

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

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MARYLOU SUDDERS
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December 11, 2017

Steven T. James
House Clerk
State House Room 145
Boston, MA 02133

William F. Welch
Senate Clerk
State House Room 335
Boston, MA 02133

Dear Mr. Clerk,

Pursuant to Section 224 of Chapter 111 of the Massachusetts General Laws, please find enclosed the Massachusetts Commission on Falls Prevention 2017 Annual Report.

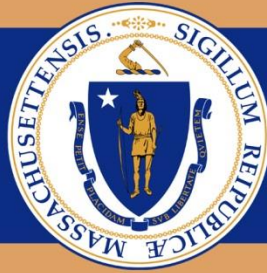
Sincerely,

A handwritten signature in black ink, appearing to read "mBharel".

Monica Bharel, MD, MPH
Commissioner
Department of Public Health

Charles D. Baker
Governor

Karyn Polito
Lieutenant Governor



Marylou Sudders
Secretary

Monica Bharel, MD, MPH
Commissioner

Massachusetts Commission on Falls Prevention

2017 Annual Report

October 2017



LEGISLATIVE MANDATE

The following report is hereby issued pursuant to Section 224 of Chapter 111, Massachusetts General Laws.

Section 224 of Chapter 111 of the Massachusetts General Laws reads, in relevant part, as follows:

There shall be a commission on falls preventions within the department. The commission shall consist of the commissioner of public health or the commissioner's designee, who shall chair the commission; the secretary of elder affairs or the secretary's designee; the director of MassHealth or the director's designee; and 8 members to be appointed by the governor, 1 of whom shall be a member of the Home Care Alliance of Massachusetts, Inc., 1 of whom shall be a member of the AARP, 1 of whom shall be a member of the Massachusetts Senior Care Association, Inc., 1 of whom shall be a member of the Massachusetts Association of Councils on Aging, Inc. 1 of whom shall be a member of the Massachusetts Medical Society Alliance, Inc., 1 of whom shall be a member of the Massachusetts Assisted Living Facilities Association, 1 of whom shall be a member of Mass Home Care and 1 of whom shall be a member of the Massachusetts Pharmacists Association Foundation, Inc.

The commission on falls prevention shall 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 shall:

- (1) consider strategies to improve data collection and analysis to identify fall risk, health care cost data and protective factors;*
- (2) consider strategies to improve the identification of older adults who have a high risk of falling;*
- (3) consider strategies to maximize the dissemination of proven, effective fall prevention interventions and identify barriers to those interventions;*
- (4) assess the risk and measure the incidence of falls occurring in various settings;*
- (5) identify evidence-based strategies used by long-term care providers to reduce the rate of falls among older adults and reduce the rate of hospitalizations related to such falls;*
- (6) identify evidence-based community programs designed to prevent falls among older adults;*
- (7) review falls prevention initiatives for community-based settings; and*

(8) examine the components and key elements of the above falls prevention initiatives, consider their applicability in the commonwealth and develop strategies for pilot testing, implementation and evaluation.

The commission on falls prevention shall submit to the secretary of health and human services and the joint committee on health care financing, not later than September 22, annually, a report that includes findings from the commission's review along with recommendations and any suggested legislation to implement those recommendations. The report shall include recommendations for:

(1) intervention approaches, including physical activity, medication assessment and reduction of medication when possible, vision enhancement and home-modification strategies;

(2) strategies that promote collaboration between the medical community, including physicians, long-term care providers and pharmacists to reduce the rate of falls among their patients;

(3) programs that are targeted to fall victims who are at a high risk for second falls and that are designed to maximize independence and quality of life for older adults, particularly those older adults with functional limitations;

(4) programs that encourage partnerships to prevent falls among older adults and prevent or reduce injuries when falls occur; and

(5) programs to encourage long-term care providers to implement falls- prevention strategies which use specific interventions to help all patients avoid the risks for falling in an effort to reduce hospitalizations and prolong a high quality of life.

I. INTRODUCTION/BACKGROUND

According to the Centers for Disease Control and Prevention (CDC), in the United States over one in four people age 65 and older experiences at least one fall annually and research has shown that once a fall occurs the risk for falling again is doubled.¹

In the nation and in the Commonwealth of Massachusetts, unintentional falls are the leading cause of injury-related death and nonfatal injuries within the older adult population ($\geq$ age 65). Although not all falls result in physical harm, national data shows that one in five falls cause serious injuries that can include broken bones as well as head injuries. In Massachusetts, falls are the leading cause of traumatic brain injury deaths (78%) and hospitalizations (83%) within this age group. Each month, approximately 4,000 older adults are treated in hospital emergency departments, 1,500 older adults are hospitalized and over 40 older adults die from injuries associated with a fall.² Despite these sobering facts, research has shown that falling should never be considered an expected and inevitable part of the aging process and that certain evidence-based interventions can be very effective in the prevention of falls.

The Massachusetts Commission on Falls Prevention (“the Commission”) is a public body of thirteen members, with the Commissioner of Public Health or their designee serving as Chair (see Appendix A for a list of current Commission members and representation). The ten stakeholder organization members are appointed by the Governor; there are also three state agency ex-officio members on the Commission. The Commission first began meeting in August, 2012.

Originally created through legislation passed in 2010 by the Massachusetts Legislature, the Commission was directed to examine the concerning public health problem of older adult falls and escalating health care costs associated with fall-related injuries in Massachusetts (at that time acute care hospital charges exceeded \$630 million in emergency department visits and hospital stays) and to offer recommendations on best ways to reduce them.

In fulfillment of this charge, the Commission (with assistance from public health consultants from JSI Research & Training Institute, Inc.) issued a *Phase 1 Report: The Current Landscape* in September 2013 that covered their exploration of the topic of older adult falls in Massachusetts and identification of key issues such as: availability of falls/falls injury data and data sources, accessibility of older adults to evidence-based falls prevention programming, the impact of the built environment on fall-related injuries, the important role of health care providers in the assessment of fall risks of older adult patients, and the value of educating the public about prevention, etc.

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

In September 2015, the Commission also with assistance from public health consultants completed the second leg of this work by submitting to the Massachusetts Secretary of Health and Human Services and Massachusetts Legislature a final blueprint of consensus recommendations reflecting best strategies for reducing older adult falls/falls injuries and their costly burden to the

health care delivery system with the document: *Phase 2 Report: Recommendations of the Massachusetts Commission on Falls Prevention*.
<http://www.mass.gov/eohhs/docs/dph/com-health/injury/falls-prevention-phase-2-report.pdf>

The following MDPH summary provides an update of the Commission's activities during the current reporting period of 9/2016 - 9/2017.

II. SUMMARY OF ACTIVITIES

The Chair and the MA Commission on Falls Prevention convened three open meetings:

- January 19, 2017
- April 26, 2017
- August 30, 2017

(Note: in adherence with the state's Open Meeting Law-a meeting scheduled for November 9, 2016 had to be cancelled by the Chair due to sudden scheduling changes of members that made it impossible to achieve a quorum.)

During the Commission meeting in July 2016, Carlene Pavlos, the Director of the Bureau of Community Health and Prevention (BCHAP) at MDPH, stepped down from her role as Chair of the Commission, and L would likely be designated to assume the Chairmanship in her place. In the fall of 2016, Leonard M. Lee, Director of the Division of Violence and Injury Prevention (DVIP) within BCHAP, took over as Chair and held a first meeting on January 19, 2017.

Meeting minutes that have been formally accepted by the Commission membership can be found in Appendix B; minutes for the April 26, 2017 and August 30, 2017 meetings are not included in this report – pending formal acceptance by the Commission and the timing of the writing of this report.

The following provides brief highlights of these meetings, including featured speakers on fall-related topics:

- During the January meeting, which was held at the Executive Office of Elder Affairs (EOEA), presentations were made by two EOEA staff members on some important EOEA-based service initiatives, with some overlap to older adult falls prevention. Marylouise Gamache, the Aging and Disability Resource Consortia (ADRC) Coordinator provided members with some background on the ADRC Program that is administered by EOEA and the MA Rehabilitation Commission in partnership with the state's Aging Services Access Points (ASAPS)/Area Agencies on Aging (AAAs) and Independent Living Centers (ILCs) along with other community partners/state agencies. Together they make up the 11 regionally-based ADRC partnerships, as a coordinated network of information and service access points for older adults and people with disabilities ("No Wrong Door"), to help with their *Long Term Services and Supports* (LTSS) needs including options counseling (an interactive decision support service for determining needs and making informed choices about services and

available options). The ADRCs also offer outreach and education and help in transitions of care, all opportunities for considering falls prevention/fall risk reduction as part of a needs assessment for person-centered services.

- Another presenter, Mary DeRoo, the Director of EOE's Home Care Program explained about an ongoing initiative that began in the late fall 2016 to engage ASAPs/AAAs (elder service care network) in improving identification of home care clients "at risk" for falls by following certain screening/assessment protocols. EOE trained ASAP case managers/nurses on how to utilize current (Comprehensive Data Set-CDS) and new tools to better identify fall risk factors early and make appropriate intervention recommendations (e.g., home safety assessment, medication review, participation in *A Matter of Balance* Program) which will be tracked through a case management web-based portal developed in collaboration with the UMass Medical School. By next year the data that is collected and analyzed through this effort will enable EOE to look at individuals' falls risk histories and the impact of certain interventions, etc. Ideally, the more granular fall-related data that is gathered could help yield some potential new strategies for improving outcomes around older adult falls prevention.
- In April, Commission members received a status update from Jonathan Howland, Executive Director from the Boston Medical Injury Prevention Center and chief evaluator on a project he has been overseeing for the past two years that was undertaken on the Commission's behalf. Specifically, Dr. Howland developed a survey tool to capture data from Primary Care Physicians (PCP) in Massachusetts about their practices and knowledge relative to fall risk screening and assessment of patients age 65 and older. Two large health care organizations with PCP practices are participating in the survey and results should help members of the Commission gain some insight of the role that this faction of the medical community in Massachusetts is taking to address the reduction of falls and fall injuries within the older adult patient population. Dr. Howland's survey findings are expected to be shared with the Commission in late autumn 2017.
- Also in April, Commission members were updated on the successes, challenges and lessons learned relative to the falls prevention work that was executed under the state's first in the nation, Prevention and Wellness Trust Fund (PWTF), as overseen by the Department of Public Health. The presenters included Amy Bettano, PWTF epidemiologist and Santhi Hariprasad, a PWTF Quality Advisor on falls. The four year PWTF initiative was established by the Massachusetts Legislature in 2012 through the passage of health care reform legislation that created a \$57 million Trust Fund used to support 9 grantee partnerships focused on improving the health of citizens while reigning in out of control health care system costs around certain prevalent and preventable health care conditions, such as hypertension and older adult falls. Eight out of the nine partnerships (comprised of clinical, community-based and municipal partners) selected to work on reducing older adult falls in their communities through the implementation of certain evidence-based interventions. For example, all primary care clinical partners were expected to implement parts of the CDC's STEADI (Stopping Elderly Accidents, Deaths & Injuries) toolkit performing fall risk screenings of their age 65 and older patients and recommending appropriate interventions depending on risk level using the [STEADI algorithm](#)³; this might include a referral to an evidence-based program such as Tai Chi (to improve muscle strength and balance) or A

Matter of Balance (to address a fear of falling) as offered by a local community-based organization, or a home safety assessment to reduce certain hazards in the home and add more safety features such as grab bars in the bathroom or better lighting. According to the evaluation performed by Harvard Catalyst (the contracted PWTF evaluator) the projected 5 year impact of PWTF were it to continue would result in 3,000 fewer older adult falls and 730 fewer older adult fall-related injuries in Massachusetts with averted healthcare costs totaling over \$660,000. A final DPH Report and Evaluation on PWTF - *Joining Forces-Adding Public Health Value to Healthcare Reform* is available here:
<http://www.mass.gov/eohhs/docs/dph/com-health/prev-wellness-advisory-board/2017/170308-pwtf-annual-report.pdf>

Since their completion of the Phase 2 report and development of core consensus recommendations, the Chair and Commission members have regularly discussed possible ways in which this public body might be able to advance the adoption of their recommendations by stakeholders. Commission members have agreed that it is important for them to stay informed and open meetings have provided valuable opportunities to learn from experts and other state partners on key falls prevention activities happening throughout the state.

III. NEXT STEPS

During the next reporting period ahead the MA Commission on Falls Prevention plans to:

- Hold quarterly meetings (provided an Open Meeting Law quorum of members can be achieved) and invite relevant speakers/experts to present and inform the Commission on current initiatives, etc.;
- Continue the dialogue on identifying ways to engage key stakeholders/partners in adopting and/or committing to certain Phase 2 Commission Report recommendations.
- Review most currently available older adult falls/falls injury data in Massachusetts through a public presentation by DPH injury prevention epidemiologists.

APPENDIX A
Members of the Massachusetts Commission on Falls Prevention

Member Name/Title	Organization Representing:
▪ Leonard M. Lee (Commission Chair) Director, Division of Violence and Injury Prevention (Bureau of Community Health and Prevention)	MA Department of Public Health (DPH) (state agency)
▪ Almas Dossa, Assistant Director, Fee-For Services Programs, Home Health, Hospice & Therapy Serv. Office of Long Term Care Services & Supports	MassHealth (state agency)
▪ Annette Peele, Director of Community Programs	MA Exec. Office of Elder Affairs (EOEA) (state agency)
▪ Colleen Bayard, Director of Regulatory and Clinical Affairs	Home Care Alliance of MA
▪ Ish Gupta, Assistant Professor of Internal Medicine, University of MA Medical School	MA Medical Society
▪ Melissa Jones, Practicing PT	American Physical Therapy Assn. of MA
▪ Jennifer Kaldenberg, Clinical Asst. Professor, BU, College of Health and Rehab. Sciences: Sargent College	MA Assn. for Occupational Therapy
▪ Helen Magliozzi, Director of Regulatory Affairs	MA Senior Care Assn.
▪ Joanne Moore, Director, Duxbury Senior Center	MA Assn. of Councils on Aging
▪ Emily Shea, Commissioner, Commission on Affairs of the Elderly (City of Boston)	Mass Home Care
▪ Mary Sullivan, Pharmacy Manager, Senior Whole Health	MA Pharmacists Assn. Foundation
▪ <i>Vacancy as of April, 2014; approval pending*</i>	American Assn. of Retired Persons (AARP)-MA Chapter
▪ <i>Vacancy as of Dec., 2014; approval pending*</i>	MA Assisted Living Assn. (Mass-ALA)

*Pending Member Appointments:

-Richard T. Moore, Mass-ALA
-Deborah Washington, AARP

APPENDIX B

**MA Commission on Falls Prevention Meeting
MA Exec. Office of Elder Affairs (EOEA)
Manning Conference Room, 5th Floor
One Ashburton Place, Boston⁴**

January 19, 2017; 10:30 AM–12:30 PM

**Meeting Minutes
(Accepted 4/26/17)**

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

Members Attending Remotely (by phone): Jennifer Kaldenberg, Mary Sullivan

Pending Members Attending: Richard Moore

Others Attending: Carla Cicerchia, Department of Public Health (DPH)-Div. of Violence and Injury Prevention (DVIP); Julie Kautz Mills (DPH-DVIP), Santhi Hariprasad, DPH-Prevention and Wellness Trust Fund Team; Laura Kersanske (DPH), Carole Malone (EOEA), Mary DeRoo (EOEA), Marylouise Gamache (EOEA), Holly Hackman (Boston Medical Center-Injury Prevention Center)

1) Welcome/Introductions/Commission Business/Updates (Leonard M. Lee, Department of Public Health (DPH), Commission Chair)

- As this was his inaugural meeting, new Commission Chair Leonard M. Lee opened the meeting by greeting members and other attendees and then introduced himself as the Director of the Division of Violence and Injury Prevention within DPH. Members and other meeting participants followed by also introducing themselves and their affiliations.
- Minutes: After introductions, members were asked to review draft minutes of the last meeting on 7-20-16. The Chair asked for a motion to approve the meeting minutes, which was received and seconded; the minutes were then unanimously accepted.

2) Presentation: *The Aging and Disability Resource Consortia (ADRC) in Massachusetts*
(Marylouise Gamache, ADRC Coordinator, EOEA) *PPT slides distributed*

- Marylouise Gamache presented on the ADRC Program initiative, including background and function of the 11 regionally based ADRC partnerships serving people with their Long Term Services and Supports (LTSS) needs across Massachusetts. The ADRC is a partnership between the Aging Services Access Points (ASAPS)/Area Agencies on Aging (AAAs) and the Independent Living Centers (ILCs) along with additional community partners/state agencies to ensure a coordinated network of information and service access for all consumers, regardless of income level.
- Marylouise explained that ADRCs are a “one-stop-shop” and “no wrong door” model originally developed in 2003 by the Administration on Aging (AoA)/Administration on

Community Living (ACL) and Centers for Medicare and Medicaid Services (CMS) that was designed to help consumers receive accurate information, one-on-one options counseling and to simplify and streamline access to LTSS. An estimated 5000 people are served annually with options counseling and over 300 options counselors have been trained since 2008.

- Options counseling is a core function of an ADRC partnership; ADRCs also offer outreach and education, can help with transitions from institutional to community-based care, assist in decision support, perform assessments for services, and make referrals, etc.
- Other positive features of the ADRC model are that it promotes individual choice, and highlights access to culturally competent services able to reach populations that have been historically under/un-served.
- At the conclusion of her presentation Marylouise distributed some handouts about the “Mass Options” campaign linking consumers to ADRCs/community-based services that includes a toll-free # and website: www.MassOptions.org.
- A question was asked about the ability of ADRCs to field questions about falls prevention services. Marylouise confirmed that since all the ADRCs have an association with an ASAP and other local partners that “yes” that connection could be made.

3) Presentation: *Aging Services Access Points (ASAPS)/Area Agencies on Aging (AAAs) and Fall Prevention* (Mary DeRoo, Director, Home Care Program, EOEA). PPT slides distributed

- Mary DeRoo presented on a key ongoing EOEA initiative just recently rolled out, to heighten the focus of Aging Services Access Points (ASAPS)/Area Agencies on Aging (AAAs)- (the elder service care network of 26 agencies)-on improving identification of home care clients at risk for falls by following a certain screening/assessment protocol.
- EOEA training was undertaken in the fall to help ASAP case managers/nurses utilize current (Comprehensive Data Set-CDS) and new tools to better identify fall risk factors early and make appropriate intervention recommendations (e.g., home safety assessment, medication review, participation in A Matter of Balance Program) that will be tracked through a case management web-based portal developed in collaboration with UMass Medical School.
- Mary reviewed the three types of fall risk factors that ASAP staff should be mindful of: biological (e.g. age, chronic health conditions, poor vision), behavioral (e.g., lack of physical activity, alcohol misuse), and environmental (e.g., home with poor lighting, throw rugs, lack of grab bars) as well as fall risk factors considered modifiable such as lower body weakness, gait and balance problems, etc. She also showed samples of the CDS questions for Falls Risk assessment.
- By next year the data that will be collected and analyzed through this effort will enable EOEA to look at individuals’ falls risk histories and the impact of certain interventions, etc. The information and more granular data gathered will have the potential for designing strategies for improved outcomes around older adult falls prevention.

4) Brief Updates: PCP survey Project, etc.(Leonard M. Lee/Holly Hackman, Boston Medical Center, Injury Prevention Center)

- Leonard informed Commission members that there would be some modification to the Primary Care Provider falls prevention survey project that evaluator Jonathan Howland (Boston Medical Center (BMC) Injury Prevention) has been overseeing and presented on at past Commission meetings. The survey tool has been designed to capture PCP's attitudes and behaviors around fall risk assessment and falls prevention practices with older adult patients, etc.
- Holly Hackman, who has been assisting Jonathan with the project agreed to share some explanation of the project changes. Although Jonathan has been performing outreach to multiple large health care organizations (a total of five) to get leadership buy-in to promote survey participation within their PCP practices-unfortunately, to date only one health care system has agreed to initiate the survey. Therefore, the survey and results will be much more limited in scope.
- Commission Member Richard Moore inquired about whether the survey would be appropriate to deliver to nursing staff within assisted living facility settings, given the large number of fall incidences annually. Holly said she could follow-up with him about this matter separately.
- Leonard said that Dr. Howland would be invited to attend the next Commission meeting so that he could speak further to the project and planned revisions.

5) Discussion: Future Work Plans, Priorities, Capacity (Leonard M. Lee/All)

- Leonard embarked on a discussion with members on how they would like to proceed with pushing the Commission's work forward in the year ahead (given limitations of time/busy schedules and resources)? The Commission has met its main statutory goal in completing the Phase 2 report of consensus recommendations. The following points were offered:
 - Re-examine the recommendations in the Phase 2 report
 - Continue to discuss engaging stakeholder groups with a focus on falls prevention (as recommended by the Commission)
 - Consider doing an in-service training on the topic of falls prevention with key legislators or Committees; set up educational presentations in hearing rooms for legislators when the Falls Coalition has their Falls Prevention Awareness Day event at the State House in September.
- The members also discussed the number of meetings that should be planned for the year. The Chair proposed that the Commission meet quarterly; a motion was made and votes taken with the members, who were unanimously in favor of this.
- Leonard said that at the next meeting-which will be in April, the Commission should work to define clear goals and objectives for the near future.

6) Closing Remarks (Leonard M. Lee)

- Before ending the meeting, Leonard shared with the Commission members that the DPH-Div. of Violence and Injury Prevention had \$25,000 of block grant funding for older adult falls prevention and requested that Commission members send ideas on how it might be spent. Given open meeting law restrictions, members were asked to e-mail their suggestions directly to the Commission staff (Carla Cicerchia, Falls Prevention Coordinator).
- Leonard thanked the members for their participation and adjourned the meeting.

Endnotes

¹ <https://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html>

² <https://www.ncoa.org/resources/massachusetts-fall-prevention-data-profile/>

³ https://www.cdc.gov/steady/pdf/Algorithm_2015-04-a.pdf