Many of those with fall-related injuries in 2014 had conditions present in the two years prior to the fall that might have served as indicators of elevated fall risk. Half had prior probable fall related injuries. Nearly half were taking at least one fall risk medication, and a fifth were taking two or more at the time of the fall. Chronic health conditions, most notably arthritis, were common among beneficiaries who fell. Most beneficiaries had at least one primary care evaluation and management visit, which represented a potential opportunity to assess fall risk and establish a strategy for fall prevention.

The U.S. Preventive Service Task Force recommends exercise as an effective intervention strategy to prevent falls and fall-related injuries in community dwelling adults age 65 and older who are at increased risk of falls. Multifactorial interventions, consisting of an initial comprehensive assessment followed by customized interventions, were also found to reduce fall risk, though the evidence for the benefit of exercise was stronger. Vitamin D supplements were not found to be effective[iv,v].

Among those with prior falls, referrals for fall preventive services and physical therapy were common among beneficiaries with prior falls, however, the practice is not universal. In line with the U.S. Preventive Service Task Force recommendations, ensuring that all patients with identifiable fall risk are referred to appropriate ongoing exercise programs should be a key strategy in fall prevention.

Only 22 percent of beneficiaries with probable falls had a Medicare wellness visit, and only 15 percent had a comprehensive fall risk assessment. Though use of fall risk drugs was common, only 1 percent had a comprehensive medication review. Low utilization of these preventive services in Washington state is consistent with national studies,[vi,vii] and represents an area for improvement.

Caveats

The function of medical claims is for billing and reimbursement. Diagnoses or procedures which are not reimbursed or reimbursed at low levels may be under reported. Discrepancies in coding of diagnoses and procedures may exist among providers. Cause of injury codes that would definitely identify falls are not always implemented. We identified probable falls based on injuries that are likely results of accidental falls, but other causes are possible. Claims related to the same fall episode are not grouped together in the data. Our 60-day window for episodes of care may have combined claims from distinct events, or separated claims that were actually related to the same injury. Our analysis only considered fee-for-service beneficiaries. Medicare Advantage beneficiaries comprised 30 percent of the Medicare population in Washington state 2014. Assessing the magnitude of these potential biases would require an extensive review of medical records which is outside the scope of this study.

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