

Key Facts

- For older adults, falls are the leading cause of injuries and injury-related deaths.
- \$31 billion of Medicare costs are related to falls each year.
- Medicare Advantage contracts with community-based organizations to provide falls prevention programs to beneficiaries.
- Falls prevention programs that lead to significant behavioral changes avert medical costs.
- Medicare Advantage plans promote falls prevention programs by increasing awareness and recruiting at-risk beneficiaries
- Reducing falls risk is a quality measure in Medicare Advantage.

Medicare Advantage plans partner with community-based organizations to provide evidence-based Falls Prevention Programs.

Why is Falls Prevention Important?

Every 11 seconds, an older adult is treated in an emergency department for a fall-related injury. 2 out of 3 seniors who are admitted to the hospital because of a fall are discharged to nursing homes. Every 19 minutes, an older adult dies from a fall. Each year, 27,000 older adults die from falls.^{1,2}

Treating fall-related injuries places a significant burden on the health care system. Fall injuries are among the 20 most expensive medical conditions. The average hospital cost for a fall injury is over \$30,000. The costs of treating fall injuries increases as seniors age. Currently, \$31 billion of Medicare costs are related to falls each year, and this number is expected to rise to \$67.7 billion by 2020.³

How do Falls Prevention Programs Help Older Adults?

Evidence-based falls prevention programs and interventions are designed to reduce risk of falls in older adults. Most falls prevention programs incorporate physical activity and fitness to improve balance, flexibility, coordination, muscle strength, and endurance.

In addition to reducing falls risk and fear of falling in older adults, falls prevention programs have also been shown to help older adults safely remain in their homes by addressing vision issues, managing medications, and building self-confidence.^{1,2}

Below are examples of Centers for Disease Control and Prevention (CDC) Approved Evidence-Based Falls Prevention Programs.

- [A Matter of Balance](#) – 8-session workshop to increase physical activity among older adults and reduce fear of falling. Results achieved \$938 savings in unplanned medical costs per Medicare beneficiary.¹
- [Stepping On](#) – 7-week program that offers older adults strategies to reduce falls and increase self-confidence \$134 direct medical costs were averted per participant.¹
- [Otago Exercise Program](#) – Individual program of balance exercises and muscle strengthening prescribed by a physical therapist for frail seniors living at home (aged 80+). \$429 direct medical costs were averted per participant.¹
- [YMCA Moving for Better Balance](#) – Balance and gait training program for older adults and people with balance disorders. \$530 direct medical costs were averted per participant.¹

Medicare Advantage Provides Access To Falls Prevention Programs

Medicare Advantage plans use data to identify high fall risk beneficiaries.⁴ Medicare Advantage partners with community-based organizations to provide evidence-based falls prevention programs. These programs help older adults identify their fall risks, change behaviors to reduce their risk, and increase fitness and exercise.^{5,6}

Medicare Advantage has been credited with helping to provide sustainable financing of community falls prevention programs. The plans actively recruit at-risk beneficiaries by mailing falls prevention program information to enrollees. Medicare Advantage plans in states including Utah, Florida, Massachusetts and California have been successful in introducing sustainability to falls prevention programs.^{5,6}

Medicare Advantage plans typically reimburse community-based organizations based on beneficiary sign ups or the number of classes that beneficiaries attend.^{5,6}

Falls Prevention is a Star Quality Measurement

In Medicare Advantage, reducing the risk of falls is a quality measure. The metric is determined by calculating the percentage of patients ages 65 or older who have had a fall or had issues with balance or walking in the past year (denominator), and the number of patients who then received a fall risk intervention from their provider (numerator).⁷

Sources

1. <https://www.ncoa.org/wp-content/uploads/2017-Evidence-Based-Falls-Programs-Infographic.pdf>
2. <http://bettermedicarealliance.org/newsroom/bma-blog/advancing-evidence-based-approaches-falls-prevention-among-older-adults>
3. <https://www.cdc.gov/homeandrecreationsafety/falls/fallcost.html>
4. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4740917/#R1>
5. <http://www.illuminate.com/files/2016/07/FPAD-Webinar-2016.pdf>
6. <https://vimeo.com/178667859>
7. https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/Downloads/2017-Technical-Notes-preview_1_2016_08_03.pdf