### eMeasure Title
Falls: Screening for Future Fall Risk

<table>
<thead>
<tr>
<th>eMeasure Identifier (Measure Authoring Tool)</th>
<th>eMeasure Version number</th>
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<tbody>
<tr>
<td>139</td>
<td>5.0.000</td>
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<tr>
<th>NQF Number</th>
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<td>0101</td>
<td>bc5b4a57-b964-4399-9d40-667c896f31ea</td>
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<table>
<thead>
<tr>
<th>Measurement Period</th>
<th>Measure Steward</th>
<th>Measure Developer</th>
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<th>Endorsed By</th>
<th>Description</th>
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<tbody>
<tr>
<td>January 1, 20XX through December 31, 20XX</td>
<td>National Committee for Quality Assurance</td>
<td>American Medical Association (AMA)</td>
<td>National Committee for Quality Assurance</td>
<td>PCPI(R) Foundation (PCPI[R])</td>
<td>National Quality Forum</td>
<td>Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period</td>
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<thead>
<tr>
<th>Measure Scoring</th>
<th>Measure Type</th>
<th>Stratification</th>
<th>Risk Adjustment</th>
<th>Rate Aggregation</th>
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<tbody>
<tr>
<td>Proportion</td>
<td>Process</td>
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**Rationale**
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).

**Clinical Recommendation Statement**
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)

Older persons who present for medical attention because of a fall, report recurrent falls in the past year, or...
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/AOOS)

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)

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)

A higher score indicates better quality.

References:

Definition:
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.

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.

Population Criteria:
- Patients aged 65 years and older with a visit during the measurement period
- Equals Initial Population
- Documentation of medical reason(s) for not screening for fall risk (eg, patient is not ambulatory)
- For every patient evaluated by this measure also identify payer, race, ethnicity and sex
Falls: Screening for Future Fall Risk

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: 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: 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: ONC Administrative Sex" using "ONC Administrative Sex AdministrativeGender Value Set (2.16.840.1.113762.1.4.1)"

**Risk Adjustment Variables**
<table>
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<tr>
<th>Measure Set</th>
<th>None</th>
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