

United States Senate

SPECIAL COMMITTEE ON AGING

WASHINGTON, DC 20510-6400

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May 15, 2019

Dear Community Leaders:

As the Chairman and the Ranking Member of the Senate Special Committee on Aging, we work together to examine issues that are particularly relevant to the needs of older Americans. One outcome of these examinations is an annual report that informs policymaking in Congress. This year, the Committee's report will focus on the prevention and management of falls and fall-related injuries.

Falls are the leading cause of fatal and nonfatal injuries among older adults. Advancing age is a risk factor; due to changes in vision, mobility, balance, bone density, and muscle strength. Chronic illnesses, as well as some medications used to treat them, can also increase risk.

In 2016, approximately three million older adults were treated in emergency rooms after falling. One of the most serious fall related injuries is a broken hip, which can result in a loss of mobility and independence. More than 95 percent of hip fractures are caused by falling, and women experience three-quarters of all hip fractures. Even if an older adult avoids a major injury, a fall can still have a cascading effect on their health. After falling once, an older adult may restrict their activity out of fear of falling again. This can lead to a decline in their physical health as well as social isolation and depression.

In addition to the physical and emotional aspect of falls, the financial burden is staggering. The annual total direct medical cost of fall-related injuries for older adults is approximately \$50 billion, with 75 percent of these costs shouldered by Medicare and Medicaid. According to the Centers for Disease Control and Prevention (CDC), the average hospital cost for a fall injury is more than \$30,000.

Over the next several months, the Aging Committee will examine best practices in falls prevention as well as falls-related services across various settings, including but not limited to the home and community, assisted-living facilities, nursing homes, and hospitals. The Aging Committee will also look at the extent to which older adults are receiving recommended prevention and screening services, including for osteoporosis, that can help reduce falls and falls-related injuries. Finally, the Aging Committee will explore policy options aimed at supporting evidence-based interventions that will improve outcomes for older adults.

To help guide our efforts, the Aging Committee is inviting stakeholders to provide recommendations that will advance the goal of reducing the risk of falls and fall-related injuries. Specifically, we are requesting input on the following questions:

- **Reporting and Follow-Up.** To what extent are falls unreported among older Americans? What strategies can be employed to encourage patients to promptly notify their health care provider or caregivers of a fall? How can follow-up with appropriate healthcare providers be improved after a visit to an emergency department for a fall?
- **Tools and Resources.** What learning tools, resources or techniques can be used to empower patients to change their home environment or modify risk factors to reduce the risk of falls? What are the opportunities and limitations surrounding assistive technologies? Are there any federal policy barriers that make it difficult to offer tools and resources to patients to prevent falls?
- **Medicare.** How can the “Welcome to Medicare” visit or the “Annual Wellness” visits be improved to better assess fall risk and fracture prevention and ensure appropriate referrals? How can Medicare coverage and reimbursement for falls prevention and fall-related services be improved? How are existing Medicaid waivers being utilized for falls prevention and fall-related services? Are there demonstrations or pilot programs that the Center for Medicare and Medicaid Innovation should consider?
- **Evidence-Based Practices.** Are there evidence-based practices that reduce the rate of additional bone fractures among those older Americans who have fallen and broken or fractured bones? Are there regional differences in the utilization of these services, evaluations, or screenings? Are there models (such as the Million Hearts Campaign) for other health conditions that have applicability to reducing the overall rate and impact of falls among the elderly?
- **Polypharmacy.** What recommendations do you have to ensure prescribers take into account the relationship between polypharmacy and falls risk when making both initial and follow-up clinical decisions for high-risk patients? Is there a need for increased research on the link between polypharmacy and falls-related deaths and/or injuries?
- **Transitions of Care.** How can the transitional period from a hospital or skilled nursing facility to the home be improved in assessing the home for fall risks? What more could be done by government agencies to support fall risk assessments and the implementation of protocols that could be used to prevent falls in the home care population?
- **Post-Fracture Care.** What can be done to create a care pathway for patients post-fracture to ensure proper follow up care and prevention of future fractures? Are there best practice models that can provide implementation opportunities? Are there any federal policy barriers to implementing best practices in post-fracture care?

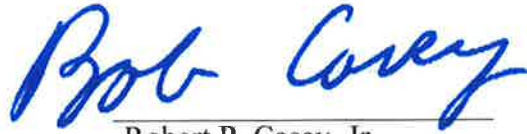
Please submit all written comments to the Special Committee on Aging via email at AnnualReport@aging.senate.gov. The deadline to respond is June 26, 2019. All submitted comments will be considered part of the official public record.

Thank you for your joining the Aging Committee on our long-standing commitment to serve the needs of older Americans.

Sincerely,



Susan M. Collins
Chairman



Robert P. Casey, Jr.
Ranking Member