**MA Commission on Falls Prevention Meeting**

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

**Lobby 1 Conference Room**

**250 Washington Street, Boston**

**January 7 2019; 11:00 AM - 12:30 PM**

**Meeting Minutes**

*(Accepted 4/24/19)*

**Members Attending:** Rebekah “Bekah” Thomas (Chair), Colleen Bayard, Almas Dossa, Melissa Jones, Jennifer Kaldenberg, Helen Magliozzi, Joanne Moore, Emily Shea

**Members Not in Attendance:** Ish Gupta, Annette Peele, Mary Sullivan, Deborah Washington

**Pending Member Attending:** Brian Doherty

**Others Attending:** Carla Cicerchia, DPH-Div. of Violence and Injury Prevention; Alexandra Rubin (DPH); Asif Merchant (MA Medical Society); Candace Savage (MA Medical Society); Jonathan Howland (Boston Medical Center Injury Prevention Center)

**1)****Welcome/Introductions/Commission Business:** (Bekah Thomas, Chair) *PPT slides*

* Commission Chair Bekah Thomas, greeted members and attendees and opened the meeting. All present were requested to introduce them self and their affiliation.
* After introductions the Chair asked Commission members to review a draft of the minutes from the last meeting on 10/1/18. She initiated a motion to approve the minutes, which was received and seconded; the minutes were unanimously accepted.
* Updates from the Chair:
* Referring to her slide presentation, Bekah reminded the group of the Commission’s statutory mandate and reporting requirements. She commented that based on the legislative language it was clear that the legislators who created the Commission obviously understood older adult falls as a serious public health issue. She reminded members that the mandate of the Commission is to develop recommendation upon which the legislature and EOHHS secretary can act to prevent older adult falls.
* She then apprised members of a statutory change that was passed in the most recent legislative session that will now require reporting from the Commission (to the legislature and EOHHS Secretary) every two years instead of annually. Therefore, the next report will be due in September 2020.
* Bekah highlighted some Massachusetts fall-related data points that were included in the 2018 annual legislative report DPH submitted on behalf of the Commission, e.g., in 2014, 528 older adults (age 65 +) died from fall-related injuries (83% of all fall deaths), etc. She noted that the issue of older adult falls continues to be a critical public health issue. She also talked about the Commission’s legislative mandate to propose strategies that reduce health care costs associated with fall-related injuries and the need to reframe the next report more closely around the tracking of health care costs driven from older adult falls.

**2) Presentation: Open Meeting Law** (Alexandra Rubin, JD, Deputy General Counsel, DPH) *PPT slides*

* Before the presentation began, Commission staff passed out hard copies of the current Open Meeting Law (OML) Guidelines prepared by the Attorney General’s office (Maura Healey).
* Alex Rubin provided a brief refresher session on the state’s Open Meeting Law (OML) to educate about the requirements and rules for public bodies that fall under the law such as the MA Commission on Falls Prevention. Areas covered included the following:
* What constitutes a “public body”
* Meeting notification requirements
* Meeting conduction rules including quorum, deliberation procedures, remote participation, etc.
* Regarding the Falls Commission, because there are 13 members the required quorum to hold a meeting is a simple majority of 7 members who are *physically present* including the Chair or their designee; quorum requirements also apply to subcommittees, task groups, etc. dependent on the size of the group.
* Alex explained how permission for remote participation is more lenient now under the OML and that what is most important is that the person and in-person participants are clearly audible to one another throughout the meeting. Also, if there are any roll call votes taken the name of the person participating remotely would be required to be announced. While the remote participant can vote, they cannot count towards quorum.
* Alex also cautioned members about being mindful how e-mail communications between members can never include content about what was discussed during a meeting or anything regarding Commission work; communications relative to scheduling of meetings however is permissible.
* Alex informed the Commission members that after reviewing the OML materials they should sign the “Certificate of Receipt” form that states that they received said information. The form should be submitted to Commission staff for record-keeping purposes.
* Upon the conclusion of her presentation, Alex said that she or a colleague would be returning for a future Commission meeting to review the state’s conflict of interest law with the members.

**3) Presentation/Discussion: *Massachusetts Medical Society Committee on Geriatric Medicine: Committed to the Health and Well-Being of Elders*** (Asif Merchant, MD, Chair, MA Medical Society Committee on Geriatric Medicine, President/CEO, Health Care Continuum Specialists; Candace Savage, Manager, Health Policy and Public Health Outreach, MA Medical Society) *PPT slides*

* Dr. Asif Merchant, the current chair of the Committee on Geriatric Medicine (“the Committee”) within the MA Medical Society (MMS), accompanied by Candace Savage from MMS who serves as a liaison to the Committee gave a presentation to the members about the Committee including its history, composition, present goals and activities and overall strategic priorities.
* Dr. Merchant explained how the Committee was first established in 1980 with the mission to provide advice/counsel to MMS leaders about geriatric health, with special focal areas such as psycho-social issues, physiology of aging, health care policy around long-term care and especially palliative care, and other quality of life issues affecting older adults.
* Committee members are physicians with knowledge and experience in older adult and/or palliative care. Other participants include a resident physician, medical students and representatives from the MMS Alliance. The Committee holds regular meetings and uses electronic communications to stay informed in all areas of geriatric medicine.
* Dr. Merchant spent time reviewing some of the Committee’s current goals and activities. A priority has been advocating for continuing medical education on end-of-life and palliative care. He also noted how there is a shortage of physicians choosing to practice in Geriatric Medicine so educating students and physicians in training about the specific needs of the elder population and promoting the field of geriatrics is another key Committee activity.
* Other selected work involving the Committee was also highlighted in the areas of older adult driving, palliative care, advance-care planning, and opioid management of older patients. Dr. Merchant shared how the Committee has taken the lead on palliative care representing MMS on the MA Coalition for Serious Illness Care and actively advocating for the use of the medical orders for life sustaining treatment ([MOLST](https://www.molst-ma.org/)) form in Massachusetts. Dr. Merchant concluded by noting some falls prevention work in which the Committee had been involved in the past including the development of a webinar on STEADI ( in 2013) that was available through MMS for a two year period as well as a patient educational brochure.
* The Chair, Bekah Thomas inquired if there were any falls implications with regard to a patient having a MOLST form in place. Dr. Merchant responded that fewer transfers to an Emergency Department might occur if, for example, a fall happened at an assisted living and a patient had a “do not transfer order”. The patient could be assessed in place versus moved which can sometimes increase risk.
* Candace Savage circulated hard copies of the MMS falls prevention brochure, information about advance care planning and a new “successful aging” pamphlet. Links to these materials can be found here:

[www.massmed.org/Patient-Care/Health-Topics/Index--All-Patient-Care-Topics/Index--All-Patient-Care-Topics/#.XDzKz9JKiM9](http://www.massmed.org/Patient-Care/Health-Topics/Index--All-Patient-Care-Topics/Index--All-Patient-Care-Topics/#.XDzKz9JKiM9)

[www.massmed.org/advancecareplanning](https://urldefense.proofpoint.com/v2/url?u=http-3A__www.massmed.org_advancecareplanning&d=DwMFAg&c=lDF7oMaPKXpkYvev9V-fVahWL0QWnGCCAfCDz1Bns_w&r=58bGP_E_IklpoUua4Pa3oQOEQHRpkvLek401GnBrOmc&m=uurpWR5tFofk3HlN2w74NWqrT88v5hT3sY6pn06FFLc&s=65kuREFoz31sUy7w48DxqCiZgXOoLHNL-TOlK4xz0Pc&e=)

* Almas Dossa suggested that the Commission should consider working with the Geriatric Medicine Committee in the future as recommendations for Primary Care Physicians are re-written for the new report.

**4) Discussion: Future Plans**(Bekah Thomas/All; Jonathan Howland, PhD, Professor of Emergency Medicine, Boston University School of Medicine, Executive Director, Boston Medical Center Injury Prevention Center) *PPT slides*

* Bekah Thomas initiated a discussion about the Commission’s plans for the future in terms of work output, etc. in order to encourage feedback from the members, invited guest advisor, Jonathan Howland, and others present on said topic.
* She set the stage by referring to a slide reflecting the four main recommendations contained in the Commission’s 2015 *Phase 2 Report* that focused on: 1) primary care; 2) community-based falls prevention programs; 3) healthy aging community design; and 4) Commission membership and statutory requirements. She commented that she thought that a problem with the way the recommendations had been drafted in that report was that most were not directed out in a way that offered specific actions that should be taken in each focal area, but instead focused on the work of the commission.
* She proposed that the Commission consider trying to reframe the recommendations as content for the 2020 legislative report that the Commission would be drafting in the future. For example, in the area of primary care providers the Commission could consider recommending medical education requirements that include older adult fall risk assessment/falls prevention or exploring further regulation of medical practice through DPH/Board of Registration in Medicine authority. Commission member Colleen Bayard noted that when the Commission worked together on the reports in the past that these issues had been discussed however the costs of medical education training made them a less practical approach for a recommendation at the time. Legislation would most likely need to be passed as was done with the requirements for continuing medical education on prescribing opioids and pain management.
* Jonathan Howland noted how the MA Primary Care Provider (PCP) survey that he conducted on behalf of the Commission that even though it was a small sample only 14 % indicated that they knew about the CDC’s STEADI toolkit suggesting that take-up fall risk assessment in PCP practices is still low.
* In thinking about some of the work plan options available to the Commission, Bekah shared a portion of a recent [legislative report](https://mass-cannabis-control.com/wp-content/uploads/2019/01/SCOUI-Legislative-Report-01.01.18-Final.pdf) prepared by the “Special Commission on Operating under the Influence” (in association with the Cannabis Control Commission) as examples of how falls prevention recommendations could be re-drafted for a new report. She noted a few specific examples from the document (see Recommendations #s 3, 5, 10, 13, 14). The Commission could therefore consider re-writing and updating the past recommendations, pulling from language already in the Phase 2 report, and still keep within the same focus areas such as addressing falls prevention within the PCP community.
* Bekah added that if Commission members believed that their work was finished in fulfillment of the statutory mandate then disbanding the Commission could be a recommendation in the 2020 report. Other points made included the following:
* Over the coming year and a half subcommittees could be formed comprised of Commission members and possible outside experts to develop new consensus recommendations for the 2020 report, based on the findings from the Phase 2 report.
* Subcommittees or any other working groups formed would need to adhere to the Open Meeting Law requirements.
* Each consensus recommendation would be subject to a vote by the membership and include the option of abstaining or objecting to some recommendations by individual members. Those votes would be enumerated in the final report, as they are in the Special Commission on Operating under the Influence’s report.
* The new report should feature more content on cost reduction associated with prevention strategies. There may be benefit in engaging the Health Policy Commission Leadership for future Commission meeting participation on this subject.
* The Commission will plan to meet quarterly for the coming year. A draft work plan or recommended approach and next steps will be explored at the next meeting in April.
* Bekah asked Commission members to re-read and re-familiarize themselves with the Phase two report before the next meeting.

**3) Closing Remarks** (Bekah Thomas)

* Bekah thanked everyone for their participation including invited presenters and adjourned the meeting.

*Meeting concluded at 12:27 PM.*