recommendation on encouraging adoption of standardized falls risk screening practices/falls prevention interventions by primary care providers, etc. Comments included whether continuing medical education requirements on falls prevention could be mandated through the MA Board of Registration in Medicine (similar to pain management/opioid prescribing practices educational requirements tied to licensure currently in place). It was noted that such mandates generally require passage of legislation. Ish wondered if the Commission could put together a short presentation that included most recent MA falls data-that could be used by members to “go on the road” to promote prevention with physicians groups. Holly Hackman (meeting attendee) noted that the MA Medical Society has a Geriatric Medicine Subcommittee that might be worth contacting regarding this matter. Leonard said he would reach out to the MA Medical Society directly about this. Commission staff will gather information on examples of educational presentations, trainings and updating falls data for a possible new presentation developed by the Commission for a physician audience. The Commission did not choose to form a new Subcommittee for this objective at this time.
* Joanne Moore spoke about the MA Assn. of Councils on Aging’s (MCOA) greater focus on falls prevention and related activities. She noted the ability to reach people through circulation of MCOA’s newsletter (e.g. last September an informational piece on medication safety authored by Mary Sullivan was reviewed and endorsed by the Commission). She raised the idea of a public educational campaign to promote falls prevention; however, a funding source has not been identified for such an endeavor (can be costly).
* Holly Hackman commented on the serious prevalence of Traumatic Brain Injuries occurring in older adults caused by falls and suggested the Commission reach out to the Brain Injury Association of MA to explore any partnership possibilities, particularly around primary prevention. Leonard was interested in speaking with someone from the organization.
* Emily Shea proposed that the Commission review 3 of the main recommendations (i.e., older adult fall risk assessment by Physicians as standard practice, expansion and access to evidence-based programs, safety improvements in the built environment) in the Phase 2 Report and develop an action item for each recommendation.

**6) Closing Remarks** (Leonard M. Lee)

* Leonard announced that some potential dates had been selected for the remaining 2017 meetings in the months of August and November. A Doodle poll will be sent to members by Commission staff (Carla Cicerchia) to help make the final decisions.
* Leonard asked Commission staff to share an update on how some recently available Preventive Health and Health Services Block granting funding for falls prevention was going to be used; $24,000 will go to the Healthy Living Center of Excellence/Elder Services of Merrimack Valley towards further expansion of evidence-based programming including in assisted living facility settings.
* Leonard thanked the members and other attendees for their participation and adjourned the meeting.

*Meeting concluded at 2:28 PM.*