

MEDICAID TRANSFORMATION WAIVER PROJECT

Contact Information	<p>Elizabeth A. Phelan, MD, MS, Department of Medicine, University of Washington, 206-744-9112, phelane@uw.edu</p> <p><i>Organizations Submitting Project Suggestion:</i> Washington State Department of Health and the University of Washington</p>
Project Title	<p>Reducing Fall-Related Emergency Department Visits and Hospitalizations via Healthcare Provider Recommendation and Referral to Evidence-Based Fall Prevention Programs in the Community</p>
Rationale for the Project	
<ul style="list-style-type: none"> • <i>Problem statement:</i> Falls are the leading cause of injury-related hospitalizations in Washington State, accounting for over 20,000 hospitalizations annually. One-quarter (~5,000) of these involve adults aged <65 years. Falls are also a strong predictor of long-term placement in a skilled nursing facility. Hospital stays for acute fall-related injury care cost ~\$35,000 per admission.¹ Importantly, falls are often preventable. However, awareness of measures that can be taken to prevent falls is low, and most people who present for medical attention do not receive counseling or other interventions to address fall risk aimed at the prevention of future falls and associated healthcare use for treatment of fall-related injuries. • <i>Supporting research:</i> Strong evidence supports a number of fall-prevention programs targeted to adults living in the community as being both effective in preventing falls and cost-saving. For example, the one-year medical cost savings associated with 100 patients being referred to “A Matter of Balance” ranges from \$2.8 – \$8.4 million, depending on participation rate (% participation, 25 – 75%).² Other fall prevention programs, including those that are being disseminated in Washington State (e.g., Tai Ji Quan: Moving for Better Balance®) also have been shown to have cost benefits that exceed the expected program delivery costs.³ However, referral of patients to fall prevention programs by healthcare providers occurs infrequently. The proposed project will address this issue, by training healthcare providers to refer their patients who have fallen to an evidence-based fall prevention program and use motivational interviewing techniques to encourage patient engagement and follow-through on the referral. Motivational interviewing is a patient-centered method of behavior change counseling and has been successfully taught to healthcare providers to promote healthy behaviors in their patients.⁴ • <i>Relationship to federal objectives:</i> This project aligns with federal Medicaid objectives around program costs (i.e., budget neutrality to the federal government of any state Medicaid-funded demonstration projects) and will accrue health benefits by reducing fall risk among Medicaid recipients at high risk of falls. 	
Project Description	
<p><i>Which Medicaid Transformation Goals¹ are supported by this project/intervention?</i></p> <p>XX Reduce avoidable use of intensive services</p> <p>XX Improve population health, focused on prevention</p> <p style="padding-left: 20px;">Accelerate transition to value-based payment</p> <p style="padding-left: 20px;">Ensure Medicaid per-capita growth is below national trends</p> <p><i>Which Transformation Project Domain(s) are involved?</i></p> <p>XX Health Systems Capacity Building</p> <p style="padding-left: 20px;">Care Delivery Redesign</p> <p>XX Population Health Improvement – prevention activities</p> <ul style="list-style-type: none"> • <i>Region(s) and sub-population(s):</i> Persons residing in Washington State and presenting to the emergency department (ED) for an acute fall. Two of Washington State’s Accountable Communities of Health (ACHs) will be targeted for involvement as intervention regions for the initial phase of the project. Two ACHs that resemble the intervention ACHs on size, sociodemographics, and fall-related hospitalization rates will serve as usual-care regions. Thereafter, depending on project progress, available budget, and interest of other ACHs, the project could be extended to additional ACHs in the out years. • <i>Relationship to Washington’s Medicaid Transformation goals:</i> This project will address two of the Medicaid 	

Transformation Waiver Goals: 1) reduce avoidable use of intensive services and settings, and 2) improve population health focused on prevention. This project will directly impact acute care hospitalizations for fall-related injury care and improve the health of Medicaid program enrollees via reducing the incidence of unintentional fall-related injuries with their attendant functional decline and risk of skilled nursing facility placement. Many adults have diabetes and/or cardiovascular disease, which contribute to falls. By focusing on reducing falls, falls and their associated adverse consequences will be reduced, and quality of life and independence will be enhanced for those with these as well as other chronic conditions.

- ***Project goals and expected interventions and outcomes:*** Project goals are to increase healthcare provider referrals of persons treated in an emergency department for fall-related injuries to an evidence-based fall prevention program in their community. The rationale for targeting this setting and population subgroup is that those who experience a fall are at high risk for having another fall in the future, and the fall event presents an opportunity to connect the person who has fallen with relevant resources and programs to address the factors that contributed to the fall. Research has shown that the recommendation of a healthcare professional facilitates patient participation in fall-prevention interventions.⁵ The project intervention will involve ED workforce training on the importance of post-ED fall prevention and in brief motivational interviewing techniques (applied in the ED setting to other health issues such as alcohol misuse⁶ to facilitate patient engagement with and follow-through on fall-prevention recommendations. To capture the subset of patients who are injured seriously enough to require hospital admission, and so appropriate at the point of hospital discharge for brief counseling intervention (but not in the ED), hospitalists and hospital discharge planners will be additional target groups for training.

Outcomes during the waiver period to be assessed (via evaluation prior to and subsequent to the demonstration project implementation) will include 1) number of patients presenting for falls who receive a referral on discharge from an ED (or discharge from hospital, if admitted for fall injury care) that addresses prevention of future falls; 2) fall-related ED visits; 3) fall-related hospitalization rates; 4) healthcare costs averted, estimated based on difference in fall-related healthcare use in the intervention vs. usual care ACHs during the intervention period.

- ***Links to complementary transformation initiatives:*** The intervention could be implemented in primary care health homes and within the context of other complementary transformation initiatives. For example, the Community Health Worker (CHW) Program could deploy CHWs to follow up with patients to reinforce the importance of ongoing participation in fall prevention behavior change activities.
- ***Partners:*** This project will involve direct partnerships with ACHs as well as healthcare providers. It directly incorporates core strategies of the Plan for a Healthier Washington, including ensuring health care focused on the whole person (through injury prevention, keeping people living in the community functional and independent) and building healthier communities through a collaborative regional approach.

Core Investment Components

- ***Proposed activities and cost estimates:*** Following the approach of Tinetti et al⁷ to disseminate evidence-based fall prevention care, which led to ~1,800 fall-related ED visits or hospital admissions averted in the intervention region, this project will implement a practice-change intervention targeting ED providers, hospitalists, and hospital discharge planners in 2 ACHs in Washington State. Activities for the project will include:
 - (1) formation of ACH-based working groups to establish referral networks and perform outreach to local emergency department clinicians, hospitalists, and hospital discharge planners;
 - (2) outreach visits to clinicians to describe evidence-based fall prevention practices and encourage referrals of patients to local fall prevention programs at time of ED (or hospital, if admitted) discharge;
 - (3) continued DOH-driven dissemination of evidence-based fall prevention programs in the selected ACHs;
 - (4) maintenance of WA State DOH Fall Prevention website that catalogs available programs across the state. Keeping the website updated so that it serves as a central repository documenting fall prevention programs, for use and reference by clinicians, will be important as fall prevention program spread occurs;

(5) establishment of a statewide surveillance system for tracking ED visits for falls, which is currently not in place in Washington State although it has been the expectation of the CDC for a number of years.

Project cost estimates include \$190,000 annually for support of the community-campus (WA DOH Injury Prevention Program – University of Washington School of Public Health) partnership to refine, implement, and evaluate the practice-change intervention, \$40,000 annually to offset efforts of regional working groups in each of the intervention ACHs, \$200,000 annually for WA DOH-led fall prevention program dissemination, \$275,000 for development of the state falls surveillance system, \$70,000 annually for program coordination/management, and \$150,000 annually for data collection and analysis of process and outcome data.

- *Best estimate (or ballpark if unknown) for:*
 - *Number served, when project fully implemented:* Given 20,000 hospitalizations for fall-related injuries annually in Washington State, and 20% of Washington state residents covered by Medicaid, ~4,000 Medicaid-covered fall-related injury hospitalizations would be addressed annually if the intervention were eventually implemented throughout the state. Additional persons would be served through ED-based referrals for those who are seen and discharged from the ED (estimates of fall-related ED visits in Washington State are currently not available due to lack of a surveillance system).
 - *Program cost:* This program is expected to be cost-saving, given that fall-related injuries are among the 20 most expensive medical conditions, and that program costs are likely to be much less than fall-related healthcare costs (\$35,000 per hospitalization for acute fall injury care; \$3,400 per fall-related ED visit).¹
- *Time to fully implement the project:* The anticipated timeline is 2.5 years for full implementation in an ACH.
- *The financial return on investment (ROI) opportunity:* A number of fall prevention programs, including those that are being actively disseminated in Washington State (e.g., Tai Ji Quan: Moving for Better Balance®, with an ROI of 509%) have been shown to have cost benefits that exceed the expected program delivery costs.³

Project Metrics

Measures described in WA State’s Waiver application that are relevant to this project, and that this project is likely to impact, include: 1) avoidable ED use, 2) falls with injury, 3) 30-day all-cause hospital readmission, 4) Medicaid per enrollee spending, and 5) the patient experience with care.

References:

1. Bohl AA, et al. A longitudinal analysis of total 3-year healthcare costs for older adults who experience a fall requiring medical care. *J Am Geriatr Soc* 2010;58:853-60.
2. Howland J, et al. Savings in acute care costs if all older adults treated for fall-related injuries completed Matter of Balance. *Inj Epidemiol* 2015;2:25.
3. Carande-Kulis V, et al. A cost-benefit analysis of three older adult fall prevention interventions. *J Safety Res* 2015;52:65-70.
4. Lozano P, et al. Randomized trial of teaching brief motivational interviewing to pediatric trainees to promote healthy behaviors in families. *Arch Pediatr Adolesc Med* 2010;164:561-6.
5. Dickinson A, et al. The role of health professionals in promoting the uptake of fall prevention interventions: a qualitative study of older people’s views. *Age Ageing* 2011;40:724-30.
6. Kaiser DG, et al. An examination of the workflow processes of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) in health care settings. *J Subst Abuse Treat* 2016;60:21-6.
7. Tinetti ME, et al. Effect of dissemination of evidence in reducing injuries from falls. *N Eng J Med* 2008;359:252-61.