Credit Information

- If you are a social worker in a National Association of Social Workers (NASW) state and would like to receive CE credits through NASW for this event, please complete the pre-test posted here: https://www.research.net/r/FallsPrevention_PreTest
  - You will also be required to complete a post-test; a link to this test will appear at the end of the presentation.
- For more information about obtaining CE credit for social workers in non-NASW states, psychologists, PAs, nurses (NP, APRN, RN, LPN), pharmacists, marriage and family counselors, etc. or CME credit via the Centers for Medicare & Medicaid Services Learning Management System, please visit: https://www.resourcesforintegratedcare.com/sites/default/files/GCC_Falls_Prevention_Prewebinar_Continuing_Education_Credit_Guide.pdf

Audio and Platform Information

- The audio portion of the presentation will automatically stream through your computer speakers. If you experience challenges with the audio, please click the phone icon at the bottom of the screen for dial-in information.
- If you are experiencing any technical difficulties with this platform, please use the Q&A feature for assistance or click the help button for additional information.
Falls Prevention for Older Adults
Overview

- This is the first session from the “2019 Geriatric-Competent Care” Webinar Series

- This session will be interactive (e.g., polls and interactive chat functions), with 60 minutes of presenter-led discussion, followed by 30 minutes of presenter and participant discussions.

- Video replay and slide presentation are available after each session at: https://www.resourcesforintegratedcare.com.
Accreditation

- Individuals are strongly encouraged to check with their specific regulatory boards or other agencies to confirm that courses taken from these accrediting bodies will be accepted by that entity.
- This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME). The American Geriatrics Society is accredited by the ACCME to provide continuing medical education for physicians.
- The American Geriatrics Society is accredited by the National Association of Social Workers (NASW) to provide continuing education for social workers.
- The Centers for Medicare & Medicaid Services is accredited by the International Association for Continuing Education and Training (IACET). The Centers for Medicare & Medicaid Services complies with the ANSI/IACET Standard, which is recognized internationally as a standard of excellence in instructional practices. As a result of this accreditation, the Centers for Medicare & Medicaid Services is authorized to issue the IACET CEU.
Disclosure Statement

As an accredited provider of Continuing Medical Education, the American Geriatrics Society continuously strives to ensure that the education activities planned and conducted by our faculty meet generally accepted ethical standards as codified by the ACCME, the Food and Drug Administration, and the American Medical Association's Guide for Gifts to Physicians. To this end, we have implemented a process wherein everyone who is in a position to control the content of an education activity has disclosed to us all relevant financial relationships with any commercial interests as related to the content of their presentations and under which we work to resolve any real or apparent conflicts of interest. The existence of commercial or financial interests of speakers related to the subject matter of their presentations should not be construed as implying bias or decreasing the value of their presentations. However, disclosure should help participants form their own judgments. Those speakers who disclosed affiliations or financial interests with commercial interests involved with the products or services to which they may refer are listed below. We have also noted if a speaker has indicated that s/he will be discussing a commercial product or an off-label or investigational use.

The following planners/faculty have returned disclosure forms indicating that they (and/or their spouses/partners) have no affiliation with, or financial interest in, any commercial interest that may have direct interest in the subject matter of their presentation(s):

- **Gregg Warshaw, MD**
  No relevant financial interests or affiliations.
- **Nancy Wilson, MA, MSW**
  No relevant financial interests or affiliations.
- **David Reuben, MD**
  No relevant financial interests or affiliations.
- **Priscilla Gazarian, RN**
  No relevant financial interests or affiliations.
- **Nancy Latham, PT**
  No relevant financial interests or affiliations.
- **Chelsea Gilchrist, MGS**
  No relevant financial interests or affiliations.

**Sachin Jain, MD, MBA** reported employment at CareMore Health as a personal financial relationship with a commercial interest
# Continuing Education Information

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| **Social Worker** | The American Geriatrics Society designates this webinar for a maximum of 1 Continuing Education (CE) credit hour through NASW  
2. Complete the post-test with a score of 80% or higher by midnight February 15, 2019 |
| **Physician (MD or DO)** | The American Geriatrics Society designates this live educational activity for a maximum of 1 *AMA PRA Category 1 Credit™*  
*AMA PRA Category 1 Credit™ is a trademark of the American Medical Association.* | 1. Complete the pre-test at the beginning of the webinar  
2. Complete the post-test with a score of 70% or higher by midnight February 15, 2019 |
| **Other** | The Centers for Medicare & Medicaid Services (CMS) is authorized by IACET to offer CEUs. CEUs will be awarded to participants who meet all criteria for successful completion of this educational activity | Complete the post-test through CMS’ Learning Management System with a score of 80% or higher by midnight March 4, 2019 |

**Option 1: American Geriatrics Society**  
*Please note:* other health care professionals can receive certificate of participation from AGS
Support Statement

- This webinar is supported through the Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) to help beneficiaries dually eligible for Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. To support providers in their efforts to deliver more integrated, coordinated care to dually eligible beneficiaries, MMCO is developing technical assistance and actionable tools based on successful innovations and care models, such as this webinar.

- To learn more about current efforts and resources, visit Resources for Integrated Care at: https://www.resourcesforintegratedcare.com.
Introductions

- **David Reuben, MD**
  Chief of Geriatrics,
  University of California, Los Angeles

- **Nancy Latham, PhD, PT**
  Brigham and Women’s Hospital

- **Priscilla Gazarian, PhD, CNS, RN**
  Brigham and Women’s Hospital
Introductions

- **Sachin Jain, MD, MBA**
  Chief Executive Officer, CareMore Health

- **Chelsea Gilchrist, MGS**
  National Council on Aging
Learning Objectives

- Recognize the public health impact of falls and injuries in older adults
- Identify health-related factors and environmental factors that can lead to increased risk of falls or injury
- List interventions that may help to reduce falls among dually eligible older adults
- Describe how to leverage person-centered care plans to reduce the risk of falls
Webinar Outline/Agenda

- Poll Questions
- Falls Among Older Adults: Background
- Treatment to Prevent Falls
- The Strategies to Reduce Injuries and Develop Confidence in Elders (STRIDE) Study
- Medicare-Medicaid Plan (MMP) Perspective
- Center for Healthy Aging, National Council on Aging
- Q&A
- Evaluation
Falls Among Older Adults: Background

David Reuben, MD
Chief of Geriatrics,
University of California, Los Angeles
People Who Died From Falls-Related Complications

- Katharine Graham
- Kurt Vonnegut
- Robert Culp
- Leonard Cohen
Falls Among Older Adults: Background

- One-third of older Americans fall each year. Of those who fall:
  - 20-30% have moderate to severe injuries (e.g., hip fractures, head trauma)
  - Fewer than 50% discuss their falls with their primary care provider
- Leading cause of fatal and nonfatal injuries
- Risk of falls-related injury increases with age, especially those over 75 years of age
- Past falls predict fractures independently of osteoporosis risk
- Because older adults dually eligible for Medicare and Medicaid experience high rates of chronic conditions, they are particularly vulnerable

Causes of Falls Among Older Adults

- Falls may occur for a variety of reasons:
  - Intrinsic (e.g., poor balance, weakness, chronic illness, visual or cognitive impairment)
  - Extrinsic (e.g., polypharmacy)
  - Environmental (e.g., poor lighting, thick carpet)
- When falls occur, providers may become aware of additional acute illnesses (e.g., pneumonia, stroke, influenza)
Risk Factors for Falls

- Risk factors:
  - Prior falls*
  - Fear of falling
  - Number of chronic condition pain sites*
  - Parkinson’s disease*
  - Pain (any)*
  - Use of walking aid*
  - Gait deficit*
  - Vertigo
  - Anticonvulsants
  - Fall Risk Increasing Drugs (FRIDs)

*Risk more than doubled

Fall Risk Increasing Drugs (FRIDs)

- Benzodiazepines (e.g., Valium, Ativan)
- First generation antihistamines (e.g., Benadryl)
- Skeletal muscle relaxants (e.g., Soma)
- Long acting hypoglycemic agents (e.g., Glyburide)
- Tertiary tricyclic antidepressants (e.g., Elavil)
- Alcohol
Screening for Falls

- Screening: identifying those at risk
- Medicare Annual Wellness Visit
  - Screening for falls is required, but no specific requirements on how to screen
  - Can be direct observation or questionnaire
- Recommended screening questions:
  - Have you fallen and hurt yourself in the past year?
  - Have you fallen two or more times in the past year?
    - Best predictor of falls-related injury
  - Do you fear falling because of balance or gait?
Falls Assessment

- Once screening is complete and those at risk for falls are identified, conduct falls assessment
- Falls assessment: identifying why a person is falling and doing something to reduce the risk
- Assessment/Care Plan are Quality measures CMS MACRA/Merit-based Incentive Payment System (MIPS)
  - Percentage of patients 65+ years with a history of falls that had a risk assessment completed within 12 months
  - Percentage of patients 65+ years with a history of falls that had a plan of care for falls documented within 12 months
Assessment (2011 American Geriatrics Society/British Geriatrics Society)

- Guidance for providers to screen older adults for risk of falling and falls prevention
- The assessment includes:
  - History of falls
  - Medications
  - Muscle strength
  - Gait, balance, mobility
  - Visual acuity
  - Neurologic impairment
  - Heart rate and rhythm
  - Postural hypotension
  - Feet and footwear
  - Environmental hazards
Falls: The Quality Problem

- The quality of care for falls remains poor
- Using quality measures can help organizations systematically target areas for improvement

Example of How to Measure Quality: Assessing Care of Vulnerable Elders (ACOVE)

- ACOVE are a set of quality indicators developed by the RAND Corporation and UCLA effort to measure quality of care
  - Each measure is based on strong enough evidence that not providing the care process is “bad care”
  - Clearly specified eligible individual (“If”)
  - Clearly specified care process (“Then”)

Quality Measure Example:

**IF** an individual reports a history of two or more falls (or one fall with injury) in the previous year,

**THEN** there should be documentation of a basic gait, balance, and strength evaluation within three months of the report

**BECAUSE** detection and treatment of gait and balance disorders reduces the risk of future falls
ACOVE-3 Falls Quality Indicators

- Can be used to evaluate the care provided to vulnerable older adults at the level of the health system, health plan or medical group
- These quality indicators can be applied to identify areas of care in need of improvement and can form the basis of interventions to improve care
  - Screening
  - Falls history
  - Orthostatic vital signs
  - Eye exam
  - Gait, balance, and strength evaluation
  - Cognition evaluation
  - Home hazard evaluation
  - Benzodiazepine discontinuation
  - Assistive device for balance disorder
  - Exercise program

Treatment to Prevent Falls

Nancy Latham, PhD, PT
Brigham and Women’s Hospital
Interventions to Reduce Risk of Falls

- Quality improvement strategies can take place at:
  - The *clinic level* (e.g., case management, registries, staff education, electronic health record reminders)
  - The *health system level* (e.g., positive or negative financial incentives for clinicians, changes in reimbursement)

- At the *individual level*:
  - Address risk factors based on the individual’s profile and preferences
Individual-level Interventions to Reduce Risk of Falls

- Meta-analyses of over 280 clinical trials have found that addressing more than one fall risk factor (i.e., a multifactorial approach) is usually more effective than single interventions
  - Exercise is the only intervention that has been found to reduce injurious falls when used on its own
  - Combined osteoporosis treatment (e.g., bisphosphonates), calcium supplementation and vitamin D reduces the risk of fracture

Interventions to Reduce Risk of Falls

- Effective individual-level interventions to prevent injurious falls include:
  - Exercise and physical activity
  - Medical assessment and management
    - Manage postural hypotension
    - Manage heart rate and rhythm abnormalities
  - Assess and treat vision problems
    - Encourage cataract surgery
    - Proper lens prescription, minimize bifocal use if possible
  - Manage foot and footwear problems

Interventions to Reduce Risk of Falls (continued)

- **Medication adjustment**
  - Remove or reduce psychotropic medication
  - Osteoporosis therapy and/or Vitamin D and Calcium supplements

- **Environmental modification**
  - Assess home hazards, remove or modify identified hazards, and install safety devices (e.g., handrails on stairs, grab bars on bathrooms, and improvements in lighting)
  - Referral to an Occupational Therapist when possible, especially for people with low vision

- **Education and self-management**
  - Education about fall risks and community resources
  - Self-management strategies and approaches such as collaborative goals setting and motivational interviewing to promote behavior change


What Type of Exercise Can Reduce Falls?

- The right exercise program is one of the most successful fall-reduction interventions
  - An inappropriate exercise program can be ineffective or actually increase the risk of falls
- Exercises that challenge balance, in addition to strength and aerobic capacity:
  - Tai Chi, Moving for Better Balance (or similar tai chi classes)
  - Otago Exercise Program - 17 strength and balance exercises delivered by a physical therapist in the home
    - May be covered by Medicare if member is at high-risk for falls and meets criteria for medical necessity for skilled physical therapy

Home Exercise Groups and Progression - Otago

Exercise 1: Sit-to-Stand

Exercise 2: Heel Raises

Exercise 3: Weight Shifting and 1-Leg Stand
Exercise 4: Heel-Toe Standing and Walking

Exercise 5: Knee Bends

What Type of Exercise Can Reduce Falls? (continued)

- Tailored exercises:
  - Evidence-based community programs for older adults or individual prescription by physical therapist or other health professional
  - National Council on Aging Fall Prevention has details (description, maps, links) of evidence-based community fall prevention programs
    - [https://www.ncoa.org/healthy-aging/falls-prevention](https://www.ncoa.org/healthy-aging/falls-prevention)
  - Many effective programs to fit individual preferences

- CAUTION: Individuals at high risk for falls should avoid brisk walking without another person present

Strategies to Promote Effective Exercise and Other Behavior Change

- Consider strategies to support long-term, consistent exercise
- Discuss benefits of exercise and the potential to improve strength and fitness at any age
- Tailor type of exercise based on individual preference (e.g., community-based classes vs. at-home exercises)
- Encourage social support for exercise and other behavior changes
- Explore activities that people can enjoy, access, and feel capable of accomplishing
The Strategies to Reduce Injuries and Develop Confidence in Elders (STRIDE) Study

Priscilla Gazarian, PhD, CNS, RN

Brigham and Women’s Hospital
The Strategies to Reduce Injuries and Develop Confidence in Elders (STRIDE) Study

- Funders: Patient-Centered Outcomes Research Institute (PCORI) and National Institute on Aging
- Joint Principal Investigators:
  - Shalender Bhasin (Brigham and Women’s Hospital)
  - Tom Gill (Yale)
  - David Reuben (University of California, Los Angeles)
- Data Coordinating Center: Yale
The Research Question

- Can redesigning medical practices and engaging care recipients to improve quality reduce serious falls-related injuries and improve other outcomes?
Study Design

- Randomized pragmatic trial
- 5,451 participants recruited from 86 practices / 10 health systems
- Followed for 24-44 months
- The study participants:
  - Community dwelling persons
  - 70 years of age or older
  - One or more risk factors for falls
    - Fallen and hurt self in the past year
    - Fallen 2 or more times in the past year
    - Fear of falling because of balance or gait
The Chronic Care Model supports “How” the intervention is implemented

- Build Healthy Public Policy
- Create Supportive Environments
- Strengthen Community Action
- Self-Management / Develop Personal Skills
- Delivery System Design / Re-orient Health Services
- Decision Support
- Information Systems
- Activated Community
- Informed Activated Patient
- Prepared Proactive Practice Team
- Prepared Proactive Community Partners

Community
Health System

Productive Interactions and Relationships
Population Health Outcomes / Functional and Clinical Outcomes
STRIDE Interventions

- Co-management model
- Decision support algorithms
- Software-supported documentation of care plans
  - Software generates standardized visit note, including assessment findings and a recommended care plan consistent with STRIDE protocols
- Self-management support
  - Consumer/caregiver engagement and activation
- Linkage to community-based resources
Co-Management

- Two or more health care providers jointly managing an individual’s medical care to achieve the best quality and outcomes
  - Physician specialist-physician generalist (e.g., oncologist-general internist)
  - Other health professional-physician generalist (e.g., depression clinical specialist-primary care physician)
- Evidence shows that a co-management model can double the rates of individuals receiving recommended assessments and care for falls


Co-Management Model Example: Falls Care Managers

- RN Falls Care Manager (FCM) and primary care provider jointly managing an individual’s medical care to achieve the best quality and outcomes

- FCM responsibilities include:
  - Conduct risk assessment
  - Engage participant in self-management
  - Develop fall-injury prevention plan with individual
  - Obtain care plan approval from primary care provider
  - Directly implement some recommendations
  - Communicate additional recommendations to primary care provider
  - Monitor and support individual’s progress and revise plan as necessary
Key Processes for Reducing Falls Among Older Adults

1. Information gathering (risk assessment)
2. Engagement in self-management
3. Person-centered care plan formation
4. Person-centered care plan implementation over time
5. Monitoring and revision
1. Information Gathering

- Intent is to identify risk factors and to motivate the participant to take action to reduce the risk factors

- Approach:
  - Schedule initial visit and mail pre-visit questionnaire (PVQ) and home safety checklist
  - Pre-visit telephone call by falls care manager
  - Initial Visit:
    - Review PVQ and home safety checklist
    - Focused physical exam including mental status and gait, balance, and strength
2. Engagement in Self-Management

- Risk factor identification and linkage to evidence-based intervention algorithms
- Engage person at risk in self-management (e.g., collaborative goal setting), and include motivational interviewing strategies
- Motivational interviewing strategies include:
  - Asking permission before providing advice
  - Affirming, supporting, emphasizing autonomy and choice
- Draft initial care plan
Example of risk factor identification and linkage to evidence-based intervention algorithms: standing systolic blood pressure

PH: Postural Hypotension
3. Care Plan Formation

- Identify 1-3 risk factors that participant wants to work on first
- For each risk factor, include next steps, roles and responsibilities, and timelines
- Obtain approval or modification from primary care physician
- Document in electronic health record
4. Care Plan Implementation

- FCM uses motivational interviewing to support behavior changes
- FCM directly implements:
  - Participant education
  - Non-medical recommendations
  - Standing orders and some referrals
- PCP orders
  - Medication changes
  - Referrals/tests recommended by FCM
Implementation Resources

- Within health system:
  - Specialists
  - Outpatient PT
  - Home health PT, OT, home assessment

- Outside health system:
  - Community-based programs: exercise, home modification, transportation, finances
5. Monitoring and Revision

- Regular follow up visits
- Reassessment of risk factors
- Revision of care plan according to individual priorities
Many, maybe most, falls are preventable
The quality of care provided to prevent falls remains poor
Co-management may improve quality of care for falls
When risk factors are identified, persons at risk for falls can be engaged in self-management of risk
Risks factors that persons at risk are most likely to act on include strength/gait/balance, osteoporosis, and visual impairment
Results of STRIDE study are expected in Spring 2020

Stay on your feet, it’s the place to be – EB White
Medicare-Medicaid Plan Perspective

Sachin Jain, MD, MBA
Chief Executive Officer, CareMore Health
Overview of CareMore

- CareMore Cal MediConnect Plan (Medicare-Medicaid Plan) serves 6,000 members dually eligible for Medicare and Medicaid
- Average age of member: 74
- Many members have three or more chronic conditions
Referral to CareMore’s Fall Prevention Program

- Holistic care: think proactively about the member and their individual needs to ensure quality of life and prevent unnecessary spending
  - Fall injuries are among the 20 most expensive medical conditions

- Healthy Start Visit:
  - In-depth visit with new members to identify needs that are specific to the individual
  - Based on specific need, identify health care team members and triage members to appropriate services (e.g., deprescribing visits)

- Members with high risk of falling or a history of falls can be referred to the Fall Prevention Program

CareMore’s Fall Prevention Program

- Falls prevention programs are free, and take place within the neighborhood
- The Health Care Team works with members to create a personalized care and treatment plan
- The program assess overall health and safety of the member:
  - Past and current medical history
  - Medications (e.g., deprescribing benzodiazepines)
  - Physical strength
  - Mobility, vision and hearing
  - Bone density
  - Safety habits, including home safety evaluation, identify need for bar installation in the home, rug/carpet assessment
- Toe nail clippings – members can come in for routine toe nail clipping as frequently as they wish at no cost to the member
- Beneficiaries report high satisfaction with falls prevention programs
Nifty After Fifty – “Fall Free” Partnership

- Partnership with local gym company
- *Fall Free* is a 12 week course consisting of 30 minute classes twice weekly, coupled with independent home exercises 4x weekly
  - Fall/gait training curriculum, paired with coached resistance training with pneumatic machines
  - Gait-strength training consists of using performance pillars with pneumatic resistance
- Other basic assessments and exercises include:
  - 30 second chair stand
  - Arm curl
  - 2 minutes step test
  - Chair sit and reach
  - Basic scratch
  - 8 foot up and go
- Important social benefit to exercise classes
- Free transportation available
Center for Healthy Aging, National Council on Aging (NCOA)

Chelsea Gilchrist, MGS
Senior Program Manager
Center for Healthy Aging, NCOA
About National Council on Aging (NCOA)

- **Who We Are:**
  - NCOA is the national voice for every American’s right to age well

- **Our Mission:**
  - Improve the lives of millions of older adults, especially those who are struggling
NCOA’s Center for Healthy Aging

- Goal: Increase the quality and years of healthy life for older adults and adults with disabilities
- Two national resource centers funded by the Administration for Community Living
  - Chronic Disease Self-Management Education (CDSME)
  - Falls Prevention
- Other key areas: Behavioral health, physical activity, immunizations, oral health
National Falls Prevention Resource Center

- Increase public awareness about falls prevention
- Serve as the national clearinghouse for tools and resources
- Support and stimulate evidence-based programs and strategies

www.ncoa.org/healthy-aging/falls-prevention/
# National Resource Center Technical Assistance Activities

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Evidence-Based Falls Prevention Programs

- A Matter of Balance
- CAPABLE
- EnhanceFitness
- FallsTalk/FallScape
- Fit & Strong!
- Healthy Steps in Motion
- Healthy Steps for Older Adults
- Otago Exercise Program
- Stay Active and Independent for Life (SAIL)
- Stepping On
- Stay Safe, Stay Active
- Tai Chi for Arthritis
- Tai Ji Quan: Moving for Better Balance
- YMCA Moving for Better Balance
Community-Based, Evidence-Based Falls Prevention Program/ Falls Risk Pyramid

Note: An individual’s level of falls risk may change and should be periodically reassessed. The CDC’s STEADI toolkit is an evidence based framework that can be used to assess risk. Individuals can move from program to program, depending on their individual needs and level of falls risks.

Adapted from Mahoney, J & Shea, T.
Find a Falls Prevention Program and Community Partner Near You

- Evidence-Based Falls Prevention Programs

- State Falls Prevention Coalitions
  - [https://www.ncoa.org/resources/list-of-state-falls-prevention-coalitions/](https://www.ncoa.org/resources/list-of-state-falls-prevention-coalitions/)

- Administration for Community Living Evidence-Based Falls Prevention Program Grantees

- Area Agencies on Aging, senior centers, YMCA’s
NCOA Falls Prevention Resource Clearinghouse

- Filter by Audience
  - Older Adults & Caregivers
  - Professionals
  - Advocates
- Filter by Type
  - Document
  - Video
  - Template
  - Webinar
  - Image

- Visit https://www.ncoa.org/resourcetype/falls-prevention/
Infographics and Handouts

- Falls Prevention Fact Sheet
- 6 Steps to Prevent a Fall Infographic
- 6 Steps to Protect Your Loved One from a Fall
- Falls Prevention Conversation Guide for Caregivers
- Winterize to Prevent Falls
- Osteoarthritis and Falls
- Osteoporosis and Falls
- Falls Prevention Programs: Saving Lives, Saving Money Infographic
Videos

- 6 Steps to Prevent a Fall
- You Have the Power to Prevent a Fall
- Navigating Outdoor Fall Hazards
- 18 Steps to Modify Your Home
- Falls Free ® Video Contest Winners
Questions
Resources for Integrated Care – Additional Webinars

- Visit https://resourcesforintegratedcare.com/ to view previous webinars and obtain continuing education credit. Webinars include:
  - **Palliative Care for Older Adults Dually Eligible For Medicare and Medicaid**
    - https://resourcesforintegratedcare.com/GeriatricCompetentCare/2018_GCC_Webinar/Palliative_Care
  - **Supporting Older Adults with Substance Use Disorders**
    - https://resourcesforintegratedcare.com/GeriatricCompetentCare/2018_GCC_Webinar_Series/SUD
  - **Person-Centered Approaches to Support People Dually Eligible for Medicare and Medicaid**
    - https://resourcesforintegratedcare.com/GeriatricCompetentCare/2018_GCC_Webinar_Series/Person_Centered_Care
  - **Promising Practices for Meeting the Behavioral Health Needs of Dually Eligible Older Adults**
    - https://resourcesforintegratedcare.com/GeriatricCompetentCare/2018_GCC_Webinar_Series/Behavioral_Health_Needs
  - **Promising Practices for Meeting the Needs of Dually Eligible Older Adults with Schizophrenia**
    - https://www.resourcesforintegratedcare.com/GeriatricCompetentCare/2018_GCC_Webinar_Series/Older_Adults_Schizophrenia
Thank You for Attending!

- The video replay, slide presentation, and a summary of the Q&A will be available at:
  https://resourcesforintegratedcare.com/GeriatricCompetentCare/2019_GCC_Webinar/Falls_Prevention_for_Older_Adults

- If you are applying for CME or NASW CEU, you must complete the post-test in order to receive credit:
  https://www.research.net/r/FallsPrevention_PostTest

- For more information about obtaining CEUs via CMS’ Learning Management System, please visit:

- Questions? Please email RIC@lewin.com

- Follow us on Twitter at @Integrate_Care to learn about upcoming webinars and new products!
Webinar Evaluation Form

- Your feedback is very important! Please take a moment to complete a brief evaluation on the quality of the webinar. The survey will automatically appear on the screen approximately a minute after the conclusion of the presentation.

- We would also like to invite you to provide feedback on other RIC products as well as suggestions to inform the development of potential new resources: https://www.research.net/r/MVGNWVJ
STRIDE Resources

  - Under “Clinicians” tab

- Description of intervention

- Exercise videos coming soon!
National Council on Aging Resources

- National Council on Aging Fall Prevention has details (description, maps, links) of evidence-based community fall prevention programs: [https://www.ncoa.org/healthy-aging/falls-prevention](https://www.ncoa.org/healthy-aging/falls-prevention)


- State Falls Prevention Coalitions: [https://www.ncoa.org/resources/list-of-state-falls-prevention-coalitions/](https://www.ncoa.org/resources/list-of-state-falls-prevention-coalitions/)

Resources - Continued

- Administration for Community Living (ACL)/Administration on Aging Falls Prevention Grantees:
  http://www.aoa.acl.gov/AoA_Programs/HPW/Falls_Prevention/Index.asp#Awardees

- CDC Steadi Fall Prevention Resources:

Sources


Sources


