

eMeasure Title	Falls: Screening for Future Fall Risk		
eMeasure Identifier (Measure Authoring Tool)	139	eMeasure Version number	5.0.000
NQF Number	0101	GUID	bc5b4a57-b964-4399-9d40-667c896f31ea
Measurement Period	January 1, 20XX through December 31, 20XX		
Measure Steward	National Committee for Quality Assurance		
Measure Developer	American Medical Association (AMA)		
Measure Developer	National Committee for Quality Assurance		
Measure Developer	PCPI(R) Foundation (PCPI[R])		
Endorsed By	National Quality Forum		
Description	Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period		
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Measure Scoring	Proportion		
Measure Type	Process		
Stratification	None		
Risk Adjustment	None		
Rate Aggregation	None		
Rationale	<p>As the leading cause of both fatal and nonfatal injuries for older adults, falls are one of the most common and significant health issues facing people aged 65 years or older (Schneider, Shubert and Harmon 2010). Moreover, the rate of falls increases with age (Dykes et al. 2010). Older adults are five times more likely to be hospitalized for fall-related injuries than any other cause-related injury. It is estimated that one in every three adults over 65 will fall each year (Centers for Disease Control and Prevention 2015). In those over age 80, the rate of falls increases to fifty percent (Doherty et al. 2009). Falls are also associated with substantial cost and resource use, approaching \$30,000 per fall hospitalization (Woolcott et al. 2011). Identifying at-risk patients is the most important part of management, as applying preventive measures in this vulnerable population can have a profound effect on public health (al-Aama 2011). Family physicians have a pivotal role in screening older patients for risk of falls, and applying preventive strategies for patients at risk (al-Aama 2011).</p>		
Clinical Recommendation Statement	<p>All older persons who are under the care of a health professional (or their caregivers) should be asked at least once a year about falls. (AGS/BGS/AAOS)</p> <p>Older persons who present for medical attention because of a fall, report recurrent falls in the past year, or</p>		

	<p>demonstrate abnormalities of gait and/or balance should have a fall evaluation performed. This evaluation should be performed by a clinician with appropriate skills and experience, which may necessitate referral to a specialist (eg, geriatrician). (AGS/BGS/AAOS)</p> <p>Older people in contact with health care professionals should be asked routinely whether they have fallen in the past year and asked about the frequency, context, and characteristics of the falls. (NICE) (Grade C)</p> <p>Older people reporting a fall or considered at risk of falling should be observed for balance and gait deficits and considered for their ability to benefit from interventions to improve strength and balance. (NICE) (Grade C)</p>
Improvement Notation	A higher score indicates better quality.
Reference	al-Aama, T. 2011. "Falls in the Elderly: Spectrum and Prevention." <i>Can Fam Physician</i> 57(7):771-6.
Reference	Centers for Disease Control and Prevention. 2015. "Important Facts about Falls" (December 14, 2015) http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html
Reference	Doherty, M., and J. Crossen-Sills. 2009. "Fall Risk: Keep your patients in balance." <i>The Nurse Practitioner: The American Journal of Primary Health Care</i> 34(12):46-51.
Reference	American Geriatrics Society, British Geriatrics Society, and American Academy of Orthopaedic Surgeons Panel on Falls Prevention: Guideline for the prevention of falls in older persons. <i>Journal of the American Geriatrics Society</i> . 2001; 49: 664-672.
Reference	National Institute for Clinical Excellence (NICE). Falls: the assessment and prevention of falls in older people. November 2004; clinical guideline 21. Available at: https://www.nice.org.uk/guidance/cg161
Reference	Dykes, P.C., D.L. Carroll DL, A. Hurley A, S. Lipsitz S, A. Benoit A, F. Chang F, S. Meltzer S, R. Tsurikova R, L. Zuyov L, B. Middleton B. 2010. "Fall Prevention in Acute Care Hospitals: A Randomized Trial." <i>JAMA</i> . 2010;304(17):1912-1918.
Reference	Schneider, E.C., T.E. Shubert, and K.J. Harmon. 2010. "Addressing the Escalating Public Health Issue of Falls Among Older Adults." <i>NC Med J</i> 71(6):547-52.
Reference	Woolcott, J.C., K.M. Khan, S. Mitrovic, A.H. Anis, C.A. Marra. 2011. "The Cost of Fall Related Presentations to the ED: A Prospective, In-Person, Patient-Tracking Analysis of Health Resource Utilization." <i>Osteoporos Int</i> [Epub ahead of print].
Definition	<p>Screening for Future Fall Risk: Assessment of whether an individual has experienced a fall or problems with gait or balance. A specific screening tool is not required for this measure, however potential screening tools include the Morse Fall Scale and the timed Get-Up-And-Go test.</p> <p>Fall: A sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of sudden onset of paralysis, epileptic seizure, or overwhelming external force.</p>
Guidance	None
Transmission Format	TBD
Initial Population	Patients aged 65 years and older with a visit during the measurement period
Denominator	Equals Initial Population
Denominator Exclusions	None
Numerator	Patients who were screened for future fall risk at least once within the measurement period
Numerator Exclusions	Not Applicable
Denominator Exceptions	Documentation of medical reason(s) for not screening for fall risk (eg, patient is not ambulatory)
Supplemental Data Elements	For every patient evaluated by this measure also identify payer, race, ethnicity and sex

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Population Criteria

- **Initial Population =**

- AND: Age >= 65 year(s) at: "Measurement Period"
- AND: Union of:
 - "Encounter, Performed: Face-to-Face Interaction"
 - "Encounter, Performed: Office Visit"
 - "Encounter, Performed: Preventive Care Services-Individual Counseling"
 - "Encounter, Performed: Nursing Facility Visit"
 - "Encounter, Performed: Care Services in Long-Term Residential Facility"
 - "Encounter, Performed: Home Healthcare Services"
 - "Encounter, Performed: Preventive Care Services-Initial Office Visit, 18 and Up"
 - "Encounter, Performed: Preventive Care Services - Established Office Visit, 18 and Up"
 - "Encounter, Performed: Annual Wellness Visit"
 - "Encounter, Performed: Audiology Visit"
 - "Encounter, Performed: Ophthalmological Services"
 - during "Measurement Period"
- **Denominator =**
 - AND: Initial Population
- **Denominator Exclusions =**
 - None
- **Numerator =**
 - AND: "Risk Category Assessment: Falls Screening" during "Measurement Period"
- **Numerator Exclusions =**
 - None
- **Denominator Exceptions =**
 - OR: Union of:
 - "Risk Category Assessment not done: Medical Reason" for "Falls Screening" during "Measurement Period"
 - "Risk Category Assessment: Patient not ambulatory" overlaps "Measurement Period"
- **Stratification =**
 - None

Data Criteria (QDM Variables)

- None

Data Criteria (QDM Data Elements)

- "Encounter, Performed: Annual Wellness Visit" using "Annual Wellness Visit Grouping Value Set (2.16.840.1.113883.3.526.3.1240)"
- "Encounter, Performed: Audiology Visit" using "Audiology Visit Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1066)"
- "Encounter, Performed: Care Services in Long-Term Residential Facility" using "Care Services in Long-Term Residential Facility Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1014)"
- "Encounter, Performed: Face-to-Face Interaction" using "Face-to-Face Interaction Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1048)"
- "Encounter, Performed: Home Healthcare Services" using "Home Healthcare Services Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1016)"
- "Encounter, Performed: Nursing Facility Visit" using "Nursing Facility Visit Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1012)"
- "Encounter, Performed: Office Visit" using "Office Visit Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1001)"
- "Encounter, Performed: Ophthalmological Services" using "Ophthalmological Services Grouping Value Set (2.16.840.1.113883.3.526.3.1285)"
- "Encounter, Performed: Preventive Care Services - Established Office Visit, 18 and Up" using "Preventive Care Services - Established Office Visit, 18 and Up Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1025)"
- "Encounter, Performed: Preventive Care Services-Individual Counseling" using "Preventive Care Services-Individual Counseling Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1026)"
- "Encounter, Performed: Preventive Care Services-Initial Office Visit, 18 and Up" using "Preventive Care Services-Initial Office Visit, 18 and Up Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1023)"
- "Risk Category Assessment: Falls Screening" using "Falls Screening Grouping Value Set (2.16.840.1.113883.3.464.1003.118.12.1028)"
- "Risk Category Assessment: Patient not ambulatory" using "Patient not ambulatory Grouping Value Set (2.16.840.1.113883.3.464.1003.118.12.1009)"
- "Risk Category Assessment not done: Medical Reason" using "Medical Reason Grouping Value Set (2.16.840.1.113883.3.526.3.1007)"

Supplemental Data Elements

- "Patient Characteristic Ethnicity: Ethnicity" using "Ethnicity CDCREC Value Set (2.16.840.1.114222.4.11.837)"
- "Patient Characteristic Payer: Payer" using "Payer SOP Value Set (2.16.840.1.114222.4.11.3591)"
- "Patient Characteristic Race: Race" using "Race CDCREC Value Set (2.16.840.1.114222.4.11.836)"
- "Patient Characteristic Sex: ONC Administrative Sex" using "ONC Administrative Sex AdministrativeGender Value Set (2.16.840.1.113762.1.4.1)"

Risk Adjustment Variables

- None

Measure Set	None
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