***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**

**May 20, 2019; 12:30 – 2:00 PM**

**Meeting Minutes**

*(Accepted 6-25-19)*

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

**Commission Members Attending Remotely:** Annette Peele

**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 inaugural meeting of the Work Group by greeting members in attendance within the conference room and remotely through the WebEx platform. She also expressed her appreciation to these Commission members for volunteering their time to participate on the Work Group.
* By verbal approval all Work Group members agreed to allow remote participation for all meetings provided there is a physical quorum of members reached.
* The main task for this Work Group is to develop and draft an updated Commission report containing consensus recommendations on best strategies to reduce older adult falls and costly fall-related injuries in Massachusetts. The report will be submitted to the legislature/EOHHS Secretary in September 2020.

**2) Discussion: Planning for Drafting the 2020 Report and Identifying Key Sections** (All)

* Bekah Thomas initiated a discussion with the members on development of the report referencing a draft work plan document. This draft document will be used for *discussion purposes only*-and will be modified as the Work Group makes decisions about the report and drafting process, etc. over time. She stated that in drafting the 2020 Report that the group was “not starting from scratch”. The Work Group can leverage much of the work that had previously been done to prepare the Commission’s previous “Phase 2 Report” (submitted in September 2015) and use that report along with its strategies and goals as a launch point to update content, data, and the current landscape in Massachusetts relative to older adult falls prevention. In drafting the 2020 recommendations the Work Group will make an effort to develop more externally facing recommendations that direct specific actions.
* During the discussion the following decisions were agreed upon amongst the members:

1. The Work Group will try to meet monthly through August; meetings will be for 90 minutes unless additional time is needed.
2. The three main focus areas for falls prevention recommendations within the report (consistent with the Phase 2 report) will include Primary Care Providers, Community-based Programs and Interventions, and Community Design for Healthy Aging/the Built Environment.
3. Subject matter experts may be invited to present at certain meetings as requested by the members.
4. Commission staff will develop rough drafts of each report section to be distributed for review approximately two weeks before each monthly meeting.
5. The Chair will designate someone to serve in her stead when she is on maternity leave.

* With the Phase 2 Report recommendations as a reference, members weighed in on each of the three main focus area sections and offered how they might be approached and what issues within each section could be considered for the report draft. The following reflects some of these points.

1. *Primary Care Providers (PCPs):*

* Need to include a definition of PCP-other providers such as OTs and PTs are important clinical partners that can also perform fall risk assessment of older adult patients. New tools and materials within the CDCs [STEADI](https://www.cdc.gov/steadi/index.html) toolkit reflect this point.
* Look at current health care service delivery models-such as Accountable Care Organizations (ACOs) and how or whether prevention of older adult falls is a consideration.
* Review section 1a of the Phase 2 Report-how does Medicare reimbursement and collection of quality measures data impact PCP practices regarding performance of fall risk assessment. Revise this section relative to reimbursement issues.

1. *Community-based Programs and Interventions:*

* Recommendations here need to be stronger and more specific (than Phase 2 Report).
* Elder Services of Merrimack Valley (ESMV)/Healthy Living Center of Excellence (HLCE) remains a strong example and model for delivery of training and workshops in evidence-based programming. They were recently awarded an Administration for Community Living (ACL) Falls Prevention Programming Grant. Consider inviting Jennifer Raymond, HLCE Director to future Work Group meeting on this topic area.
* What about looking at the role of Patient Navigators in connecting PCPS with programs to refer patients to in their communities?
* What is available to PCPs and others looking for falls prevention programming and related services for community-based older adults? EOEA has [1-800 AGE INFO](https://www.800ageinfo.com/site/) and [Mass Options](https://www.massoptions.org/massoptions/) on their website.
* Include use of Community Health Workers in falls prevention.
* Find out more about the EOEA Home Care Waiver Program and services offered.
* Discuss evidence-based home safety assessment programs as appropriate intervention. The [CAPABLE Program](https://nursing.jhu.edu/faculty_research/research/projects/capable/) is a new program that will be started by ESMV/HLCE in MA under their new ACL Falls Prevention Grant.

1. *Community Design for Healthy Aging:*

* Important to cite the community data profiles report assembled by the UMASS Gerontology Institute in their [2018 MA Healthy Aging Data Report](https://mahealthyagingcollaborative.org/data-report/explore-the-profiles/).
* Look at the work of the [Governor’s Council to Address Aging in Massachusetts](https://www.mass.gov/orgs/governors-council-to-address-aging-in-massachusetts) to promote age-friendly communities.

**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 in June once a date is secured.

*Meeting concluded at 2:00 PM.*