***2020 Report Drafting Work Group* Meeting**

(MA Commission on Falls Prevention)

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

**4A Conference Room, 4th Floor**

**250 Washington Street, Boston**

**June 25, 2019; 1:00 – 2:30 PM**

**Meeting Minutes**

*(Accepted 7-22-19)*

**Commission Members Attending:** Rebekah “Bekah” Thomas (Chair), Melissa Jones, Annette Peele

**Commission Members Attending Remotely:** Jennifer Kaldenberg

**Others Attending:** Carla Cicerchia, DPH-Div. of Violence and Injury Prevention

**1)****Welcome/Work Group Business** (Bekah Thomas, Chair)

* Commission and Work Group Chair Bekah Thomas opened the meeting by welcoming Work Group members in attendance within the conference room and remotely through the WebEx platform.
* For the first order of business, the Chair asked the members to review a draft of the minutes from the last meeting on 5-20-19. She initiated a motion to approve the minutes, which was received and seconded. The minutes were accepted.

**2) Discussion: Drafting the 2020 Report and Primary Care Provider (PCP) Section** (All)

* Bekah started by noting that the main focus for this meeting discussion was the proposed recommendations for the section of the 2020 Report addressing the key role of PCPs and other health care providers in the prevention of older adult falls and reduction of related injuries.
* Members were directed to use a draft document they were provided reflecting a marked-up version of the Commission’s former Phase 2 Report-PCP section that included some revisions, edits and proposed new recommendations that Commission staff (Carla Cicerchia) had prepared for the discussion. Staff explained to the members that her approach was to offer a proposed set of recommendations with suggested narrative and strategy points under each recommendation on which they could respond and suggest edits.
* Bekah commented on how the new report should strike a balance by reflecting all the initiatives and progress that has been made in the state to promote healthy aging/reduce older adult falls since the Phase 2 Report was written in 2015 but also identify where there are gaps and need for more attention.
* The discussion amongst the members included some of the following ideas and thoughts regarding the proposed recommendations:

*(Proposed Recommendation 1.) Primary Care Providers in Massachusetts should commit to implementing annual fall risk screenings and as indicated fall risk assessments that include evaluation of gait, strength and balance of their patients who are 65 years or older as a routine part of their practice. This could include utilization of the many tools and materials available through the Centers for Disease Control and Prevention’s evidence-based Stopping Elderly Accidents, Deaths and Injuries (STEADI) toolkit.*

*(Proposed Recommendation 2.) Depending on the results of the screening and/or assessment Primary Care Providers should identify the fall risk level (low, moderate, high) of their patients (age 65 and older) and implement individualized fall intervention plans, which may include recommended additional support services and referrals to community-based programming as appropriate.*

* Both statements could be simplified and made more succinct.
* Add in asking about the “fear of falling” in routine screening within this section.
* The CDC STEADI toolkit includes 3 basic screening questions that should be referenced in the narrative of this section: 1. Have you fallen in the past year? 2. Do you feel unsteady when standing or walking? 3. Do you worry about falling?
* We could expand on the components of the STEADI toolkit in the narrative and the multi-factorial aspect of fall risk assessment including checking vision, reviewing medications, etc. Also, discuss the evolution of the toolkit since it was first introduced in 2013.
* There’s agreement to include some discussion on the following as strategies to improve screening/assessment activities: use of electronic health records with fall-related prompts and tracking of reverse referrals when certain interventions are recommended for the patient with other providers or community-based organizations; mentioning the establishment of Fall Risk Clinics within physician practices.

*(Proposed Recommendation 3.): Other health care providers should also be considered part of the older adult falls prevention team and as such can also be mobilized to engage in fall risk screening and assessment activities including physical therapists, occupational therapists, nurse practitioners/nurses, physician assistants and pharmacists.*

* Although it’s good to acknowledge there are other members of the clinical/health provider team who can perform fall risk assessment not all health care payers treat reimbursement uniformly here. (Jennifer Kaldenberg agreed to look into this for the Group).
* How does the Accountable Care Organization model fit in here?
* Members are not sure whether to address the reimbursement issue in the report and will wait on making this decision until further study.
* Another issue to consider that may require further consultation with outside experts is Medicare’s payment for quality performance program for physicians relative to falls risk assessment of older adult patients. This can get complicated and might lend itself to a formal recommendation in this report.
* The group will speak with Jennifer Raymond from Elder Services of Merrimack Valley/Healthy Living Center of Excellence who will be attending the next meeting in July as she has some knowledge about creative financing arrangements with health care payers relative to reimbursement for community-based services such as participation in evidence-based programming.

*(Proposed Recommendation 4.): The Massachusetts Board of Registration in Medicine should explore the need for developing mandatory continuing medical educational (CME) requirements for physicians who are primary care providers on the topic of older adult fall risk assessment and prevention.*

* Overall agreement by members on including this recommendation for physicians as PCPs but perhaps the same CME requirements should also be considered for nurse practitioners, physician assistants within this recommendation?
* Need to gather more information on this.

*(Proposed Recommendation 5-placeholder language.): Utilization of Community Health Workers and Patient Navigators as additional members of the Falls Prevention Team-especially as liaisons for patients experiencing language/cultural barriers.*

* A separate recommendation may not be needed here and this idea and information could be folded into the narrative within recommendation 1. or 2.

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

* Bekah thanked everyone for their time and contributions during the meeting; meeting was adjourned.
* The Work Group will plan to meet again on July 22nd where the “Community-based Programs and Interventions” section of the new report will be the primary focus.

*Meeting concluded at 2:30 PM.*