

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 806
(I-19)

Introduced by: Medical Student Section

Subject: Support for Housing Modification Policies

Referred to: Reference Committee J

Whereas, Falls amongst the elderly population cost approximately 30,000 lives and nearly \$32 billion every year¹; and

Whereas, For US adults ages 65 and older in 2012, there were 24,190 deaths and 3.2 million non-fatal, fall-related injuries²; and

Whereas, US citizens with low socioeconomic status or greater neighborhood disadvantage had higher rates of falls⁷; and

Whereas, Minorities, those with lower levels of education, and those with less social support were less likely to have home modifications⁸; and

Whereas, Blacks were 30-40% less likely than whites to have fall-related injuries when controlling for these differences⁹; and

Whereas, Home modifications led by an occupational therapist had the greatest potential to affect the most elderly when compared to six other fall prevention strategies, including Tai Chi, Otago, medication management, Vitamin D supplements, expedited first eye cataract surgery, and single-vision distance lenses for outdoor activities¹⁰; and

Whereas, Homes are the most likely setting of falls in the elderly with high morbidity and mortality and prevention in the single most effective intervention^{5,18,19}; and

Whereas, Home hazards to the elderly include physical limitations, loose rugs, unstable furniture, obstructed walkways, and poor lighting give way to falls within the home²⁰; and

Whereas, Simple modifications aimed at increasing lighting and tacking down loose rugs or carpets have shown to statistically reduce the risk of falling in the home¹⁶; and

Whereas, Other interventions include grab bars and grips in the bathroom, hand-rails on both sides of the steps, and lever-style handles on doors and faucets, wheelchair ramps, stair lifts, first-floor bathroom or kitchen renovations, and other more extensive renovations²¹; and

Whereas, There are currently three insurance-based funding schemes for housing modifications, including Medicare Advantage, Medicaid's Money Follows the Person Initiative, and the Veteran's Health Administration Home Improvements and Structural Alterations (HISA) benefits; and

Whereas, Housing modifications are comparatively clinically effective, cost effective, and actionable in preventing fall related injuries among the elderly; therefore be it

RESOLVED, That our American Medical Association support legislation for health insurance coverage of housing modification benefits for: (a) the elderly; (b) other populations that require these modifications in order to mitigate preventable health conditions, including but not limited to the disabled or soon to be disabled; and (c) other persons with physical and/or mental disabilities. (New HOD Policy)

Fiscal Note: not yet determined

Date Received: 10/01/19

References:

1. Gielen AC, McDonald EM, Shields W. *Unintentional Home Injuries Across the Life Span: Problems and Solutions.*; 2015. doi:10.1146/annurev-publhealth-031914-122722
2. Burns ER, Stevens JA, Lee R. The direct costs of fatal and non-fatal falls among older adults — United States. *J Safety Res.* 2016. doi:10.1016/j.jsr.2016.05.001
3. Hoffman GJ, Hays RD, Shapiro MF, Wallace SP, Ettner SL. The Costs of Fall-Related Injuries among Older Adults: Annual Per-Faller, Service Component, and Patient Out-of-Pocket Costs. *Health Serv Res.* 2017. doi:10.1111/1475-6773.12554
4. Degrauw X, Annett JL, Stevens JA, Xu L, Coronado V. Unintentional injuries treated in hospital emergency departments among persons aged 65 years and older, United States, 2006-2011. *J Safety Res.* 2016. doi:10.1016/j.jsr.2015.11.002
5. American College of Surgeons. *National Trauma Data Bank 2012 Annual Report.*; 2012.
6. Cubanski J, Neuman T. The Facts on Medicare Spending and Financing. Henry J. Kaiser Family Foundation. <https://www.kff.org/medicare/issue-brief/the-facts-on-medicare-spending-and-financing/>. Published 2018. Accessed February 6, 2019.
7. Lo AX, Rundle AG, Buys D, et al. Neighborhood Disadvantage and Life-Space Mobility Are Associated with Incident Falls in Community-Dwelling Older Adults. *J Am Geriatr Soc.* 2016. doi:10.1111/jgs.14353
8. Meucci MR, Gozalo P, Dosa D, Allen SM. Variation in the Presence of Simple Home Modifications of Older Americans: Findings from the National Health and Aging Trends Study. *J Am Geriatr Soc.* 2016. doi:10.1111/jgs.14252
9. Sun DQ, Huang J, Varadhan R, Agrawal Y. Race and fall risk: Data from the National Health and Aging Trends Study (NHATS). *Age Ageing.* 2016. doi:10.1093/ageing/afv173
10. Stevens JA, Lee R. The Potential to Reduce Falls and Avert Costs by Clinically Managing Fall Risk. *Am J Prev Med.* 2018;55(3):290-297. doi:10.1016/j.amepre.2018.04.035
11. Kamei T, Kajii F, Yamamoto Y, et al. Effectiveness of a home hazard modification program for reducing falls in urban community-dwelling older adults: A randomized controlled trial. *Jpn J Nurs Sci.* 2015;12(3):184-197. doi:10.1111/jjns.12059
12. Elliott S, Leland NE. Occupational Therapy Fall Prevention Interventions for Community-Dwelling Older Adults: A Systematic Review. *Am J Occup Ther.* 2018;72(4):7204190040p1-7204190040p11. doi:10.5014/ajot.2018.030494
13. Albert SM, Raviotta J, Lin CJ, Edelstein O, Smith KJ. Cost-effectiveness of a statewide falls prevention program in Pennsylvania: Healthy Steps for Older Adults. *Am J Manag Care.* 2016;22(10):638-644. <http://www.ncbi.nlm.nih.gov/pubmed/28557514>.
14. Albert SM, King J, Boudreau R, Prasad T, Lin CJ, Newman AB. Primary prevention of falls: effectiveness of a statewide program. *Am J Public Health.* 2014;104(5):e77-84. doi:10.2105/AJPH.2013.301829
15. Carnemolla P, Bridge C. A scoping review of home modification interventions – Mapping the evidence base. *Indoor Built Environ.* February 2018;1420326X1876111. doi:10.1177/1420326X18761112
16. Josephson DA, Rubenstein LZ, KRF. Home safety and fall prevention. *Clin Geriatr Med.* 1991.
17. Gillespie LD, Robertson MC, Gillespie WJ, et al. Interventions for preventing falls in older people living in the community. *Cochrane Database Syst Rev.* 2012. doi:10.1002/14651858.CD007146.pub3
18. Sterling DA, O'Connor JA, Bonadies J. Geriatric falls: Injury severity is high and disproportionate to mechanism. *J Trauma - Inj Infect Crit Care.* 2001. doi:10.1097/00005373-200101000-00021
19. Connell BR, Wolf SL. Environmental and behavioral circumstances associated with falls at home among healthy elderly individuals. *Arch Phys Med Rehabil.* 1997. doi:10.1016/S0003-9993(97)90261-6
20. Carter SE, Campbell EM, Sanson-Fisher RW, Redman S, Gillespie WJ. Environmental hazards in the homes of older people. *Age Ageing.* 1997. doi:10.1093/ageing/26.3.195
21. Joint Center for Housing Studies of Harvard University. *Housing America's Older Adults Meeting the Needs of an Aging Population.*; 2014.
22. U. S. Centers for Medicare & Medicaid Services. Speech: Remarks by Administrator Seema Verma at the America's Health Insurance Plans (AHIP) 2018 National Conference on Medicare. <https://www.cms.gov/newsroom/press-releases/speech-remarks-administrator-seema-verma-americas-health-insurance-plans-ahip-2018-national>. Published 2018.
23. Jaffe S. New Medicare Advantage Benefits Are Supposed To Help Seniors Stay Out Of The Hospital. NPR. <https://www.npr.org/sections/health-shots/2018/11/09/665767905/new-medicare-advantage-benefits-are-supposed-to-help-seniors-stay-out-of-the-hos>. Published 2018.
24. U. S. Centers for Medicare & Medicaid Services. Money Follows the Person. <https://www.medicaid.gov/medicaid/ltss/money-follows-the-person/index.html>. Published 2016.
25. Semeah LM, Ahrentzen S, Jia H, Cowper Ripley DC, Levy CE, Mann WC. The Home Improvements and Structural Alterations Benefits Program: Veterans With Disabilities and Home Accessibility. *J Disabil Policy Stud.* 2017.

- doi:10.1177/1044207317696275
26. National Multiple Sclerosis Society. Home Modification Assistance Enacted State Legislation. <https://www.nationalmssociety.org/NationalMSSociety/media/MSNationalFiles/Advocacy/Home-Modification-Assistance-Enacted-Legislation-UPDATED-June-2018.pdf>. Published 2018. Accessed February 16, 2019.
27. 115th Congress. H.R.1780 - Senior Accessible Housing Act. <https://www.congress.gov/bill/115th-congress/house-bill/1780?r=33>.

RELEVANT AMA POLICY

Community-Based Falls Prevention Programs H-25.988

Our American Medical Association will work with relevant organizations to support community-based falls prevention programs.

Citation: (Res. 408, A-15)

Exercise Programs for the Elderly H-25.995

The AMA recommends that physicians: (1) stress the importance of exercise for older patients and explain its physiological and psychological benefits; (2) obtain a complete medical history and perform a physical examination that includes exercise testing for quantification of cardiovascular and physical fitness as appropriate, prior to the specific exercise prescription; (3) provide appropriate follow-up of patients' exercise programs; and (4) encourage all patients to establish a lifetime commitment to an exercise program.

Citation: (CSA Rep. C, I-83; Reaffirmed: CLRPD Rep. 1, I-93; Reaffirmed: CSA Rep. 8, A-05; Reaffirmed: CSAPH Rep. 1, A-15)

Health Care for Older Patients H-25.999

The AMA: (1) endorses and encourages further experimentation and application of home-centered programs of care for older patients and recommends further application of other new experiments in providing better health care, such as rehabilitation education services in nursing homes, chronic illness referral centers, and progressive patient care in hospitals; (2) recommends that there be increased emphasis at all levels of medical education on the new challenges being presented to physicians in health care of the older person, on the growing opportunities for effective use of health maintenance programs and restorative services with this age group, and on the importance of a total view of health, embracing social, psychological, economic, and vocational aspects; (3) encourages continued leadership and participation by the medical profession in community programs for seniors; and (4) will explore and advocate for policies that best improve access to, and the availability of, high quality geriatric care for older adults in the post-acute and long term care continuum..

Citation: (Committee on Aging Report, I-60; Reaffirmed: CLRPD Rep. C, A-88; Reaffirmed: Sunset Report, I-98; Reaffirmed: CSAPH Rep. 2, A-08; Reaffirmation A-11; Appended: Res. 709, A-13)

Policy Recommendations in the Field of Aging H-25.998

It is the policy of the AMA that: (1) Older individuals should not be isolated;

(2) a health maintenance program is necessary for every individual;

(3) more persons interested in working with the older people in medical and other professional fields are needed;

(4) more adequate nursing home facilities are an urgent health need for some older people in many communities;

(5) further development of service and facilities is required;

(6) extension of research on both medical and socioeconomic aspects of aging is vital;

(7) local programs for older persons, especially those which emphasize the importance of self-help and independence by the senior citizen, should be a major concern of medicine, both collectively and individually; and

(8) local medical society committees along with other leaders in community service, should be equipped to appraise the advantage or disadvantage of proposed housing for older people.

Citation: CMS Rep. A, I-60; Reaffirmed: CLRPD Rep. C, A-88; Reaffirmed: Sunset Report, I-98; Reaffirmed: CSAPH Rep. 2, A-08; Reaffirmed: CMS Rep. 01, A-18;

5.1 Advance Care Planning

The process of advance care planning is widely recognized as a way to support patient self-determination, facilitate decision making, and promote better care at the end of life. Although often

thought of primarily for terminally ill patients or those with chronic medical conditions, advance care planning is valuable for everyone, regardless of age or current health status. Planning in advance for decisions about care in the event of a life-threatening illness or injury gives individuals the opportunity to reflect on and express the values they want to have govern their care, to articulate the factors that are important to them for quality of life, and to make clear any preferences they have with respect to specific interventions. Importantly, these discussions also give individuals the opportunity to identify who they would want to make decisions for them should they not have decision-making capacity. Proactively discussing with patients what they would or would not want if recovery from illness or injury is improbable also gives physicians opportunity to address patients concerns and expectations and clarify misunderstandings individuals may have about specific medical conditions or interventions. Encouraging patients to share their views with their families or other intimates and record them in advance directives, and to name a surrogate decision maker, helps to ensure that patients own values, goals, and preferences will inform care decisions even when they cannot speak for themselves.

Physicians must recognize, however that patients and families approach decision making in many different ways, informed by culture, faith traditions, and life experience, and should be sensitive to each patients individual situations and preferences when broaching discussion of planning for care at the end of life.

Physicians should routinely engage their patients in advance care planning in keeping with the following guidelines:

(a) Regularly encourage all patients, regardless of age or health status, to:

(i) think about their values and perspectives on quality of life and articulate what goals they would have for care if they faced a life-threatening illness or injury, including any preferences they may have about specific medical interventions (such as pain management, medically administered nutrition and hydration, mechanical ventilation, use of antibiotics, dialysis, or cardiopulmonary resuscitation);

(ii) identify someone they would want to have make decisions on their behalf if they did not have decision-making capacity;

(iii) make their views known to their designated surrogate and to (other) family members or intimates.

(b) Be prepared to answer questions about advance care planning, to help patients formulate their views, and to help them articulate their preferences for care (including their wishes regarding time-limited trials of interventions and surrogate decision maker). Physicians should also be prepared to refer patients to additional resources for further information and guidance if appropriate.

(c) Explain how advance directives, as written articulations of patients preferences, are used as tools to help guide treatment decisions in collaboration with patients themselves when they have decision-making capacity, or with surrogates when they do not, and explain the surrogates responsibilities in decision making. Involve the patients surrogate in this conversation whenever possible.

(d) Incorporate notes from the advance care planning discussion into the medical record. Patient values, preferences for treatment, and designation of surrogate decision maker should be included in the notes to be used as guidance when the patient is unable to express his or her own decisions. If the patient has an advance directive document or written designation of proxy, include a copy (or note the existence of the directive) in the medical record and encourage the patient to give a copy to his or her surrogate and others to help ensure it will be available when needed.

(e) Periodically review with the patient his or her goals, preferences, and chosen decision maker, which often change over time or with changes in health status. Update the patients medical records accordingly when preferences have changed to ensure that these continue to reflect the individuals current wishes. If applicable, assist the patient with updating his or her advance directive or designation of proxy forms. Involve the patients surrogate in these reviews whenever possible.

AMA Principles of Medical Ethics: I.IV

The Opinions in this chapter are offered as ethics guidance for physicians and are not intended to establish standards of clinical practice or rules of law.

Issued: 2016