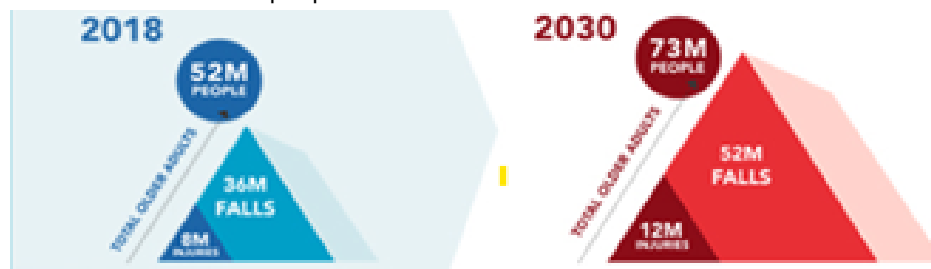


# BARRIERS TO FALL PREVENTION IN OLDER ADULTS

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Falls have been extensively studied in the last 2 to 3 decades. There is consensus agreement among medical professionals that falls are multifactorial and often a symptom of underlying conditions or diseases. Risk factors have been identified, multiple screening and assessment tools have been devised and interventions have been standardized for treatment plans. There is significant evidence that falls are preventable, and recovery is possible. Yet, despite progress that has been made, future projections are that the incidence and prevalence of falls will continue to climb. According to the CDC, as the older adult population numbers increase by approximately 20 million from 2018 to 2030, the number of anticipated falls increases in direct proportion.



Effective, evidence-based falls prevention programs exist; however, remain underutilized. Barriers exist on multiple levels. On a systems level, the fragmentation of health care complicates and undermines the holistic and coordinated care needed to achieve positive outcomes. Documentation systems across the continuum do not “speak to” or integrate with each other, minimizing opportunities for care providers to access, share and coordinate information. In some geographic areas, a shortage of available health care providers directly limits older adults’ access to care.

There are additional barriers involving health care providers. Many lack adequate initial training or knowledge of current evidence that supports best practice. Translating evidence into practice often involves complicated, challenging, and costly change processes within the clinical setting. Other logistics challenge the effective the delivery of fall related care including time requirements of immobile patients, scheduling, family involvement, and the availability and utilization of other members of the health care team. A major financial barrier is that the reimbursement system for falls risk assessments and clinical care lacks a dedicated Current Procedural Terminology (CPT) code for these services. Providers bill payers using existing Evaluation and Management (E/M) CPT codes. Billing must be based on a reimbursable condition as a primary diagnosis at time of visit, and is dependent on time, complexity of care and documentation.

many older adults themselves are unaware of risks associated with falling and preventative strategies. A persistent perception is that falling is a normal part of aging to be expected. This often results in the under-reporting fall occurrence to health care providers until major injuries are sustained. High costs of health care deter older adults from seeking care. Even for those insured, copays and deductible costs pose significant financial strain.

TABLE 1

Source	Materials	Contact
<b>The National Council on Aging (NCOA)</b>	<ul style="list-style-type: none"> <li>Houses the National Falls Prevention Resource Center which serves as the national clearinghouse of tools, best practices, &amp; other information on falls &amp; falls prevention.</li> <li>A listing of approved Evidence Based Falls Programs includes program descriptions, costs, contact information, program goals, target audience, &amp; training requirements</li> </ul>	<a href="https://www.ncoa.org/resources/select-evidence-based-falls-prevention-programs/">https://www.ncoa.org/resources/select-evidence-based-falls-prevention-programs/</a>
<b>The Centers for Disease Control and Prevention (CDC)</b>	<ul style="list-style-type: none"> <li>A collection of effective fall interventions for health care providers to address falls within their practice or community</li> <li>The STEADI initiative: Clinical practice guideline for fall prevention, (Algorithm format)</li> </ul>	<a href="https://www.cdc.gov/homeandrecreationalafety/falls/adultfalls/">https://www.cdc.gov/homeandrecreationalafety/falls/adultfalls/</a>  <a href="http://www.cdc.gov">www.cdc.gov</a>
<b>The American College of Preventative Medicine</b>	<ul style="list-style-type: none"> <li>Resource with detail on which CPT codes to use for falls assessment and intervention</li> <li>Falls-related quality indicators to incentivize providers to conduct falls prevention activities</li> </ul>	<a href="https://d2mkcg26uvg1cz.cloudfront.net/wp-content/uploads/2017-CPT-Code-Flyer.pdf">https://d2mkcg26uvg1cz.cloudfront.net/wp-content/uploads/2017-CPT-Code-Flyer.pdf</a>

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