

# HOS Breakout Session

May 16<sup>th</sup>, 2023



The background is a solid teal color. A large, faint, light-teal silhouette of an apple is centered on the right side of the image. The apple has a stem and a single leaf at the top. The text 'Physical Activity' is written in white, sans-serif font, positioned to the left of the apple's center.

# Physical Activity

# Let's Meet Beth

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- ▶ Beth is a 70-year-old female with a history of hypertension, insulin dependent diabetes (A1c 8.5), and osteoarthritis. Her blood pressure is well controlled on lisinopril 40 mg daily. She takes her medications diligently and is up to date on her cancer screening. Before the pandemic, she used to walk with her friends in the morning. However, her walking group has since disbanded. She lives alone and spends most of her days watching television, cooking, and cleaning at home. Every two weeks, her son visits her and brings groceries. She's gained about 15 lbs over the past two years. She wants to become more active, but she's not sure how to start.



# Studies have shown that physical activity reduces many negative health outcomes

- **All-cause mortality**
- **Diseases such as coronary heart disease, stroke, cancer, type 2 diabetes, obesity, hypertension, and osteoporosis**
- **Conditions that affect mood such as depression and anxiety,**
- **Conditions that affect cognition such as: Alzheimer's disease**
- **Falls and injuries from falls**

# How much physical activity is recommended?



**MOVE YOUR WAY** Adults need a mix of physical activity to stay healthy.

**Moderate-intensity aerobic activity\***  
Anything that gets your heart beating faster counts.

**Muscle-strengthening activity**  
Do activities that make your muscles work harder than usual.

at least **150** minutes a week

AND

at least **2** days a week

\*If you prefer vigorous-intensity aerobic activity (like running), aim for at least 75 minutes a week.

If that's more than you can do right now, **do what you can.** Even 5 minutes of physical activity has real health benefits.

Walk. Run. Dance. Play. **What's your move?**

- **Moderate-intensity activities include:**
  - Walking briskly
  - Recreational swimming
  - Bicycling slower than 10 mph
  - Doubles tennis
  - Active forms of yoga
  - General yard work or home repair work
  - Exercises classes like water aerobics
- **Vigorous-Intensity Activities**
  - Jogging or running
  - Swimming laps
  - Singles Tennis
  - Bicycling faster than 10 miles per hours
  - Jumping rope
  - Hiking uphill or with a heavy backpack
  - High intensity interval training
  - Exercises classes like step aerobics or kickboxing

# Barriers to Asking Questions

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LACK OF TIME



LACK OF EXPERIENCE  
PROVIDING DETAILED  
ADVICE



UNCERTAIN ABOUT  
EFFECTIVENESS OF  
DISCUSSING PA

# January 2020 Health Plan Survey (n=248):

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**83.8%** of members would be more likely to perform physical activity if their doctor talked to them about physical activity/exercise.

**Question:** *“If your doctor talked to you about physical activity/exercise and prescribed types of physical activities, would you be more likely to do it? Please choose one.”*

*Additional Health Plan data and comments in appendix.*



## Prescription for Exercise

<b>Name:</b>	<b>Date:</b>
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Your doctor recommends that you start increase maintain physical activity.

### Aerobic Activity (circle)

<b>Type:</b>	Walk	Jog	Swim	Bike	Other
<b>Frequency (days/week):</b>	1	2	3	4	5
<b>Intensity:</b>	Light (Casual stroll)				
	Moderate (Brisk walk)				
	Vigorous (Jogging)				
<b>Time (minutes/day):</b>	10	20	30		
<b>Steps/day:</b>	2,500	5,000	7,500		

<b>Physician Signature:</b>	
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\*\*Adapted from Exercise is Medicine by American College of Sports Medicine



### What do we know about physical and aerobic activity for adults over 65?

- You need at least 150 minutes a week of aerobic activity (for example, 30 minutes a day, 5 days a week) of moderate intensity activity (a pace where you can carry on a conversation but cannot "sing.") such as brisk walking slow biking, water aerobics, gardening.
- You may perform the activity in "bouts." Example: three bouts of ten minutes a day.



### What about strength training?

- Physical Activity Guidelines for Americans recommends muscle strengthening exercises two times a week to increase bone strength and muscular fitness.
- Perform 8-12 repetitions of activities that work large muscle groups (legs, hips, abdomen, back, chest, shoulders, and arms).
- Use resistance bands, body weight exercises, or even yard work.



### What about balance?

- Take part in activities to improve balance 3 days a week.
- Hold onto a chair or wall and practice standing on one leg. Lift one leg in front of you, hold for eight counts then return it to starting point. Repeat with other leg. Do this three times per leg.
- Balance exercises combined with walking and strength training can increase muscle strength and reduce the risk of falls.



### Some activity is better than none.

- Doing aerobic activity and muscle strengthening is best. If you are just starting, begin with aerobic exercise.
- Like the aerobic activity, if you are just beginning you should gradually increase strength training over time.
- For more information please visit this website. <https://www.nia.nih.gov/health/exercise-physical-activity>



# Other potential interventions

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- **Encourage the use of pedometers (step trackers)**
  - Patients in a walking program that also used a pedometer had increased step-counts by 4532 steps/day and at six months were achieving 2977 steps/day (equivalent to 30 min/day) (*McKay et al. 2009*)
  - Patients who received education physical education were randomized to receive an app step counter. The use of the smartphone app was associated with an increase in 1000 steps per day at the end of an 8 week period. (*Glynn et al. 2014*)
  - Meta-analysis with a mean duration of 18 weeks found that the use of pedometers significantly increased physical activity by 26.9% over baseline, reduced BMI by 0.38 and decreased systolic pressure by 3.8 mmHg (*Bravata et al. 2007*)
- **Brief interventions (verbal advice or words of encouragement)**
  - Patients who receive these brief interventions have increased self-reported physical activity in 4 – 12 weeks follow ups (*Lamming et al. 2016*)

# Physical Activity HOS Measure

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46. In the **past 12 months**, did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise.

Yes → **Go to Question 47**

No → **Go to Question 47**

I had no visits in the past 12 months → **Go to Question 48**

47. In the **past 12 months**, did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.

Yes

No

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*Number of below members who received advice to start, increase, or maintain their physical activity during the year*

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*Number of Medicare members 65 years of age or older who had a doctor's visit in the past 12 months*

# LET'S PRACTICE!



The background is a solid teal color. A large, faint, light-teal silhouette of an apple is centered on the right side of the page. The apple has a stem and a single leaf at the top, and several leaves on its body. To the left of the apple, there is a vertical teal bar of the same color as the background, positioned to the left of the text.

# Managing Falls

# Let's Meet Sally

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- ▶ Sally is a 73 yo female with a history of insulin dependent diabetes (A1c 6.5), cataracts, and sensorineural hearing loss. She was just recently discharged from a skilled nursing facility after an admission for hip fracture, and she is coming to the office for post-op visit. Per the discharge summary, she had a fall as she was walking from her bathroom to her bedroom. She had taken her nighttime sleeping pills (ativan and melatonin) and she was walking to her bed when she tripped on the rug. She fell backwards and immediately felt pain on her right hip. Her husband called 911. She underwent an intramedullary nailing of her right femur, and she spent the past three weeks recovering in a skilled nursing facility.



# Fall Statistics

Falls are the leading cause of injury and injury death among adults ages 65 and over

More than 1 in 4 older adults fall every year

3 M  
ED  
Visits

1 M  
hospital  
stays

36,000  
deaths

- Each year \$754 million is spent on medical costs related to fatal falls
- 60% of falls happen in the home, 30% in a public setting and 10% in a health care center

# What are some common risk factors for falls?

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Modifiable Risk Factors	Non-modifiable Risk Factors
<ul style="list-style-type: none"><li>• Gait, strength, and balance deficits</li><li>• Fear of falling</li><li>• Home hazards</li><li>• Limb and foot pain</li><li>• Drugs (polypharmacy, psychotropics, antidepressants, benzodiazepines)</li><li>• Orthostatic hypotension</li><li>• Vision problems</li><li>• Foot issues/inappropriate footwear</li><li>• Vitamin D deficiency</li><li>• Comorbidities (Diabetes, Stroke, Dementia, Cardiac conditions)</li></ul>	<ul style="list-style-type: none"><li>• Age</li><li>• Sex</li><li>• History of falls</li></ul>

# What are some of the challenges?

Provider Factors	Patient Factors
<ul style="list-style-type: none"><li>• Competing healthcare priorities</li><li>• Lack of time during office visits</li><li>• Limited fall prevention knowledge</li><li>• Limited communication between providers from different disciplines</li><li>• Limited reimbursement strategies</li></ul>	<ul style="list-style-type: none"><li>• Belief that falls are a normal part of aging</li><li>• Fear that a fall may lead to loss of independence</li><li>• Not aware of common fall risk factors</li></ul>

- ▶ The [Stopping Elderly Accidents, Deaths, and Injuries \(STADI\)](#) initiative was developed by the U.S. Centers for Disease Control and Prevention (CDC)
- ▶ STADI offers tools and resources to help healthcare providers **Screen, Assess, and Intervene** to reduce fall risk



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# January 2020 Health Plan Survey (n=248):

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**87%** of members think it is important to talk to their doctor about falls.  
**67%** of members think it is **very important** or **extremely important**.

*Question: “How important is it that you talk with your doctor about falls?”*

*Additional Health Plan data and comments in appendix.*

# Strategies to Address Falls

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## FALL-FOCUSED PHYSICAL EXAMINATION

- TUG, 4-stage balance test
- Vision/Cognitive testing (e.g. Mini-cog)
- Postural hypotension

## FUNCTIONAL ASSESSMENT

- Standardized questions via a questionnaire

## ENVIRONMENT ASSESSMENT

- Refer to OT for home safety assessment

## PHYSICAL THERAPY REFERRAL

- Assess and treat strength, balance and gait deficits

## FOLLOW-UP

- Providers' active involvement can help ensure that patients act on recommendations

# Best Practice: STEADI Algorithm



# Managing Falls - HOS Measure

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48. A fall is when your body goes to the ground without being pushed. In the **past 12 months**, did you talk with your doctor or other health provider about falling or problems with balance or walking?

- 1  Yes  
2  No  
3  I had no visits in the past 12 months

49. Did you fall in the **past 12 months**?

- 1  Yes  
2  No

50. In the **past 12 months**, have you had problem with balance or walking?

- 1  Yes  
2  No

51. Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include:

- Suggest that you use a cane or walker.
- Suggest that you do an exercise or physical therapy program.
- Suggest a vision or hearing test.

- 1  Yes  
2  No  
3  I had no visits in the past 12 months

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*Number of below members who received a recommendation for how to prevent falls or treat problems with balance or walking from their current practitioner*

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*Number of Medicare members 65 years of age or older who had a **fall** or had **problems with balance or walking** in the past 12 months*

# LET'S PRACTICE!



# What is SCAN doing for HOS?

## HRA for All

- Internal SCAN survey administered to members used to identify members for interventions like Member2Member or Care Navigators and report to medical groups on their members' health

## Member2Member

- Peer advocates call members based on HRA for All responses to questions about fall prevention, urinary incontinence, physical activity and mental health

## Care Navigators

- Light case management, call members based on responses to the HRA for All questions about ADL's and access to basic needs

## Patient HOS Handouts and educational materials

- See Appendix

## Office Staff Trainings

- Contact [trainthetrainer@scanhealthplan.com](mailto:trainthetrainer@scanhealthplan.com) for more information and to schedule trainings for your office.

## Provider Incentive Program

# HOS Toolkit



## Prescription for Exercise

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## Fall Risk Assessment Checklist

Patient:	Date:	
Patient was found to be:	<input type="checkbox"/> low risk	<input type="checkbox"/> medium risk <input type="checkbox"/> high risk
Fall Risk Factor	Factor Present?	Notes
<b>Fall History and Observation – Medical Staff</b>		
Any falls since last visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was patient injured due to any falls?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Patient was observed holding onto surrounding environment, shuffling feet or looked unsteady	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Physical Assessment – Medical Staff</b>		
Orthostatic blood pressure: A decrease in systolic BP >20mm Hg or in diastolic BP of >10mm Hg or patient lightheaded or dizzy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vision: Acuity <20/40 or no exam in more than one year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Proper DME and footwear?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ASBT: Able to hold tandem stand > 10 seconds	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TUG complete < 12 seconds	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Medications (Prescriptions, OTCs, Supplements) – Primary Care Provider or Nurse</b>		
CNS or psychoactive medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medications that can cause sedation or confusion?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medications that can cause hypotension?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Conditions – Primary Care Provider</b>		
Cognitive impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Problems with heart rate and/or rhythm	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Urinary incontinence	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Food problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Chronic pain	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Osteoporosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other medical conditions? Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other risk factors (e.g. lack of activity, alcohol abuse, recreational drugs, or sleep hygiene)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Additional Notes</b>		

NATIONAL ASSOCIATION FOR CONTINENCE

## BLADDER RETRAINING

We all know that working out can build muscles, and that's just as true for the muscles that control your bladder as it is for your biceps or abs or heart.

In fact, many studies have shown that by retraining bladder muscles, women and men can successfully address many of the symptoms of urge incontinence and the urgency associated with overactive bladder (OAB).



### GETTING STARTED

Of course, working those muscles can be a little more challenging than lifting weights, but it's nothing you can't handle. Before you get started, though, you'll want to know something to measure your progress against. That's where your bladder diary (you can download it at [www.NAFC.org/diarise](http://www.NAFC.org/diarise)). You'll use your bladder diary to note each thing, as the times of urination, if you were able to completely empty your bladder, the time between bathroom trips, as well as diet information that may be impacting your condition.

While your physician will prescribe a program that's right for you, most bladder retraining methods share similar techniques:

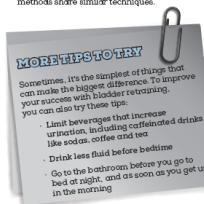
**1. SCHEDULE BATHROOM VISITS** - Once you've used your bladder diary to determine how frequently you use the bathroom, try to add 15 minutes to that time between each visit. For example, let's say you go to the bathroom every hour. During retraining, you'll aim to go every hour and fifteen minutes. Even if you don't have to go, you'll still want to make that trip to the bathroom. This trains the brain and body. Then, after a set number of days, you'll gradually increase the amount of time between bathroom breaks.

**2. DELAY URINATION** - This is easier said than done. But when you feel the need to go, try holding off for at least 5 minutes. Then 10. And so on until you can make it 3-4 hours between urination. The key will be to stay on schedule, which keeps the training on track.

**3. KEGEL EXERCISES** - By strengthening the muscles that are directly and indirectly involved with urination, you will be able to better control when you have to go. For a full rundown on Kegel exercises, visit the NAFC web page at [www.NAFC.org/kegel](http://www.NAFC.org/kegel).

To get your free bladder diary, visit the NAFC page at [www.NAFC.org/diarise](http://www.NAFC.org/diarise) and download your copy today.  
**1-800-BLADDER**  
[www.NAFC.org](http://www.NAFC.org)

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# Key Actions/The ASK

Your patients want you to talk to them about physical activity and falls.



## Discuss

Discuss physical activity and falls with every older adult whether they bring it up or not

## Provide

Provide guidance on increasing or maintaining physical activity and provide guidance or referral to other services for falls

## Include

Include information on physical activity and falls in your after-visit summaries and have your office staff highlight this information for patients