

Medicare HOS: Management of Fall Risk and Urinary Incontinence

USE THIS TIP SHEET TO REVIEW KEY DETAILS OF THE FALL RISK MANAGEMENT AND URINARY INCONTINENCE MEASURES, BEST PRACTICES AND RESOURCES.

Fall Risk Management and **Management of Urinary Incontinence in Older Adults** are two HEDIS Effectiveness of Care measures captured via a patient reported survey known as the Medicare Health Outcomes Survey (HOS). The HOS measures how a member’s perception of their health, both physical and mental, has changed over time.

Providers can help patients improve their health care experience in response to HOS questions tied to these two measures.

Measures	
<p>Fall Risk Management (FRM)</p>	<p>The FRM measure determines if the member had a history of falls or problems with balance, walking, whether they discussed falls with a medical provider and their provider’s management of fall risk. This measure is collected using the HOS and includes two rates:</p> <ul style="list-style-type: none"> • Discussing fall risk The percentage of Medicare members ages 65 and older who had balance or walking problems or had a fall in the past 12 months; who were seen by a Medicare Advantage Organization’s (MAO) practitioner in the past 12 months; and who discussed falls or problems with balance or walking with their current practitioner. • Managing fall risk The percentage of Medicare members ages 65 and older who had a fall or had problems with balance or walking in the past 12 months; who were seen by an MAO practitioner in the past 12 months; and who received fall risk intervention from their current practitioner.
<p>Management of Urinary Incontinence in Older Adults</p>	<p>The percentage of Medicare members ages 65 or older who reported having any urine leakage in the past six months and who discussed treatment options for their urinary incontinence with a health care provider, and reported if urine leakage made them change their daily activities or interfered with sleep.</p>



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Falls and urinary incontinence

Falls

One in four adults ages 65 and older fall each year. Ten percent have falls resulting in non-fatal injuries that require medical services.¹ As a leading cause of morbidity and mortality among the elderly, the risk of falling and fall-related injuries increase with age. Injuries, such as hip fractures, are associated with restricted mobility, functional decline, inability to live independently and decreased quality of life.²

Less than 50% of older adults who fell in the previous year talk to their health care provider about it. Women are more likely than men to seek medical care for falls, discuss falls and prevention with their healthcare provider.³

Other risk factors that can increase falls among the elderly are:

- Hearing or visual impairments.
- Use of specific psychotropic or narcotic medications.
- Physical inactivity.
- Unsafe home environments.

Health care providers should ask older patients about fall risk as a routine part of their exam and follow the Centers for Disease Control and Prevention (CDC) recommended steps to prevent falls.⁴

Here are three sample steps to screen for risk of falls:

Step 1: Ask the patient these three questions

1. Have you fallen in the past year?
2. Do you feel unsteady when standing or walking?
3. Do you worry about falling?

Step 2: Review

- Review and manage medications linked to falls.
- Identify modifiable risk factors.

Step 3: Recommend

- Recommend Vitamin D for improved bone, muscle and nerve health.
- Intervene to reduce risk factors using effective strategies.

Urinary incontinence

Bladder control issues can increase the risk of falls and injuries. Most patients are not aware that bladder control issues can make them twice as likely to fall. Urinary incontinence, also known as overactive bladder, is more common in older patients. Most older patients with urinary incontinence issues do not seek treatment. Research shows that urinary incontinence is the leading cause of distraction for older adults. This means that patients are less able to concentrate on walking and maintaining balance.⁵

If a patient is having problems with falls, health care providers should ask the patient if she/he is having problems with their bladder.

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Best practices

Tips and best practices to help close gaps in care.

- Be proactive by asking all patients ages 65 and older about their fall risk at every office visit and document it as part of the Annual Wellness Visit.
- Provide the following medical assessments:
 - Assess chronic health conditions such as diabetes, stroke or arthritis. These are issues that can increase the risk of falling due to impaired motor function, depression, inactivity or use of multiple medications.
 - Assess the severity of the urinary incontinence and its impact on the patient's quality of life and daily activities (document social withdrawal, depression or sleep interruption).
 - Assess for vitamin, mineral and hormonal deficiencies (i.e., Vitamin D, calcium, estrogen, testosterone) among elderly patients.
 - Evaluate overall balance, strength and gait. Suggest a cane or walker if needed, or referral to a physical therapist if there appears to be difficulty walking or rising from a chair.
 - Review prescription and over-the-counter medicines, which may have side effects or interactions such as dizziness, drowsiness and reduced motor function.
 - » Antidepressant, anti-seizure, neuroleptic, muscle relaxant, narcotic, Class 1A antiarrhythmic agents may cause an increased risk of falls.
- Encourage an annual comprehensive eye exam and update corrective eyewear as necessary.
- Recommend a hearing test.
- Encourage exercises that increase muscle strength, coordination and improve balance (i.e., walking, Tai Chi).
- Review potential home hazards. Recommend modifications such as stairway rails, improved lighting within the home, grab bars near toilet and around the tub or shower. Recommend use of shower chair or hand-held shower for greater safety.
- Educate patient about treatments that can help urinary incontinence. Discuss potential treatment options such as behavioral therapy, exercises, medications, medical devices and surgery.
- Educate patients on the relationship between fall risk and urinary incontinence. Use culturally appropriate informational brochures and materials as discussion starters for this sensitive topic.

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Resources

The CDC's Injury Center created the Stopping Elderly Accidents, Deaths & Injuries (STEADI) toolkit to help reduce fall risk among older patients. The STEADI toolkit gives providers the information and tools they need to assess and address patients' fall risk. Use the STEADI Fall Risk Factor Checklist to help reduce fall risk among your older patients. It is available at cdc.gov/steady/pdf/STEADI-Form-RiskFactorsCk-508.pdf.

References

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- ²Alexiou, K. I., Roushias, A., Varitimidis, S. E., & Malizos, K. N. (2018). Quality of life and psychological consequences in elderly patients after a hip fracture: a review. *Clinical Interventions in Aging, 13*, 143–150.
- ³Stevens, J.A., Ballesteros, M.F., Mack, K.A., Rudd, R.A., DeCaro, E. & Adler, G., Gender differences in seeking care for falls in the aged Medicare population. *American Journal of Preventive Medicine, 2012 Jul;43*(1):59-62.
- ⁴Centers for Disease Control and Prevention. STEADI – Older Adult Fall Prevention. <https://www.cdc.gov/steady/index.htm>
- ⁵Gibson, W., Jones, A., Hunter, K., & Wagg, A. (2021). Urinary urgency acts as a source of divided attention leading to changes in gait in older adults with overactive bladder. *PLoS one, 16*(10), e0257506. <https://doi.org/10.1371/journal.pone.02575>