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March 13, 2007

Remarks to Public Health Committee
SB 1226: An Act Establishing A Fall Prevention Program

I would like to address the committee regarding the importance of a state-wide program to prevent falls. I am a geriatrician, and have three roles- I am a medical director of the Connecticut VNA- a large homecare and Hospice program. I am the medical director of Evercare in Connecticut- we provide Medicare Beneficiaries who are poor, who have chronic diseases, or who live in nursing homes with Special Needs Plans through CMS. I have been a member of the U of Connecticut Center on Aging faculty for 18 years, where my early research work was on exercise and balance.

I have worked with many frail elderly, for whom a hip fracture is the end to either independence in their mobility, or the end of their ability to live independently. I have had the privilege to work in the same state as Drs. Mary Tinetti and Dorothy Baker, who are known throughout the United States for their innovative research that has provided Practical Guidance to reduce falls for older persons living in the community.

So, Connecticut is fortunate to have some of the best people who are committed to testing and implementing practical strategies that can have a real impact on frail and older residents who want to stay independent as long as they can.

The specific value the Fall Prevention Program may bring to older Connecticut residents is clear. A clear understanding of needs, problems, and opportunity is the first step, followed by a clear agenda to provide tools and expectations to our health systems and providers. The knowledge base of research on preventing falls is sufficient to guide some of the work, but Connecticut specific data is required to implement successful program.

We now know that many falls can be prevented by developing policies and programming to identify risk factors and address these risks. On the national level, quality measures for primary care physicians caring for older patients will soon include asking about falls and assessing fall risk. These are known as the ACOVE measures. Web site: http://www.rand.org/health/projects/acove/quality_indicators.html

This is the right time to do this. One specific challenge that Connecticut elderly face- elderly cared for by home care agencies following a hospitalization have very high rates of re-hospitalization or ER visits compared to other states. Falls and fall injuries contribute substantially to this poor clinical outcome. Hospitals and Home care agencies have been recently notified that this is a major quality concern by CMS. The

concept of patient safety at the hospital level until recently has focused on reducing “errors” in the hospital. Improving outcomes and reducing harm requires better hand-offs between hospital and post acute centers, and from the hospital back home. Reconciling medications from before the hospital stay, and preventing abnormally low blood pressure after return home are two processes that may reduce falls as a byproduct. Qualadigm, our quality partner to improve care for Medicare beneficiaries in Connecticut, is currently partnering with home care agencies and hospitals to find ways to reduce these avoidable re-hospitalizations. The Fall Prevention program could make a major contribution to this effort.

In addition, there is now compelling evidence that most frail elderly have sub-optimal levels of vitamin D, and that adequate supplementation (≥ 700 U of Vitamin D3 daily) can reduce both falls and fractures about 20 to 28% in people at risk. Vitamin D3 supplementation is safe and inexpensive –and is now available at a cost of from \$2 to \$5 a month. No pharmaceutical company will ever promote this low cost, generic supplement within the professional community. A fall prevention program could bring together medical societies, pharmacists, and home care agencies to provide strategies for the safe implementation of this supplement in the community.

I have discussed two examples of how a state wide fall prevention program can help raise the standard of care by supporting cost effective strategies to reduce falls and injuries. There are many more.

A successful fall reduction program will help the Health Systems of Connecticut, home care agencies and the practitioners caring for older persons at risk address the need and the expectation from Medicare that we do a better job. I urge you to establish this program.
Thank you.