June 26, 2019

[Submitted electronically to AnnualReport@aging.senate.gov]

Re: Senate Aging Committee Seeks Community Input on Falls Prevention

Susan M. Collins
Chairman, Senate Special Committee on Aging
413 Dirksen Senate Office Building
Washington, D..C 20510

Bob Casey
Ranking Member, Senate Special Committee on Aging
393 Russell Senate Office Building
Washington, D.C. 20510

Dear Senate Aging Committee:

The American Pharmacists Association (APhA) appreciates the efforts of the Senate Aging Committee ("Committee") to author a report that brings attention to the risk of falls and fall-related injuries and offers recommendations to reduce such risks and injuries. Like the Committee, APhA recognizes the wide range of implications associated with falls and believes efforts to prevent and manage falls and fall-related injuries can reduce financial burdens, and most importantly, improve patient care and well-being.

Founded in 1852 as the American Pharmaceutical Association, APhA represents nearly 60,000 pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians, and others interested in improving medication use and advancing patient care. APhA members provide care in all practice settings, including community pharmacies, hospitals, long-term care facilities, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and the uniformed services. Policies that utilize pharmacists and harness their education and training are needed to better prevent and manage falls and fall-related injuries.

I. Reporting and Follow-Up

According to CDC, more than 1 in 4 older adults fall each year, but less than half tell their doctor.[1] Recent research comparing methods of fall reporting (monthly active asking, daily self-report diary entries, and a call-in hotline) among prefrail and frail seniors found that most falls

[1] Bergen G, Stevens MR, Burns ER. Falls and Fall Injuries Among Adults Aged ≥65 Years — United States, 2014. MMWR Morb Mortal Wkly Rep 2016;65:993–998.

were reported via active asking.[2] The same research recommended a combination of active asking and reporting diaries to captures the most fall reports.[3] Pharmacists can play an important role in actively asking patients about falls because they are the most accessible health care practitioner with approximately 90% of Americans living within 5 miles of a pharmacy. In addition, since many patients require monthly medication refills, they are in frequent contact with their pharmacist.

Not only are pharmacists well situated to improve fall reporting, they are medication experts and training related to fall prevention is easily available. The Centers for Disease Control and Prevention collaborated with APhA to provide free online training on older adult fall prevention.[4] Pharmacists who complete this training are able to: describe the burden of falls among older adults; identify health conditions and types of medications that increase fall risk; implement fall screening, assess risk factors, and offer prevention strategies; and discuss strategies to improve patient care coordination for fall prevention.[5] Based on this information and the need to improve fall reporting and follow-up, APhA recommends the Committee advance policies that utilize pharmacist-provided patient care services.

In response to the Committee's question regarding how follow-up with appropriate healthcare providers can be improved after a visit to an emergency department for a fall, APhA notes the important role pharmacists plan in transitions of care (coordination of and continuity of health care as patient transfer between different settings).[6,7] In addition, pharmacists can also refer patients to other health care providers after a patient is discharged from an emergency department.

II. Tools and Resources

As noted above, APhA and CDC have collaborated on an online training program to address fall prevention. Further, in the context of fall prevention, CDC and APhA have worked together to develop a list of resources to minimize high risk medication in older adults and tools to help implement falls prevention services.[8] These resources include a Fall Risk Checklist, Medications Linked to Fall Prevention, Creating Community-Clinical Linkages Between

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[2] Teister, C.J., Chocano-Bedoya, P.O., Orav, E.J., Dawson-Hughes, B., Meyer, U., Meyer, O.W., Freystaetter, G., Gagesch, M., Rizzoli, R., Egli, A., Theiler, R., Kanis, J.A. & Bischoff-Ferrari, H.A. (2018). Which Method of Fall Ascertainment Captures the Most Falls in Prefrail and Frail Seniors?, *American Journal of Epidemiology*, 187(10), 2243–2251.

[3] h Teister, C.J., Chocano-Bedoya, P.O., Orav, E.J., Dawson-Hughes, B., Meyer, U., Meyer, O.W., Freystaetter, G., Gagesch, M., Rizzoli, R., Egli, A., Theiler, R., Kanis, J.A. & Bischoff-Ferrari, H.A. (2018). Which Method of Fall Ascertainment Captures the Most Falls in Prefrail and Frail Seniors?, *American Journal of Epidemiology*, 187(10), 2243–2251.

[4] American Pharmacists Association, STEADI: The Pharmacist's Role in Older Adult Fall Prevention, available at http://elearning.pharmacist.com/products/4721/steadi-the-pharmacists-role-in-older-adult-fall-prevention, stating "This online training will provide pharmacists with the knowledge, skills, and ability to identify fall prevention strategies that they can integrate within their pharmacy practice. It will provide strategies to help pharmacists screen older adults for fall risk, conduct medication review and management, and offer patient education."

[5] *See* American Pharmacists Association, (April 2017). CDC and APhA Launch Online Training on Older Adult Fall Prevention, available at: https://www.pharmacist.com/press-release/cdc-and-apha-launch-online-training-older-adult-fall-prevention?is_sso_called=1, last accessed: June 24, 2019.

[6] Kristeller, J., (2014). Transition of Care: Pharmacist Help Needed, *Hospital Pharmacy*, 49(3):516-216.

[7] Balling, L., Erstad, B.L. & Weibel, K. (2003). Impact of a transition-of-care pharmacist during a hospital discharge, *Journal of the American Pharmacists Association,* July-Aug; 55(4), 443-448.

[8] Centers for Disease Control and Prevention & American Pharmacists Association, Resources List STEADI: The Pharmacist's Role in Older Adult Fall Prevention, available at: https://www.cdc.gov/steadi/pdf/STEADIPharmacistTrainingResources-508.pdf

Community Pharmacists and Physicians, and Collaborative Practice Agreements and Pharmacists' Patient Care Services: A Resource for Pharmacists.

APhA reiterates the most substantial federal policy barrier that make it difficult to offer tools and resources to patients to prevent falls from the pharmacist's perspective is that Medicare Part B does not cover pharmacist-provided patient care services.

III. Medicare

As the Committee is likely aware, healthcare providers are more likely to conduct screenings, assessments, and interventions when they are reimbursed for those services. Currently healthcare providers, including pharmacists, do not receive direct reimbursement for services to help prevent falls and manage fall-related injuries. The "Welcome to Medicare" and "Annual Wellness" visits may be improved if better assessment of fall risk and fracture prevention were included. While pharmacists are eligible service providers for annual wellness visits and pharmacist training on fall risk and fracture prevention is available, coverage remains a substantial barrier. Currently, billing is provided via the physician providing direct supervision of the services and in compliance with "incident to" billing rules.[9] While a useful tool to help enable patient access to valuable care services, additional administrative burdens among other factors may deter physicians from more commonly utilizing pharmacists in this context. Therefore, APhA urges the Committee to allow pharmacists to directly provide these services under Medicare Part B.

IV. Evidence-based Practices

APhA notes the Centers for Disease Control and Prevention's STEADI initiative encourages healthcare providers, including pharmacists, to adopt evidence-based strategies noted in the *Compendium of Effective Interventions*. For example, the *Compendium* includes examples where pharmacists were integral in facilitating psychotropic medication withdrawal and providing medication reviews and education. APhA also encourages the Committee to review, the American Society of Consultant Pharmacists and National Council on Aging Falls Risk Reduction Toolkit which serves as a companion to CDC's STEADI Toolkit. The toolkit also includes a bibliography of information detailing opportunities to reduce the risk of falls.

V. Polypharmacy

To ensure prescribers take into account the relationship between polypharmacy and falls risk when making both initial and follow-up clinical decisions for high-risk patients, APhA encourages research to better understand the associations between medication use and fall injuries and death. Since pharmacists are best suited to review patients' medications to reduce the effects of polypharmacy, APhA recommends the Committee also consider how prescribers can work more collaboratively with pharmacists. For example, research supports there are opportunities for savings and care improvement when collaborative care models are employed

[9] American Society of Health System Pharmacists, (June 2018). FAQ: Medicare Annual Wellness Visits, available at: https://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/ambulatory-care/medicare-annual-wellness-visits.ashx

for polypharmacy patients.[10,11,12,13] Additional research or demonstration projects could test different collaborative models between pharmacists and prescribers when care is being provided to patients posing different types of risks.

Additionally, in the context of polypharmacy, APhA highlights the important role pharmacists play in reviewing drug therapy regimens, deprescribing and identifying and resolving drug therapy problems.[14,15,16] APhA agrees with CDC's considerations for MTM implementation, particularly that reimbursement and time for services is a key issues for pharmacists providing services outside of CMS Part D guidelines and that there is a need encourage payers to the make the service available and offer reimbursement for pharmacists.[17] Accordingly, to more effectively address polypharmacy, APhA urges the Committee to recommend payers, including Medicare Part B and private payers, to cover pharmacist-provided MTM.

VI. Transitions of Care

As described above, pharmacists can play a key role in transitions of care.[18,19] From a cost perspective, a pharmacist-run transition of care program for a managed Medicaid plan corresponded to cost savings of over $4 per member per month.[20] Despite pharmacists being able to provide these services, payers (e.g., Medicare) do not cover such services posing a significant barrier to patient access. Therefore, to improve follow-up after a visit to an emergency department or other care setting, APhA suggests the Committee recommend Medicare and other payers cover pharmacist-provided care services related to transitions of care.

Every provider who interacts with seniors and/or their caregivers should have the assessment and follow-up related to fall prevention as part of their compensation model, as prevention of falls saves the system money and supports improved quality of life for seniors.

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[10] Whitman, A., DeGregroy, K., Morries, A., Mohile, S. & Ramsdale, E. (2018). Pharmacist-led medication assessment and deprescribing intervention for older adults with cancer and polypharmacy: a pilot study, *Supportive Care in Cancer*, 26(12), 4105-4113.
[11] Cheong, S.T., Ng, T.M., Tan, K.T. (2017). Pharmacist-initiated deprescribing in hospitalized elderly: prevalence and acceptance by physicians, *European Journal of Hospital Pharmacy*, 25(1), e35-e-39.
[12] Smith, M.A., Spiggle, S., & McConnell, B. (2017). Strategies for community-based medication management services in value-based health plans, *Res Social Adm Pharm*, 13(1), 48-62.
[13] Dodson, S.E., Rusinger, J.F., Hare, S.E. & Barnes, B.J. (2012). Community pharmacy-based medication therapy management services: financial impact for patients, *Pharm Pract.* 10(3), 119-124.
[14] Whitman, A., DeGregroy, K., Morries, A., Mohile, S. & Ramsdale, E. (2018). Pharmacist-led medication assessment and deprescribing intervention for older adults with cancer and polypharmacy: a pilot study, *Supportive Care in Cancer*, 26(12), 4105-4113.
[15] Kooyman, C.D.A. & Witry, M.J. (2019). The developing role of community pharmacists in facilitating care transitions: A systematic review, *Journal of the American Pharmacists Association*, 59(2), 265-274.
[16] Centers for Disease Control and Prevention, Community Pharmacists and Medication Therapy Management, available at: https://www.cdc.gov/dhdsp/pubs/docs/Best_Practice_Guide_MTM_508.pdf
[17] Centers for Disease Control and Prevention, Community Pharmacists and Medication Therapy Management, available at: https://www.cdc.gov/dhdsp/pubs/docs/Best_Practice_Guide_MTM_508.pdf
[18] Kristeller, J., (2014). Transition of Care: Pharmacist Help Needed, *Hospital Pharmacy*, 49(3):516-216.
[19] Balling, L., Erstad, B.L. & Weibel, K. (2003). Impact of a transition-of-care pharmacist during a hospital discharge, *Journal of the American Pharmacists Association*, July-Aug; 55(4), 443-448.
[20] Ni, W., Caolayco, D., Hashimoto, J., Komoto, K., Gowda, C., Wearda, B., & McCombs, J. (2018). Budget Impact Analysis of a Pharmacist-Provided Transition of Care Program, *J Manag Care Spec Pharm*, Feb; 24(2):90-96.

Pharmacists' expertise in medication use, knowledge of patient needs, and position within communities supports the Committee's desire to prevent falls and their impact on seniors.

Thank you for the opportunity to provide comments to the Committee. We support the Committee's ongoing efforts to examine issues particularly relevant to the needs of older Americans. If you have any questions or require additional information, please contact Alicia Kerry Mica, at amica@aphanet.org.

Sincerely,

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