



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

USE THIS TIP SHEET TO REVIEW KEY DETAILS OF THESE HEDIS MEASURES, AS WELL AS BEST PRACTICES AND RESOURCES TO IMPROVE THE PATIENT EXPERIENCE

Fall Risk Management, Management of Urinary Incontinence in Older Adults and Physical Activity in Older Adults are Healthcare Effectiveness Data and Information Set (HEDIS) Effectiveness of Care measures captured via a patient-reported survey known as the Medicare Health Outcomes Survey (HOS). The HOS measures how a patient’s perception of their health, both physical and mental, has changed over time. Providers can help patients improve their healthcare experience in response to HOS questions tied to these measures.

Measures

Fall Risk Management (FRM)



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

- **Discussing fall risk:**
The percentage of Medicare patients 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 patients 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 patients 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 healthcare 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 patients 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. About 37% 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 healthcare provider about it. Women are more likely than men to seek medical care for falls and 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.

Healthcare 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 problems can increase the risk of falls and injuries, yet many patients don't realize they can double fall risk. Urinary incontinence is common in older adults but often goes untreated. It can be distracting, making it harder to focus on walking and maintaining balance.

If a patient is having problems with falls, healthcare providers should ask the patient if they are having problems with their bladder.

Questions

Ask patients:

- 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. Healthcare providers can help older adults attain and maintain health by providing advice on appropriate types and levels of activity.⁵</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

Tips and best practices to help close gaps in care.

- Proactively assess fall risk for patients age 65+ at every visit and document during the Annual Wellness Visit.
- Assess chronic conditions that increase fall risk (e.g., diabetes, stroke, arthritis).
- Assess urinary incontinence severity and impact on quality of life and daily activities.
- Assess pain, mobility and functional status.
- Assess vitamin, mineral and hormonal deficiencies.
- Evaluate balance, strength, gait and physical activity; recommend assistive devices or physical therapy as needed.
- Review prescription and over-the-counter medications for fall risk side effects.
- Encourage annual eye exams and updated eyewear.
- Recommend hearing tests.
- Encourage strength, balance, and coordination exercises (e.g., walking, Tai Chi) and community programs.
- Review home safety hazards and recommend modifications.
- Educate patients on urinary incontinence treatment options.
- Educate patients on the link between fall risk, urinary incontinence and physical activity using culturally appropriate materials.

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 <https://bit.ly/cdcfallriskchecklist>.

References

- 1 Moreland B, Kakara R, Henry A. Trends in Nonfatal Falls and Fall-Related Injuries Among Adults Aged ≥65 Years—United States, 2012–2018. *MMWR Morbidity and Mortality Weekly Report*. 2020 July 10;69(27):875–881. DOI: 10.15585/mmwr.mm6927a5.
- 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 Patton, Susan et al. "Gender Differences in Older Adults' Perceptions of Falls and Fall Prevention." *Health Promotion Practice* vol. 23,5 (2022): 785-792. doi:10.1177/15248399211009783 pubmed.ncbi.nlm.nih.gov/33969733/
- 4 Centers for Disease Control and Prevention. STEADI Clinical Resources (for Healthcare providers). www.cdc.gov/steady/hcp/clinical-resources/index.html
- 5 National Council on Aging. August 2021. "The Life-Changing Benefits of Exercise After 60."

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