Preventing Fall-Related Injuries in Older Adults

Every year, one in three older adults suffers a fall, 30 percent of which result in moderate to severe injury that can lead to further declines in health and loss of independence. Rates of fall-related injuries remain high despite research pointing to effective interventions that can prevent falls.

PCORI and the National Institute on Aging (NIA) of the National Institutes of Health (NIH) have joined together to support a $30 million, patient-centered comparative effectiveness research study focused on reducing rates of fall-related injuries in non-institutionalized older adults. The trial is testing the effectiveness of evidence-based interventions tailored to patients’ individual needs and preferences and delivered by nurses or nurse practitioners trained as “falls care managers.” The five-year, nationwide study is led by several of the country’s top geriatric experts and includes robust engagement of older individuals and other stakeholders throughout all phases of the research. The award was made by NIA and funded by PCORI through a partnership between the two organizations.

Randomized Trial of a Multifactorial Fall Injury Prevention Strategy

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**Participants:** A consortium of the nation’s 14 Claude D. Pepper Older Americans Independence Centers and 10 healthcare delivery systems are conducting the trial. The systems and providers are:

- located in rural, urban and suburban communities in the Northeast, Mid-Atlantic, South, Southwest, Midwest, and West Coast
- in the HMO Research Network as well as non-HMO settings
- reimbursed through the Medicare fee-for-service program and Medicare Advantage plans
- aligned with Accountable Care Organizations in several cases

A National Patient and Stakeholder Council and 10 local councils that include older patients, caregivers, and other stakeholders are providing ongoing advice and feedback on the design and implementation of the study.
Study Design

The participating health systems are enrolling 6,000 individuals ages 75 and older representing diverse populations from 80 community-based primary care practices. Practices participating in the study are randomized to either provide participants with the experimental intervention, or serve as “usual care” controls, in which older patients are assessed for their risk of falling and provided with information about preventing falls.

The experimental intervention is a multifactorial, co-management model in which a “falls care manager” works with each patient’s primary care provider to:

1. Identify the patient’s individual risks using a standardized assessment tool.
2. Create an evidence-based, protocol-driven, individually-tailored falls prevention plan.
3. Discuss identified risks and tailored prevention strategies with the patient and his or her caregivers to implement the plan.
4. Monitor the patient’s response, reassessing risk factors and revising the plan as needed.

This is a two-phase study. Based on early experiences, PCORI and NIH will jointly decide whether to advance the study from the protocol development and refinement phase in the first year to the implementation phase.

Key Sites: Clinical Trial of a Fall-Related Injury Prevention Strategy in Older Adults