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Dorothy Baker, Ph.D., RNCS  
Senior Research Scientist, Internal Medicine, Geriatrics  
Executive Director CT Collaboration for Fall Prevention  
Yale School of Medicine  
300 George Street Suite 775  
New Haven, CT 06511

Distinguished Chairs and members of the committee, thank you for this opportunity to address you regarding our shared goal of reducing older adults' need for long-term care services. I wanted to review the state supported efforts underway across Connecticut to help older adults reduce their chance of falling. Why focus on falls?

I want to discuss 2 points:

1. Falls among older adults in CT are common and costly to the state.
2. Many falls can be prevented and the cost prevention is more than offset by reductions in health care spending.

1. Nearly everyone has experienced a fall. Many of us know someone whose life has been changed by a fall. Yet most people remain unaware that falling is common and expensive. Thirty percent of community dwelling older adults aged 65+ fall each year; increasing to 50% among those over age 80. With the demographic shift toward more people over age 80 the fall rate can be expected to increase.

Longitudinal studies conducted at Yale indicate that a person who has fallen, followed over time has a 3-fold risk of nursing home placement compared to matched, non-fallers. If the fall was injurious, the relative risk of ultimately needing nursing home placement increases 10-fold. So one way to reduce demand for long term care is to reduce the rates of falls.

Most older adult falls result in at least minor injury, but even among those not injured, 40% tell us they still cut back on their activities fearing another fall. Becoming sedentary is not protective; it increases the chance of another fall.

For 10% of older people who are injured in a fall, the consequences are severe. Among those who sustain a hip fracture, 60% will not return to their previous functional ability. Traumatic brain injuries (TBIs) are another serious consequence and we have shown that rates of fall-related TBIs, are increasing in CT. TBIs impact the state budget because seniors who survive face a slow, expensive and typically incomplete recovery resulting in the need for lifelong care costing more than most families can afford.

In addition to the direct health care costs, falls has an impact on the public spending long before people require long term care. We have shown that falls effect CT municipal budgets that support first responders. At least 5% of 9-1-1 calls are because someone fell and is unable to get up without help. We demonstrated that, if not transported there is a 50% chance that person will call 9-1-1 for another lift assist within 30 days, by which time

their condition is worse. This cycle drives up the volume of municipal, uncompensated, first responder calls, which cost several hundred dollars each.

We have shown that 15% of trips made to the emergency department (ED) by those 65+ years of age are fall-related, and they tend to have long stays contributing to overcrowding. And older adults are vulnerable to complications: they fall in the ED, while hospitalized, and after hospital discharge whether or not they receive home care. They fall in nursing homes. These falls drive up acute and long term care costs and also are a leading sources of litigation.

2. Many falls can be prevented and the cost of doing so is more than offset by reduced in health care spending.

Funded by the National Institutes on Aging, our research in the greater New Haven area, reduced falls by 30%. These research finding were next studied in a 7-year dissemination effort (funded by the Donaghue Foundation) wherein we formed The CT Collaboration for Fall Prevention (CCFP). Greater Hartford was our intervention area and, after engaging clinicians in fall prevention, we found that compared to a matched area along the shoreline, there was a significant reduction in fall-related admissions to the emergency department and hospital. We estimated a 2-year savings to Medicare of \$21 million, and to CT Medicaid of another \$5 million. We significantly reduced fall admissions overall, including a significant reduction in admissions for serious injury that is likely to result in the need for long term care.

In 2007, based on this evidence, CT led the nation by passing fall prevention legislation and providing financial support from the Insurance Fund. These funds are managed through the State Department on Aging and used to identify, mentor and support an increasing number of organizations across the state to offer evidence-based fall prevention programming. Based within local communities, networks developed by home care agencies have been particularly effective in engaging older adults in fall prevention assessments and risk reducing interventions. We see an increasing number of people participating in assessments, interventions, and reporting a decrease in falls and related use of care. One of our projects was awarded a Triple Aim Award by Mark Schaefer for improving the patient experience and outcomes, while reducing healthcare costs.

A 2010 tabulation found the actual costs (not charges) for just the first 3-months of care starting with a fall-related hospitalization totaled \$35,144, which is 15.5 times the costs of matched non-fallers. The cost of fall prevention programming and intervention is more than offset by the reduction in spending for health care.

But prevention programming is not covered under Medicare, Medicaid or private insurance. In recent state funding cycles, appropriations for fall prevention have been sequentially reduced undermining our efforts to reach older adults statewide. The investment in fall prevention programming reduces fall-related federal, state and insurance costs and is one of the best opportunities we have to reduce the need for long term care and the related spending.

Thank you.