

eCQM Title	Falls: Screening for Future Fall Risk		
eCQM Identifier (Measure Authoring Tool)	139	eCQM Version Number	9.2.000
NQF Number	Not Applicable	GUID	bc5b4a57-b964-4399-9d40-667c896f31ea
Measurement Period	January 1, 20XX through December 31, 20XX		
Measure Steward	National Committee for Quality Assurance		
Measure Developer	National Committee for Quality Assurance		
Measure Developer	American Medical Association (AMA)		
Measure Developer	PCPI(R) Foundation (PCPI[R])		
Endorsed By	None		
Description	<p>Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period</p> <p>This Physician Performance Measure (Measure) and related data specifications is owned and copyrighted by the National Committee for Quality Assurance (NCQA). NCQA makes no representations, warranties, or endorsement and NCQA has no liability to anyone who relies on or uses such measures or specifications. This Measure is not a clinical guideline and does not establish a standard of medical care, and has not been tested for all potential applications. The Measure, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g., use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measure for commercial gain, or incorporation of the Measure into a product or service that is sold, licensed or distributed for commercial gain. All commercial uses or requests for modification must be approved by NCQA and are subject to a license at the discretion of NCQA. (C) 2019 National Committee for Quality Assurance and PCPI(R) Foundation. All Rights Reserved.</p>		
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Measure Scoring	Proportion		
Measure Type	Process		
Stratification	None		
Risk Adjustment	None		
Rate Aggregation	None		
Rationale	<p>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).</p> <p>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 2010)</p>		
Clinical Recommendation Statement	<p>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 (e.g., geriatrician). (AGS/BGS/AAOS 2010)</p>		
Improvement Notation	A higher score indicates better quality		
Reference	al-Aama, T. 2011. "Falls in the Elderly: Spectrum and Prevention." Can Fam Physician 57(7):771-6.		
Reference	American Geriatrics Society and British Geriatric Society. (2010) Prevention of Falls in Older Persons Clinical Practice Guidelines. Accessed June 14, 2018. Available at https://www.archcare.org/sites/default/files/pdf/2010-prevention-of-falls-in-older-persons-ags-and-bgs-clinical-practice-guideline.pdf		
Reference	Centers for Disease Control and Prevention. 2015. "Important Facts about Falls" (December 14, 2015) http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html		
Reference	Doherty, M., and J. Crossen-Sills. 2009. "Fall Risk: Keep your patients in balance." The Nurse Practitioner: The American Journal of Primary Health Care 34(12):46-51.		
Reference	Dykes, P.C., D.L. Carroll DL, A. Hurley A, S. Lipsitz S, A. Benoit A, F. Chang F, S. Meltzer S, R. Tsurikova R, L. Zuyov L, B. Middleton B. 2010. "Fall Prevention in Acute Care Hospitals: A Randomized Trial." JAMA . 2010;304(17):1912-1918.		
Reference	Schneider, E.C., T.E. Shubert, and K.J. Harmon. 2010. "Addressing the Escalating Public Health Issue of Falls Among Older Adults." NC Med J 71(6):547-52.		
Reference	Woolcott, J.C., K.M. Khan, S. Mitrovic, A.H. Anis, C.A. Marra. 2011. "The Cost of Fall Related Presentations to the ED: A Prospective, In-Person, Patient-Tracking Analysis of Health Resource Utilization." Osteoporos Int [Epub ahead of		

	print].
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. This eCQM is a patient-based measure.
Guidance	This version of the eCQM uses QDM version 5.5. Please refer to the eCQI resource center (https://ecqi.healthit.gov/qdm) for more information on the QDM.
Transmission Format	TBD
Initial Population	Patients aged 65 years and older with a visit during the measurement period
Denominator	Equals Initial Population
Denominator Exclusions	Exclude patients whose hospice care overlaps the measurement period.
Numerator	Patients who were screened for future fall risk at least once within the measurement period
Numerator Exclusions	Not Applicable
Denominator Exceptions	None
Supplemental Data Elements	For every patient evaluated by this measure also identify payer, race, ethnicity and sex

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Population Criteria

Initial Population

```
exists ( ["Patient Characteristic Birthdate": "Birth date"] BirthDate
  where Global."CalendarAgeInYearsAt" ( BirthDate.birthDatetime, start of "Measurement Period" ) >= 65
)
and exists "Qualifying Encounter"
```

Denominator

"Initial Population"

Denominator Exclusions

Hospice."Has Hospice"

Numerator

```
exists ["Assessment, Performed": "Falls Screening"] FallsScreen
  where FallsScreen.relevantDatetime during "Measurement Period"
```

Numerator Exclusions

None

Denominator Exceptions

None

Stratification

None

Definitions

Denominator

"Initial Population"

Denominator Exclusions

Hospice."Has Hospice"

Hospice.Has Hospice

```
exists ( ["Encounter, Performed": "Encounter Inpatient"] DischargeHospice
  where ( DischargeHospice.dischargeDisposition ~ "Discharge to home for hospice care (procedure)"
    or DischargeHospice.dischargeDisposition ~ "Discharge to healthcare facility for hospice care (procedure)"
  )
)
```

```

    and DischargeHospice.relevantPeriod ends during "Measurement Period"
  )
  or exists ( ["Intervention, Order": "Hospice care ambulatory"] HospiceOrder
    where HospiceOrder.authorDatetime during "Measurement Period"
  )
  or exists ( ["Intervention, Performed": "Hospice care ambulatory"] HospicePerformed
    where HospicePerformed.relevantPeriod overlaps "Measurement Period"
  )

```

Initial Population

```

exists ( ["Patient Characteristic Birthdate": "Birth date"] BirthDate
  where Global."CalendarAgeInYearsAt" ( BirthDate.birthDatetime, start of "Measurement Period" ) >= 65
)
and exists "Qualifying Encounter"

```

Numerator

```

exists ["Assessment, Performed": "Falls Screening"] FallsScreen
  where FallsScreen.relevantDatetime during "Measurement Period"

```

Qualifying Encounter

```

( ["Encounter, Performed": "Office Visit"]
  union ["Encounter, Performed": "Annual Wellness Visit"]
  union ["Encounter, Performed": "Preventive Care Services - Established Office Visit, 18 and Up"]
  union ["Encounter, Performed": "Preventive Care Services-Initial Office Visit, 18 and Up"]
  union ["Encounter, Performed": "Home Healthcare Services"]
  union ["Encounter, Performed": "Ophthalmological Services"]
  union ["Encounter, Performed": "Preventive Care Services-Individual Counseling"]
  union ["Encounter, Performed": "Discharge Services - Nursing Facility"]
  union ["Encounter, Performed": "Nursing Facility Visit"]
  union ["Encounter, Performed": "Care Services in Long-Term Residential Facility"]
  union ["Encounter, Performed": "Audiology Visit"] ) ValidEncounter
  where ValidEncounter.relevantPeriod during "Measurement Period"

```

SDE Ethnicity

```

["Patient Characteristic Ethnicity": "Ethnicity"]

```

SDE Payer

```

["Patient Characteristic Payer": "Payer"]

```

SDE Race

```

["Patient Characteristic Race": "Race"]

```

SDE Sex

```

["Patient Characteristic Sex": "ONC Administrative Sex"]

```

Functions

Global.CalendarAgeInYearsAt(BirthDateTime DateTime, AsOf DateTime)

```

years between ToDate(BirthDateTime)and ToDate(AsOf)

```

Global.ToDate(Value DateTime)

```

DateTime(year from Value, month from Value, day from Value, 0, 0, 0, 0, timezoneoffset from Value)

```

Terminology

- code "Birth date" ("LOINC Code (21112-8)")
- code "Discharge to healthcare facility for hospice care (procedure)" ("SNOMEDCT Code (428371000124100)")
- code "Discharge to home for hospice care (procedure)" ("SNOMEDCT Code (428361000124107)")
- valueset "Annual Wellness Visit" (2.16.840.1.113883.3.526.3.1240)
- valueset "Audiology Visit" (2.16.840.1.113883.3.464.1003.101.12.1066)
- valueset "Care Services in Long-Term Residential Facility" (2.16.840.1.113883.3.464.1003.101.12.1014)
- valueset "Discharge Services - Nursing Facility" (2.16.840.1.113883.3.464.1003.101.12.1013)
- valueset "Encounter Inpatient" (2.16.840.1.113883.3.666.5.307)
- valueset "Ethnicity" (2.16.840.1.114222.4.11.837)
- valueset "Falls Screening" (2.16.840.1.113883.3.464.1003.118.12.1028)
- valueset "Home Healthcare Services" (2.16.840.1.113883.3.464.1003.101.12.1016)
- valueset "Hospice care ambulatory" (2.16.840.1.113762.1.4.1108.15)
- valueset "Nursing Facility Visit" (2.16.840.1.113883.3.464.1003.101.12.1012)
- valueset "Office Visit" (2.16.840.1.113883.3.464.1003.101.12.1001)
- valueset "ONC Administrative Sex" (2.16.840.1.113762.1.4.1)
- valueset "Ophthalmological Services" (2.16.840.1.113883.3.526.3.1285)
- valueset "Payer" (2.16.840.1.114222.4.11.3591)
- valueset "Preventive Care Services - Established Office Visit, 18 and Up" (2.16.840.1.113883.3.464.1003.101.12.1025)
- valueset "Preventive Care Services-Individual Counseling" (2.16.840.1.113883.3.464.1003.101.12.1026)
- valueset "Preventive Care Services-Initial Office Visit, 18 and Up" (2.16.840.1.113883.3.464.1003.101.12.1023)
- valueset "Race" (2.16.840.1.114222.4.11.836)

Data Criteria (QDM Data Elements)

- "Assessment, Performed: Falls Screening" using "Falls Screening (2.16.840.1.113883.3.464.1003.118.12.1028)"
- "Encounter, Performed: Annual Wellness Visit" using "Annual Wellness Visit (2.16.840.1.113883.3.526.3.1240)"
- "Encounter, Performed: Audiology Visit" using "Audiology Visit (2.16.840.1.113883.3.464.1003.101.12.1066)"
- "Encounter, Performed: Care Services in Long-Term Residential Facility" using "Care Services in Long-Term Residential Facility (2.16.840.1.113883.3.464.1003.101.12.1014)"
- "Encounter, Performed: Discharge Services - Nursing Facility" using "Discharge Services - Nursing Facility (2.16.840.1.113883.3.464.1003.101.12.1013)"
- "Encounter, Performed: Encounter Inpatient" using "Encounter Inpatient (2.16.840.1.113883.3.666.5.307)"
- "Encounter, Performed: Home Healthcare Services" using "Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016)"
- "Encounter, Performed: Nursing Facility Visit" using "Nursing Facility Visit (2.16.840.1.113883.3.464.1003.101.12.1012)"
- "Encounter, Performed: Office Visit" using "Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001)"

- "Encounter, Performed: Ophthalmological Services" using "Ophthalmological Services (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 (2.16.840.1.113883.3.464.1003.101.12.1025)"
- "Encounter, Performed: Preventive Care Services-Individual Counseling" using "Preventive Care Services-Individual Counseling (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 (2.16.840.1.113883.3.464.1003.101.12.1023)"
- "Intervention, Order: Hospice care ambulatory" using "Hospice care ambulatory (2.16.840.1.113762.1.4.1108.15)"
- "Intervention, Performed: Hospice care ambulatory" using "Hospice care ambulatory (2.16.840.1.113762.1.4.1108.15)"
- "Patient Characteristic Birthdate: Birth date" using "Birth date (LOINC Code 21112-8)"
- "Patient Characteristic Ethnicity: Ethnicity" using "Ethnicity (2.16.840.1.114222.4.11.837)"
- "Patient Characteristic Payer: Payer" using "Payer (2.16.840.1.114222.4.11.3591)"
- "Patient Characteristic Race: Race" using "Race (2.16.840.1.114222.4.11.836)"
- "Patient Characteristic Sex: ONC Administrative Sex" using "ONC Administrative Sex (2.16.840.1.113762.1.4.1)"

Supplemental Data Elements

▲ SDE Ethnicity

["Patient Characteristic Ethnicity": "Ethnicity"]

▲ SDE Payer

["Patient Characteristic Payer": "Payer"]

▲ SDE Race

["Patient Characteristic Race": "Race"]

▲ SDE Sex

["Patient Characteristic Sex": "ONC Administrative Sex"]

Risk Adjustment Variables

None

Measure Set	None
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