

Medicare HOS: Management of Fall Risk, Urinary Incontinence and Physical Activity

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

Fall Risk Management, Management of Urinary Incontinence in Older Adults and Physical Activity in Older Adults are 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 measures.

Measures

Fall Risk Management (FRM)



The FRM measure determines if the member has a history of falls or problems with balance, walking, whether they discussed falls with a health care provider and their provider's management of fall risk. This measure includes two rates:

- Discussing fall risk:**

The percentage of Medicare members ages 65 and older who were seen by a 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 a practitioner in the past 12 months; and who received fall risk intervention from their current practitioner.

Management of Urinary Incontinence (MIU) in Older Adults



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.

Note: A lower rate indicates better performance for this measure.

Physical Activity in Older Adults (PAO)



The percentage of Medicare members 65 years and older who had a doctor's visit in the past 12 months and who report that they:

- Spoke with a doctor or other health provider about their level of exercise or physical activity.
- Received advice to start, increase or maintain their level of exercise or physical activity.

Falls

One in four adults ages 65 and older fall each year. Ten percent have falls resulting in non-fatal injuries that require medical services¹. 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 life².

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 health care provider³. 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 falls⁴.

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	Questions
<p>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 balance⁵.</p> <p>If a patient is having problems with falls, health care providers should ask the patient if she/he is having problems with their bladder.</p>	<p>Ask patients:</p> <ul style="list-style-type: none">• If they had urine leakage in the past six months.• When did it start and how often the urine leakage problem occurs.• If urinary incontinence has affected their daily life (such as social withdrawals, depression or sleep deprivation).

Physical Activity	Questions
<p>Physical activity can be defined as movement that increases your heart rate above its resting rate. Regular physical activity can help control weight, reduce the risk of chronic diseases, strengthen bones and muscles and improve mental health. Any amount of physical activity reduces the risk of developing certain chronic conditions and increases quality of life. Health care providers can help older adults attain and maintain health by providing advice on appropriate types and levels of activity⁶.</p> <p>Physical activity can support reduction of fall incidence in older adults.</p>	<p>Ask patients:</p> <ul style="list-style-type: none"> • About daily level of workouts. • What activities they enjoy. • If they feel better when they are more active.

Best Practices
<p>Tips and best practices to help close gaps in care.</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ◦ 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 your patient's pain and functional status (i.e., how far they can walk, trouble with stairs, if they are able to shop and cook their own food). ◦ Assess for vitamin, mineral and hormonal deficiencies (i.e., Vitamin D, calcium, estrogen, testosterone) among elderly patients. ◦ Evaluate overall balance, strength, physical activity level, 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. <ul style="list-style-type: none"> ▪ 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 and advise exercises that increase muscle strength, coordination and improve balance (i.e., walking, Tai Chi). Encourage participation in a gym, fitness and exercise programs and local community resources. • 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 among fall risk, urinary incontinence and physical activity. Use culturally appropriate informational brochures and materials as discussion starters for this sensitive topic.

(continued)

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](https://www.cdc.gov/steady/pdf/STEADI-Form-RiskFactorsCk-508.pdf).

References

- ¹ Musich, S., Wang, S. S., Ruiz, J., Hawkins, K., & Wicker, E. (2017). Falls-Related Drug Use and Risk of Falls Among Older Adults: A Study in a US Medicare Population. *Drugs & Aging*, 34(7), 555–565.
- ² Alexiou, 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.
- ³ Bergen G, Stevens MR, Burns ER. Falls and Fall Injuries Among Adults Aged \geq 65 Years — United States, 2014. *MMWR Morb Mortal Wkly Rep* 2016;65:993–998. DOI: <http://dx.doi.org/10.15585/mmwr.mm6537a2externalicon>.
- ⁴ Centers for Disease Control and Prevention. STEADI – Older Adult Fall Prevention. <https://www.cdc.gov/steady/index.htm>
- ⁵ Gibson, 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.0257506>
- ⁶ National Council on Aging. August 2021. "The Life-Changing Benefits of Exercise After 60".