

# C.A.R.E.S. Pharmacy Network Newsletter

Issue 26  
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Please visit the C.A.R.E.S.  
Pharmacy Network webpage  
at: <https://alpharmacycares.org/>

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Welcome, C.A.R.E.S. Pharmacy Network members! As we wrap up the first quarter of the year, we hope it has been a productive and rewarding start for you. In this edition, we are excited to share important updates and insights to keep you informed and engaged.

This issue covers crucial topics such as the role of pharmacists in addressing fall risks in older

adults, along with practical steps to help reduce those risks. We also delve into the Exclusion Statute as part of our ongoing Medicare and Medicaid fraud series, offering tips on how you can protect yourself and your practice.

Additionally, we bring you key Medicare updates, including the newly adopted installment payment plan for prescription drugs and the latest batch of drugs selected for price negotiations by the Centers for Medicare & Medicaid Services (CMS). Our vaccine-related insights cover important topics such as whether older adults should receive a measles booster and a newly identified adverse event for the RSV vaccines Arexvy and Abrysvo. You can read more on these updates and others on our [Blog](#). And

for a bit of fun, we have included some interesting pharmacy facts you won't want to miss! Don't forget, our CE programs are still available for you. We encourage you to engage with them.

Here's wishing you a productive and successful second quarter of 2025. Happy reading!

Salisa Westrick, PhD  
Sterling Professor  
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## Fall Risk Recognition and Prevention in Older Adults: The Role of the Pharmacist

*C. Blake Allen, PharmD Candidate at the Auburn University Harrison College of Pharmacy*

Unintentional falls is the leading cause of fatal and nonfatal injury among adults aged 65 and older. This is presently a major area of focus for prevention efforts, especially considering that every year, over 14 million or 1 in 4 older adults report an unintentional fall.<sup>[1]</sup> This issue is particularly pressing since older adults are at a much greater risk of serious bodily injury and even death due to falls, and considering the role that medications play in falls, pharmacists such as yourselves are equipped with the knowledge and tools to be agents for change and to prevent harm in older adults.

In 2020, unintentional falls accounted for 58.1% of all unintentional injuries among adults aged 65 or older nationally, compared to 31.3% in 1999.<sup>[2]</sup> In 2020, 28.1% of older adults in Alabama reported  $\geq 1$  unintentional fall compared to 27.6% nationally. The age-adjusted death rate from unintentional falls in older adults in Alabama was 30.7 per 100,000.<sup>[1]</sup> These falls can lead to several nonfatal complications and injuries ranging from abrasions to hip fractures and head injuries. Roughly 30-50% of these unintentional falls result in minor injuries whereas up to 10% result in major injuries, 1% even leading to hip fractures which pose a serious risk for post-fall morbidity and mortality in older adults.<sup>[3]</sup> The incidence of unintentional falls is on the rise nationally and in Alabama, so the prevention of unintentional falls in older adults is paramount. Fall prevention is an ongoing national and state initiative, an initiative in which pharmacists can make a significant impact and be leaders for change.

Of all those involved in preventing falls in older adults, pharmacists play a uniquely critical role given the incidence of medication-related falls in the older adult population as opposed to other risks and potential causes of falls. While there are several, often multifactorial, potential causes of falls such as poor lighting in the home, uneven flooring, clutter, visual impairment, or physical impairment, one of the most easily recognizable and modifiable risk factors is polypharmacy. The prevalence of polypharmacy among older adults in 2017-2018 was in 44.1% as opposed to 23.5% in 1999-2000.<sup>[4]</sup> The majority of these older adults who are at risk of falls are taking multiple medications. Many of these medications being narcoleptics, benzodiazepines, sedatives/hypnotics, and antihypertensives, have been found to increase the risk of experiencing an unintentional fall in this patient population.<sup>[5]</sup> This is where pharmacists come into play and can demonstrate that they are an invaluable asset in reducing the incidence of falls, injury, and even death in older adults who are taking multiple medications.

Pharmacists, with their medication expertise and proximity to these patients in the community are ideal advocates for their patients and are positioned to help reduce the risk of falls, injury, and death in older adults to a greater extent than many other healthcare providers. One of the best ways pharmacists can do this is to use fall risk evaluation tools and to provide Comprehensive Medications Reviews (CMRs) to patients who are either at risk of falling or who express worry related to fall risk. One such fall risk evaluation tool is the STEADI (Stopping Elderly Accidents, Deaths, and Injuries), which is a 12-item screening tool developed by the CDC, used to assess fall risk in older adults.<sup>[6]</sup> A 2020 study evaluating the STEADI screening tool found that 75.5% of screened patients were worried about falling and 41.5% reported taking a medication that makes them dizzy or sleepy. These patients were offered CMRs and recommendations from these CMRs were communicated to providers, and 52.8% of these recommendations were accepted.<sup>[7]</sup> When conducting CMRs for older adults, it is always important to keep in mind the Beers Criteria, and ensure that patients are closely monitored if they are taking one or more of the potentially inappropriate medications on the list such as benzodiazepines, barbiturates, opioids, etc., which are often wrongfully prescribed to older adults and may increase the risk of unintentional falls.<sup>[8]</sup>



Beyond managing polypharmacy through conducting CMRs, pharmacists in the community setting have other risk mitigation strategies to employ in relation to reducing falls in the older adult population. Many community pharmacies offer inexpensive assistive devices such as canes, footwear, and braces and even walkers/rollators which may qualify as “durable medical equipment” and be covered by Medicare Part B for older adults who are at risk for falls.<sup>[9]</sup> Medicare also covers participation in approved fall prevention programs. One such program is “A Matter of Balance” (MOB). MOB is a CDC-approved evidence-based 8-week workshop geared towards improving strength and coordination in older adults, increasing physical activity, reducing self-restrictions on movement due to fear of falls, and includes information about how to make the home safer. The Matter of Balance program is offered in many counties across Alabama and in other states.<sup>[10]</sup> When implemented, this program was shown to save each Medicare beneficiary an average of \$938 worth

in unplanned medical costs each year.<sup>[11]</sup>

In summary, unintentional falls in older adults is a growing national issue and, given your proximity to your patients and the frequency in which you see them, pharmacists are equipped to intervene and prevent falls in older adults. You can do this by conducting screenings, conducting CMRs, making recommendations to prescribers, providing information relating to Medicare-covered devices and services, and in several other ways not described in this newsletter. You, more than anyone else, can be an advocate for your patients and make a real difference in the lives of older adults and their families.

### Check Your Risk for Falling

| Circle "Yes" or "No" for each statement below |        |  | Why it matters  |
|---|--------|--|---|
| Yes (2)                                       | No (0) | I have fallen in the past year.  | People who have fallen once are likely to fall again.   |
| Yes (2)                                       | No (0) | I use or have been advised to use a cane or walker to get around safely.   | People who have been advised to use a cane or walker may already be more likely to fall.      |
| Yes (1)                                       | No (0) | Sometimes I feel unsteady when I am walking.   | Unsteadiness or needing support while walking are signs of poor balance.                      |
| Yes (1)                                       | No (0) | I steady myself by holding onto furniture when walking at home.  | This is also a sign of poor balance.  |
| Yes (1)                                       | No (0) | I am worried about falling.  | People who are worried about falling are more likely to fall.                                 |
| Yes (1)                                       | No (0) | I need to push with my hands to stand up from a chair.   | This is a sign of weak leg muscles, a major reason for falling.                               |
| Yes (1)                                       | No (0) | I have some trouble stepping up onto a curb.   | This is also a sign of weak leg muscles.  |
| Yes (1)                                       | No (0) | I often have to rush to the toilet.  | Rushing to the bathroom, especially at night, increases your chance of falling.               |
| Yes (1)                                       | No (0) | I have lost some feeling in my feet.   | Numbness in your feet can cause stumbles and lead to falls.                                   |
| Yes (1)                                       | No (0) | I take medicine that sometimes makes me feel light-headed or more tired than usual.  | Side effects from medicines can sometimes increase your chance of falling.                    |
| Yes (1)                                       | No (0) | I take medicine to help me sleep or improve my mood.   | These medicines can sometimes increase your chance of falling.                                |
| Yes (1)                                       | No (0) | I often feel sad or depressed.   | Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls. |
| <b>Total</b>                                  |        | Add up the number of points for each "yes" answer. If you scored 4 points or more, you may be at risk for falling. Discuss this brochure with your doctor. |   |

To check your risk online, visit: [www.bit.ly/3o4RIW8](http://www.bit.ly/3o4RIW8)

This checklist was developed by the Greater Los Angeles VA Geriatric Research Education Clinical Center and affiliates and is a validated fall risk self-assessment tool (Rubenstein et al. J Safety Res; 2011: 42(6)493-499). Adapted with permission of the authors.

**STEADI (Stopping Elderly Accidents, Deaths, and Injuries) tool**

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## Understanding Medicare and Medicaid Fraud-- The Exclusion Statute

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Our series educating pharmacists about Medicare and Medicaid fraud continues, this time with a focus on the Exclusion Statute. The Exclusion Statute outlines restrictions on people who have previously been convicted of certain crimes from receiving reimbursements from the federal government.

### **What is the Exclusion Statute?**

Under the Exclusion Statute, the Health and Human Services' (HHS) Office of Inspector General (OIG) can prevent people who have been convicted of certain crimes from being reimbursed by the federal government under Medicare and Medicaid programs.<sup>[1]</sup> These crimes include fraud related to Medicare or Medicaid or services provided under the two programs. For example, billing for medically unnecessary services, filing fraudulent claims, and receiving kickbacks can lead to a medical provider being excluded from reimbursements.<sup>[1]</sup> Felonies related to healthcare fraud lead to mandatory exclusions, while other crimes, such as receiving kickbacks, can lead to exclusion on a discretionary basis.<sup>[2]</sup>

### **What are the Consequences?**

When a medical provider has been excluded, the federal government will not pay for items or services ordered by the excluded personnel,<sup>[2]</sup> which can lead to serious financial consequences. For example, if someone who has been excluded files and receives a medical claim, the money received from the federal government for that claim must be returned within 60 days.<sup>[2]</sup> In addition, the excluded filer can be penalized for up to \$10,000 per claim.



### **How Can I Protect Myself?**

As a pharmacist, it is up to you to ensure your compliance with this statute.<sup>[1]</sup> Pharmacies may employ or contract with people who have been excluded. However, pharmacy managers should take extreme precautions to ensure excluded pharmacists or other excluded individual do not provide any services requiring federal reimbursement. Such services include inputting prescription information for pharmacy billing or filling prescriptions for drugs reimbursed, directly or indirectly, by any Federal health

care program.<sup>[2]</sup>

Pharmacists can protect themselves by:

- **Screening Potential Employees**

You can screen potential employees using available exclusion lists. One option is state exclusion lists. The Alabama state exclusion list can be found on the [Alabama Medicaid website](#). However, state exclusion lists only shows whether a person has been excluded in a particular state. A comprehensive and nationwide record of exclusions can be found on the Department of Health and Human Services' [Office of Inspector General's Exclusions Database](#) website.

- **Confirming the Length of the Exclusion**

The length of exclusions is typically 5 years, but it varies based on the specific offense.<sup>[3,4]</sup> Confirm the length of time of the exclusion to ensure that you are following proper protocol. You can use OIG's website to view exclusion lengths assigned to specific offenses.

The rules and regulations surrounding Medicare and Medicaid fraud can be complex, and some laws affect individuals who may not have been directly involved in the fraud itself. Our series is designed to help pharmacists protect themselves from such fraud. Visit the HHS [Office of Inspector General's Website](#) for more information on the Exclusion Statute.

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## Recent C.A.R.E.S Blog Highlights

“Should older adults get a Measles vaccine booster?”



<https://www.alpharmacycares.org/post/should-older-adults-get-a-measles-vaccine-booster>

“Medicare Advantage Open Enrollment Period Ends March 31!”



<https://www.alpharmacycares.org/post/medicare-advantage-open-enrollment-ends-march-31>

“New Prescription Drug Payment Option Available to Medicare Beneficiaries”



<https://www.alpharmacycares.org/post/new-prescription-drug-payment-option-available-to-medicare-beneficiaries>



## Recent C.A.R.E.S Blog Highlights

*“CMS Announces Second Round of Drug Price Negotiations”*



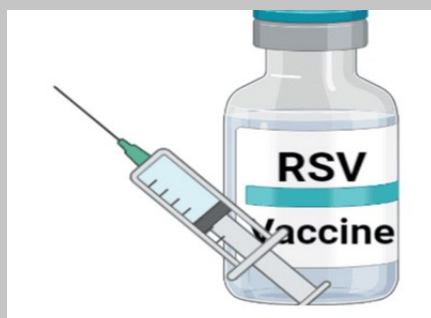
<https://www.alpharmacycares.org/post/cms-announces-second-round-of-drug-price-negotiations>

*“Free Nutrition Benefits Available for Seniors 60 and Older.”*



<https://www.alpharmacycares.org/post/free-nutrition-benefits-available-for-seniors-60-and-older>

*“Guillain–Barré Syndrome Listed as an Adverse Effect of RSV Vaccines Arexvy and Abrysvo”*



<https://www.alpharmacycares.org/post/guillain-barr%C3%A9-syndrome-listed-as-an-adverse-effect-of-rsv-vaccines-arexvy-and-abrysvo>

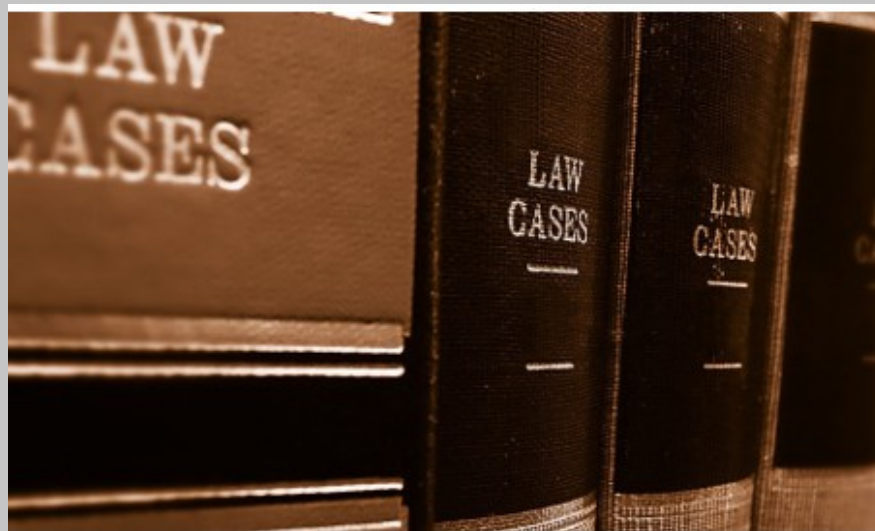
## Recent C.A.R.E.S Blog Highlights

“Medicare Advantage Open Enrollment Period Now Ongoing!”



<https://www.alpharmacycares.org/post/medicare-advantage-open-enrollment-period-now-ongoing>

“Florida Man Sentenced for Medicare Fraud”



<https://www.alpharmacycares.org/post/florida-man-sentenced-for-medicare-fraud>

## Upcoming C.A.R.E.S. Outreach Programs



The C.A.R.E.S. team and the Harrison College of Pharmacy will be conducting community outreach programs at Greater Peace Church in Opelika and through the Alabama CARES Assistance Program (online) in April 2025 to promote awareness of fall risks among older adults and empower them to lower their risks, and consult with their pharmacists and other healthcare providers on fall risk assessment and prevention.

### Did You Know?

The first hospital pharmacy in the U.S. was established in 1752 at Pennsylvania Hospital in Philadelphia, with Jonathan Roberts serving as its first pharmacist!



## REMINDER!

In partnership with the Alabama Department of Senior Services (ADSS), the C.A.R.E.S. program is partnering with the Harrison College of Pharmacy to offer an online **ACPE approved** 3-credit hour video-based training and three **ACPE approved** 1-credit hour articles at no cost to you and your pharmacy technician!

### 1. Online Video Training:

*"The Role of Pharmacy Personnel in Assisting Medicare Beneficiaries with Limited Income and Resources"*

In summer 2023, we updated the three hours comprehensive CE program to provide an overview of Medicare, government assistance programs, impact of the Inflation Reduction Act and the roles of the Aging and Disability Resource Centers (ADRCs) with the primary goal of helping pharmacists and pharmacy staff effectively and efficiently assist Medicare beneficiaries.

### 2. Articles:

Three one-hour home-study articles covering the following topics:

- *Basic Introduction of Medicare: What Pharmacy Personnel Need to Know*
- *Government Assistance Programs to Assist Medicare Patients with Limited Income*
- *Assistance Programs Available for Older Adults*

**Access the CE programs by visiting:** <https://aub.ethosce.com/>

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