

OUR NEWS LETTER



MEDICARE CLAIMS STATEMENTS SIMPLER

Lynn Van Matre, LifeTimes Editor

The Centers for Medicare & Medicaid Services (CMS) has redesigned the Medicare Summary Notice (MSN) to make it more consumer-friendly. The notice, which includes details about beneficiaries' claims for Medicare services and other benefits, will continue to be issued on a quarterly basis.

Beneficiaries who receive paper statements in the mail will begin getting the redesigned MSN early in 2013. However, the new version of the statement is already available online. It can be accessed through www.mymedicare.gov, a secure site.

The redesign is part of a new CMS initiative, "Your Medicare Information: Clearer, Simpler, At Your Fingertips." It makes information on benefits, providers and claims more easy to understand and also makes it easier for a beneficiary to appeal a denied service.

Changes also include larger type fonts for enhanced readability, more easily understood descriptions of medical procedures, and more information about how to spot fraudulent billing entries.

CMS says the MSN's "new look" is a result of 18 months of research and incorporating feedback from beneficiaries and caregivers.

ILLINOIS RECEIVES \$1M FEDERAL GRANT TO ASSIST WITH HANDLING OF INSURANCE COMPLAINTS

By Associated Press AP, August 31, 2012

SPRINGFIELD, Ill. (AP) — Illinois has received a \$1 million federal grant to improve how it helps consumers who have complaints about insurance industry practices.

Illinois Department of Insurance Director Andrew Boron announced the award Thursday. The funding comes through the Affordable Care Act, the national health care law.

The insurance department plans to add tools on its website that will help Illinoisans with questions about their rights and problems with their health plans. Boron says the upgrade will give more families and businesses access to services and helpful information.

The grant will allow the state to improve its interactions with consumers whose claims have been denied by their health plans. The department already helps consumers file appeals and request external reviews when a health plan drops coverage or denies payment on a claim.

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By *FITNESS Magazine* / *Slim & Fit for Fall* – Fri, Aug 31, 2012



Laura Doss/Fitness Magazine By Hallie Levine Sklar

Ever wonder if your diet is missing something? Add our expert-approved, eat-right picks to stay lean, healthy, and strong.

The Cancer Fighter

Don't let brussels sprouts' signature scent turn you off. "The smell is a compound called allyl isothiocyanate that causes precancerous cells to self-destruct," Jonny Bowden, PhD, author of *The 150 Healthiest Foods on Earth* says. "It's entirely possible that eating them every few weeks could help greatly reduce the incidence of colon cancer."

Bonus benefits: These mini-cabbages are packed with fiber and immune-boosting vitamins C and A.

The "Skinny" Steak

Red meat has a bad rap. The thing is, it really is good for you. Ideally, go for a cut that is both lean and grass-fed. A recent report from the Union of Concerned Scientists shows that meat from grass-fed cows usually has more conjugated linoleic acid (which has been shown in animal studies to combat cancer) and heart-healthy omega-3 fatty acids than the grain-fed variety. Plus, meat from grass-fed cows is lower in total fat and calories. As long as your serving is a lean cut, such as tenderloin, feel free to make this smart choice two or three times a week, says Bowden.

Bonus benefits: Beef is a great source of protein, iron (a mineral that one in five women are deficient in), and heart-healthy B vitamins.

The "It" Spice

Curry may very well be the spice of life: Curcumin, the antioxidant that gives the condiment its color, has been shown to halt tumor growth and destroy cancer cells in lab tests. "Our research revealed that this ingredient may help prevent a variety of diseases, including multiple myeloma, lymphoma, and breast, ovarian, and pancreatic cancers," says Bharat Aggarwal, PhD, a professor of cancer medicine at the University of Texas M.D. Anderson Cancer Center. At this point, it's still unclear exactly how much curry you should eat to help avoid disease, Aggarwal says. Experts simply recommend using the spice liberally to reap the rewards. For recipes, check out the book *5 Spices, 50 Dishes*, by Ruta Kahate.

Bonus benefits: The antioxidants found in curry may also help break up plaques in the brain that cause Alzheimer's disease, say UCLA scientists.

The Next Nut

Pistachios are the new health nut. Why is that? New research from the University of Toronto shows that they may reduce the risk of diabetes by decreasing the effect of carbs on blood sugar levels. "Pistachios are high in protein, fiber, and healthy monounsaturated fat," explains study author Cyril Kendall, PhD, "all of which

contribute to the slowing of carbohydrate absorption in the body."

Bonus benefits: Other recent research has shown that eating two to three ounces of pistachios a day can help significantly raise your level of good cholesterol (HDL). Pistachios are full of vitamin B6 and copper, too, which help increase energy.

The Java Junkie's Dream

Rejoice! Your morning cup of joe is healthy. Experts on an American Society for Nutrition panel recently concluded that drinking three to five eight-ounce cups a day lowers your risk of Type 2 diabetes, Parkinson's disease, Alzheimer's, and colon and liver cancers. "Among other things, the antioxidants in coffee protect your cells and DNA from damage," Bowden says. "Coffee seems to increase antioxidants in the blood, too."

Bonus benefits: Women who drink at least six cups a day are less likely to develop high blood pressure, revealed a 2005 study by Harvard scientists.

The Heart-Smart Whole Grain

One of the easiest ways to significantly lower your cholesterol is to eat whole-grain oatmeal daily, reports a British review of 10 studies. The fiber in oatmeal forms a gel that slows down your body's absorption of cholesterol.

Bonus benefits: "People who eat oatmeal for breakfast tend to stay full all morning and consume less at lunch, due in part to the protein and fiber," says Dave Grotto, RD, a nutritionist in Chicago and a spokesperson for the American Dietetic Association.

The Fit Fish

"Shrimp is about 90 calories per three-ounce serving, it has virtually no fat, and it's packed with protein, making it the ultimate diet food," says Ellie Krieger, RD, host of the Food Network's *Healthy Appetite with Ellie Krieger*. It may even help prevent heart disease, thanks to astaxanthin, the antioxidant that gives the shellfish its red tint. "People shy away from shrimp because it's high in cholesterol, but cholesterol in food is much less likely to raise your blood cholesterol than, say, trans fat," says Kathy McManus, RD, a FITNESS advisory board member and director of the department of nutrition at Brigham and Women's Hospital in Boston. Moreover, eating about a cup of shrimp daily can raise your good cholesterol level, found a Rockefeller University study.

Bonus benefits: Shrimp is also rich in cancer-fighting selenium and bone-building vitamin D.

The Sweet Surprise

Enjoying a small amount of flavonoid-filled dark chocolate may prevent clogged arteries and reduce your risk of developing heart disease. Also, eating up to 3.6 ounces daily can be as effective as beta-blockers and ACE inhibitors at lowering blood pressure, notes a recent Archives of Internal Medicine study.

Bonus benefits: Studies have shown that eating chocolate releases serotonin, the feel-better brain chemical.

The Red Wonder

Take two tart cherries and call me in the morning. While your doc may not say that yet, she might soon: A new animal study from University of Michigan shows that consuming a powdered version of tart cherries can lower cholesterol and blood sugar levels, as well as decrease the body's ability to store fat in the liver. It's not yet known if cherry-rich diets will have a similar effect on people, but University of Michigan researchers are hopeful.

Bonus benefits: People who exercised and drank two 12-ounce glasses of tart cherry juice daily for eight days reported less muscle pain than those who sipped a placebo, finds a 2006 study.

The Trendy Tomato

Red tomatoes are full of lycopene, a substance that helps lower your risk of cancer, heart disease, and macular degeneration. But orange tomatoes offer two and a half times more. Apparently, they contain a form that the body can more easily absorb.

Bonus benefits: One cup of orange tomatoes provides 338 percent of the RDA for vitamin A.

STUDY FINDS HIGHER COSTS IN HEALTHCARE DON'T ALWAYS MEAN BETTER CARE

Expensive Health Care Isn't Always Best Report Identifies High-Quality Primary Care Groups With Low Costs

By Salynn Boyles WebMD Health News, Reviewed by Louise Chang, MD



Aug. 31, 2012 -- When it comes to health care, higher costs don't always mean better care. That's according to a report published this week by *Consumer Reports*.

Independent investigators compared quality and cost for 18 primary care groups in the Minneapolis-St. Paul area. They found that one of the groups with the lowest costs rated highest for quality of care.

The analysis shows that the old saying "You get what you pay for" doesn't always apply to health care, says John Santa, MD, who directs the Consumer Reports Health Ratings Center.

"There were high-quality groups with lower costs and lower-quality groups with high costs," Santa says.

Health Care Quality Not Determined by Cost

The analysis by the nonprofit HMO HealthPartners' network looked at quality of care and patient satisfaction. It also looked at the affordability of medical tests and drugs, and the cost of care for short-term and long-term illnesses.

The percentage of patients reaching blood pressure, cholesterol, and diabetes goals were among the 88 measures of quality of care.

Among the key factors involved in delivering quality care at a reasonable cost:

- Taking a team approach to health care delivery that includes nurses, nurse practitioners, and physician's assistants instead of relying primarily on the doctor
- Keeping up with the emerging science and having the ability to quickly adopt new research and guidelines
- Keeping the focus on the patient

Small Minnesota Group Delivers

The report ranked the doctor-owned practice Northwest Family Physicians highest in quality of care and value of the 18 groups in the analysis.

Northwest administrator Mark Pottinger says the group set a goal of becoming a nationally recognized leader in delivering high-quality health care at a reasonable cost.

Pottinger says this was done by adopting the strategies outlined by Santa, including following a team approach to health care delivery. He says this gives patients greater access to health care providers, even though they may see their primary care doctor less often.

The group also has a team in place to review the latest research and relay the information to health providers in all three of its locations. There are also financial incentives for meeting goals that includes all employees instead of just doctors.

Santa points out that the U.S. health care system outspends the rest of the world, but has worse outcomes than many other industrialized nations.

He says the overuse of expensive medical tests and invasive treatments is a big part of the problem.

Medicare Part D Premiums Holding Steady

By PAULA SPAN September 5, 2012.

A morsel of good news about Medicare drug coverage for the coming year: Selecting a Part D plan might drive you crazy, as Jane Gross, the founding New Old Age blogger, wrote earlier this summer, but at least the average 2013 premiums will remain basically level for the fourth year in a row.

As it has since 2010, the average monthly premium is projected to hover around \$30, the federal Department of Health and Human Services has announced. Last year, the actual amount came in a few cents lower, at \$29.67. And the dread doughnut hole, which this year suspends coverage once spending hits \$2,930, will kick in a few dollars later, at \$2,970.

More important is that the discounts applied to drug costs once a beneficiary hits this coverage gap will continue to rise, courtesy of the Affordable Care Act. This year, beneficiaries in the hole received a 50 percent discount on brand-name drugs and 14 percent for generics. Next year, those discounts climb a bit, to 52.5 percent and 21 percent. By 2020, the hole is scheduled to close completely.

The number of people taking advantage of these discounts has grown, too. Through July this year, 1.41 million beneficiaries had received savings averaging \$629, compared with 1.28 million people at that point in 2011.

Unhappily, some people are likely to pay more for drugs, either because their Part D premiums rise more than this national average or because price increases for their prescriptions outpace the rising doughnut-hole discounts. That's why this constitutes merely a morsel of good news, but we'll take it.

The annual enrollment period begins Oct. 15.

AT END OF LIFE, MEDICARE BENEFICIARIES SPEND THOUSANDS OUT-OF-POCKET

Posted by Sarah Kliff on September 10, 2012

Medicare is among the fastest growing line items in the federal budget. Even with over \$500 billion going toward the program annually, it still does not cover all of seniors' health costs. A quarter of Medicare beneficiaries end up spending all their assets on health care in the last five years of life.

That's what Amy Kelley, a professor at Mt. Sinai School of Medicine, found in a first-ever look at the out-of-pocket costs seniors face when medical problems mount near the end of life. She used the Health and Retirement Survey, a longitudinal study that has lots of data on medical spending in old age.

The average Medicare beneficiary spent \$38,688 out-of-pocket during the last five years of life. There was, as you can see in this graph, a lot of variation:

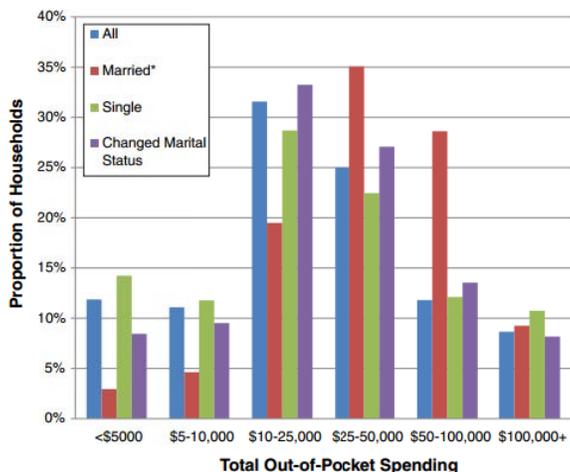
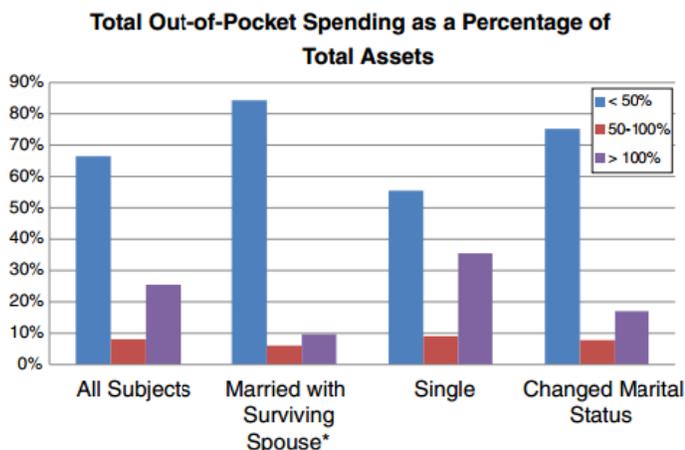


Figure 1. Distribution of out-of-pocket spending in the last 5 years of life. Legend: *Expenditures for married include expenses of both spouse and household head.

Twenty-five percent spent all remaining assets, including any housing or real estate they might own. The frequency tended to be lower among Medicare beneficiaries who were married; higher among those who were single.



Excluding housing assets, the level of seniors spending all assets rises to 43 percent. When Kelley broken down the costs by type of disease, she found that dementia patients tended to have the highest costs. That probably has to do with the fact, as she points out, that Medicare does not cover non-rehabilitative nursing home care.

There's not much in the Affordable Care Act to deal with this; the CLASS Act, meant to create a long-term care program, will not be implemented after it was found to be financially unsound.

“As more Baby Boomers retire,” Kelley writes, “A new generation of widows or widowers could face a sharply diminished financial future as they confront their recently-depleted nest egg following the illness and death of a spouse.”

REPORT: PREMIUM HIKES FOR TOP MEDICARE DRUG PLANS



The Associated Press FILE - In this Feb. 20, 2008, file photo, a shopper walks toward the pharmacy at a Little Rock, Ark., Wal-Mart store. A study says seniors in seven of the 10 most popular Medicare prescription drug plans will be hit with double-digit premium hikes next year if they don't shop for a better deal. The report by Avalere Health is a reality check against the Obama administration's upbeat pronouncements. Back in August 2012, officials had announced that the average premium for basic prescription drug coverage would stay the same in 2013, at \$30 a month. (AP Photo/Danny Johnston, File)

By Ricardo Alonso-Zaldivar, The Associated Press Sept. 25.

WASHINGTON (AP) Millions of seniors enrolled in some of the most popular Medicare prescription drug plans face double-digit premium hikes next year if they don't shop for a better deal, says a private firm that analyzes the highly competitive market.

Seven of the top 10 prescription plans are raising their premiums by 11 percent to 23 percent, according to a report this week by Avalere Health.

It's a reality check on a stream of upbeat Medicare announcements from the Obama administration, all against the backdrop of a hard-fought election. In August, officials had announced that the average premium for basic prescription drug coverage will stay the same in 2013, at \$30 a month.

The administration's number is accurate as an overall indicator for the entire market, but not very helpful to consumers individually since it doesn't reflect price swings in the real world.

"The average senior is going to benefit by carefully scrutinizing their situation, because every year the market changes," Avalere President Dan Mendelson said. Avalere crunched the numbers based on bid documents that the plans submitted to Medicare.

The report found premium increases for all top 10 prescription drug plans, known as PDPs. However, the most popular plan AARP MedicareRx Preferred is only going up 57 cents per month nationally, to \$40.42 from the current \$39.85.

President Barack Obama's health care law does not appear to be the cause of the increases. Indeed, the law is improving the prescription benefit by gradually closing a coverage gap called the "doughnut hole," which catches people with high drug costs. Instead, the price hikes appear to be driven by market dynamics, and some insurers are introducing new low-premium options to gain a competitive advantage on plans that are raising their prices.

The seven plans with double-digit premium increases were: the Humana Walmart-Preferred Rx Plan (23 percent); First Health Part D Premier (18 percent); First Health Part D Value Plus (17 percent); Cigna Medicare Rx Plan One (15 percent); Express Scripts Medicare-Value (13 percent); the HealthSpring Prescription Drug Plan (12 percent); and Humana Enhanced (11 percent).

Another two plans in the top 10 also had single-digit increases. They were the SilverScript Basic (8 percent) and WellCare Classic (3 percent).

On the plus side for consumers, a major new low-cost plan entered the market. Premiums for the AARP MedicareRx Saver Plus Plan will average \$15 a month nationally, although it won't be available everywhere. That's \$3.50 less than the current low-cost leader, the Humana Walmart plan, whose premiums are rising to \$18.50.

The new AARP plan is run by UnitedHealth Group Inc., the nation's largest health insurance company. United pays AARP for the right to use its name on a range of Medicare insurance products, a successful business strategy that has proven lucrative for both partners. When Humana and Walmart teamed up to offer their low-cost plan in 2011, United felt the competition.

"There is a real focus on the premium in this market," Mendelson said. "If a plan fields an offering with a low premium, it knows it can capture a significant number of customers."

Medicare spokesman Brian Cook did not dispute the Avalere estimates. "We continue to encourage seniors to shop around and find the plan that works best for them," he said.

Medicare's open enrollment season starts Oct. 15, and beneficiaries have a wide variety of choices of taxpayer-subsidized private prescription plans. Seniors and family members can use the online Medicare Plan Finder to input individual prescription lists and find plans in their area that cover them.

About 90 percent of Medicare's nearly 50 million beneficiaries have some form of drug coverage, with more than 17 million enrolled in private plans through the prescription drug program. Of those, 14 million are in the top 10 plans.

The Avalere numbers, released Monday, do have one silver lining for the Obama administration. When the projections are tweaked to account for seniors switching to lower-cost coverage, premiums for 2013 are likely to remain steady.

Separately, the administration recently announced that average premiums for Medicare Advantage insurance plans will barely inch up next year on average, while enrollment in the private medical plans will continue to rise. Many Medicare Advantage plans also combine prescription drug coverage in one package deal.

But the biggest premium announcement is yet to come.

Virtually all seniors pay the Part B premium for outpatient care, including those with traditional Medicare as well as those in private plans. Currently \$99.90 a month, the Part B premium is expected to rise by about \$7 for 2013, according to the government's own projections.

Trauma centers springing up as profits rise

by Phil Galewitz, Kaiser Health News

ORANGE PARK, Fla. -- When Orange Park Medical Center won preliminary state approval in November 2011 to open the first new trauma center in northeast Florida in almost 30 years, its executives said the decision would save lives.



Bob Self for USA TODAY (Trauma Center staff Aug. 28 at Shands Jacksonville Hospital.)

But that's not how its competitor 18 miles away saw the move by Orange Park Medical and its parent, HCA Holdings, the nation's largest for-profit hospital chain.

"We believe HCA is responding not to a market need, but instead is exploiting the system to increase their revenues," said Jim Burkhart, CEO of non-profit Shands Jacksonville Medical Center, which had operated the region's lone trauma center since 1983. "Adding new trauma centers will only increase costs for hospitals, taxpayers and consumers."

Such disputes are becoming more common as hospitals across the country add trauma centers at a record pace, spurred in part by the lure of greater profits. More than 200 trauma centers have opened since 2009 in more than 20 states, and another 75 hospitals are seeking approvals, according to data collected by Kaiser Health News from state health agencies.

States with the greatest number of new centers include Texas, Alabama, Arizona and California. The growth reverses more than a decade of closures in the 1990s and early 2000s.

Leading the trend is Nashville-based HCA, according to state data. Since 2009, it has added or is planning to add about 20 trauma centers, including almost a dozen in Texas and Florida, as part of an expansion of its emergency room business. Another for-profit hospital chain, Community Health Systems, added seven trauma centers in the past three years.

Some non-profits, including Kaiser Permanente and Dignity Health, a large Catholic health system, have also competed with hospitals in Sacramento, Solano, Ventura and San Luis Obispo counties in California to offer trauma services.

How many is enough?

Trauma injuries, usually from car accidents, gun-and-knife violence or falls, are the leading cause of death for people under 45. Those treated at trauma centers have a 25% higher survival rate compared with those seen in hospitals without those services, according to a 2006 *New England Journal of Medicine* study.

The highest-level centers (known as level 1 and level 2) have specially trained staff and surgeons either on call or at the hospital 24 hours a day. Many also have their own operating rooms and diagnostic equipment. Lower-level trauma centers (known as level 3, 4 or 5), which account for most of the new centers, typically stabilize a patient and arrange for their transfers to a higher-level unit.

The American College of Surgeons, which verifies the quality of some trauma centers, generally recommends having one or two high-level trauma centers for every 1 million people. But that can vary based on factors such

as the distance to the next high-level trauma center, the presence of high-injury industries such as mining or logging, and local speed limits.

While experts say some parts of the country, especially rural areas, need trauma services, they caution that too many higher-level facilities in one area can result in higher costs and reduced quality.

When trauma centers operate too closely to one another, they compete for specialists and have fewer patients to recoup high fixed expenses for staffing and technology, said Ellen MacKenzie, chairwoman of health policy at Johns Hopkins Bloomberg School of Public Health, who co-authored the *New England Journal* study.

That can end up costing consumers, because hospitals bill insurers to cover their expenses, and insurers pass those on in the form of higher premiums, deductibles and co-pays.

Some trauma centers also get direct support from taxpayers. Shands Jacksonville, for instance, gets funding from the city of Jacksonville to help cover care for the uninsured. Burkhart indicated it may seek more if competition from Orange Park Medical Center increases their trauma center's losses, which were \$2.7 million in 2010.

The concentration of too many centers in one area can also undermine quality. Studies show that trauma centers and surgeons who treat a large number of seriously injured patients have better outcomes.

"The more patients trauma surgeons take care of, the better they do in terms of treatment," MacKenzie said.

"But with too many trauma centers, you dilute that effect."

Boosting profits

Hospitals once regarded the centers as guaranteed money losers because of the high cost of delivering round-the-clock specialty care and the large number of uninsured patients.

But that view is changing, especially in suburban communities where patients are more likely to be car crash victims who have health or auto insurance to pay for their care.

"Trauma centers make money," said Mike Williams, president of the consulting firm Abaris Group in Martinez, Calif. "If a hospital is not making money on trauma, then it's not structured the right way."

Hospitals can get higher reimbursements for trauma services because, typically, few facilities offer them, and patients can't shop for where to go in an emergency, Williams said. "Trauma centers can basically charge whatever they want," he said.

The hospitals that typically lose money on trauma are those based in inner cities that treat mostly uninsured victims of gun or knife violence, Williams said.

But even those benefit from the "halo effect" of the trauma designation, which helps drive patient demand as consumers perceive the facility provides better care overall, said Casey Nolan, a managing director of Navigant Consulting in Washington.

Fee factor

Another factor that has made the service more lucrative is a "trauma activation fee," which the hospital charges any time ambulance crews bring in patients believed to have traumatic injuries. The fee is on top of other doctor and hospital charges. Hospitals say the fee, which has become more common since 2006, helps cover their higher overhead.

While most hospitals charge these fees, HCA's are significantly higher than others in Florida, where the company has 38 hospitals, according to data the hospitals filed with the Florida Agency for Health Care Administration. For example, Lawnwood Regional Medical Center in Fort Pierce typically charges a fee of \$29,000, and Orange Park, \$20,000, compared with \$7,000 at Shands Jacksonville.

"HCA does not do anything that does not improve their bottom line," said Sheryl Skolnick, an analyst with CRT Capital Group in Stamford, Conn.

HCA would not make any of its executives available to discuss its trauma center strategy. In a statement, Orange Park Medical Center spokesman David Goldberg said its new center would help save lives by boosting the percentage of trauma patients treated in state-designated centers. He noted the latest data from 2009 show that about 40% of trauma patients in Florida are treated in designated trauma centers, compared with the national average of 65%.

State health officials have contended that northeast Florida needs two trauma centers because of its large population.

Public funding has also helped spur trauma-center growth. In Texas, dozens of hospitals added trauma units after the state in 2004 began using a surcharge on traffic fines to help hospitals with their uncompensated trauma costs, said Denise Rose, a lobbyist with the Texas Hospital Association. More than half of the approximately 500 hospitals in Texas now have a trauma center, she said. Most of the 30 added since 2009 are lower-level centers.

In contrast, Florida certifies only the highest two levels of trauma centers, so only about 13% of hospitals have one, even with the recent growth. That's led to conflicts between hospitals competing for the same type of patients.

Shands Jacksonville and three other non-profit Tampa Bay-area hospitals with trauma centers — Tampa General, Bayfront Medical Center in St. Petersburg and St. Joseph's Hospital in Tampa — sued the state to challenge HCA's move to open trauma centers at hospitals in Orange Park, Bradenton and Hudson. They contend the state used outdated methods to assess the need for new centers.

The new centers opened last year after getting preliminary approval. The case is now being considered by a state appellate court after an administrative law judge ruled in favor of the non-profits.

Tampa General, which lost nearly \$16 million in 2010 on its trauma unit, expects that loss to grow because the new centers would siphon off paying patients from the suburbs. In addition, the number of trauma patients is declining as a result of improvements in car safety standards and bike helmets, among other factors.

"At a time when we are trying to figure out how to make health care in our community more cost-effective, we are just duplicating the costs of infrastructure," said Deana Nelson, chief operating officer at Tampa General.

Preventing falls in seniors is possible: study



Seniors relax by the sea in Andernos, Southwestern France, June 23, 2010.

Credit: Reuters/Regis Duvignau

By FrederikJoelving

NEW YORK | Wed Sep 12, 2012 2:42pm EDT

(Reuters Health) - A fresh look at earlier studies shows there are several steps seniors can take to prevent falls - a major health concern for the world's aging population.

"The strongest evidence is for exercise that contains multiple components such as strength and balance training, whether carried out in groups or prescribed for people in their homes," Lesley Gillespie and Clare Robertson, who worked on the new research review, told Reuters Health by email.

"These programs appear to reduce the number of falls experienced by about on average 30 percent and the number of people falling by about 20 percent," they said.

About a third of Americans over 65 fall each year, resulting in nearly 20,000 deaths and more than two million emergency room visits, according to the U.S. Centers for Disease Control and Prevention.

With the right interventions, those numbers could be much lower, suggest the new findings, published Wednesday in The Cochrane Library.

Gillespie and Robertson, both at the University of Otago in Dunedin, New Zealand, and colleagues looked at 159 studies with more than 79,000 seniors who had been randomly assigned to a fall prevention program, a program not designed to decrease falls, or no intervention at all.

While some studies have suggested vitamin D supplements might help stave off falls by boosting muscle strength, the researchers found that wasn't the case, based on 16 studies with more than 29,000 participants.

Some interventions to treat vision problems, such as adjusting to new glasses, also increased the risk of falls.

Studies with thousands of participants showed exercise, including Tai Chi, effectively cut the risk of falling. So did home safety assessment and modification, especially when carried out by an occupational therapist.

A \$28 BILLION PROBLEM

According to data released earlier this year by the CDC, nearly 38,000 Americans 65 and older are treated in ERs each year after tripping on a rug or a carpet. More than a third of the falls happen in the bathroom.

Ways to make your home safer include removing things like papers and books from the floor and stairs, getting rid of small rugs or taping them to the floor, improving lighting around the house, having grab bars in the bathroom and using non-slip mats in the bathtub, the agency says.

Gillespie and colleagues also found a trial including 93 participants that showed taking seniors off psychiatric medications lowered the rate of falls by two-thirds.

Another trial showed cataract surgery in women prevented falls, as did getting a pacemaker for people with a heart problem called carotid sinus hypersensitivity.

"If someone is worried about falling they should talk to their family physician or any health professional they are attending as there may be a specific cause or causes that can be addressed," the researchers added in their email.

The CDC estimates that the medical costs of falls exceed \$28 billion a year. A recent study from Florida suggests a workshop-based community fall prevention program can be implemented for an average of \$325 per completer over the first year and \$176 the following year.

Although curbing falls might go a long way toward preventing broken bones, which can take a large toll on elderly people's health, the researchers say the exact effect on fractures is unclear.

"Our results were not particularly informative regarding fracture prevention as not all studies included this outcome," the note.

10 bad luck cars



By Daniel Bukszpan | CNBC –



The Insurance Institute for Highway Safety offers consumers valuable data about current automobiles. By compiling and analyzing claims information, the data helps drivers choose the safest vehicle available when considering what car to purchase.

The most recent issue of the IIHS Status Report, published Sept. 20, contains a table of personal injury protection (PIP) claims for cars manufactured between 2009 and 2011. It also ranks the 10 most dangerous cars on the road by that metric.

The data shows that smaller cars were involved in accidents with the most frequency. This is partially a matter of physics, since a small car is more likely than a large car to sustain damage in the event of a collision. But according to Matt Moore, vice president of the Highway Loss Data Institute, a driver's income, location, and rate of use can also come into play.

“Smaller vehicles are more likely to be in urban areas, and smaller vehicles are likely to be driven more frequently because they're owned by a single person in a given household,” he said in an interview. “Large cars tend to be owned by drivers who have two or three cars garaged, or more cars than people per household.”

Since a small car is more likely to be driven by a person who is the sole owner, it tends to get driven every day, he said. This increases its odds of being involved in an accident, where a car that's driven only once a week is exposed to less risk.

Read ahead to see the 10 unluckiest cars in the U.S., according to the IIHS Status Report. All vehicles are 2009-2011 models, and all claim frequencies cited are per 1,000 insured vehicle years.



10. [Chevrolet Aveo wagon](#)

Claim frequency: 22.3

The Chevrolet Aveo wagon is an inexpensive mini station wagon with a high fuel economy. Those attributes make it attractive to the driver who relies on one car all week.

“If two vehicles are involved in a crash, the smaller vehicle generally fares worse with regard to passenger protection,” Karl Brauer, CEO and editor in chief of the automotive review aggregator Total Car Score, said in an e-mail.



9. [Nissan Sentra](#)

Claim frequency: 23

Like the Aveo, the Nissan Sentra is also a small car. According to Brauer, when manufacturers crash-test small cars like the Sentra, they normally test them in collisions with other small cars. This means that crash tests may not be the most reliable indicator of a vehicle’s susceptibility to personal injury crashes.

“When a vehicle is crash-tested, it hits either a stationary barrier or another vehicle of roughly the same size and weight,” he said. “This means crash test ratings do not take into account what happens when two vehicles of different sizes collide.”



8. [Dodge Avenger](#)

Claim frequency: 23.7

The Dodge Avenger is a midsize vehicle. Since it is larger than a small car, does this mean it’s also involved in fewer personal injury accidents? Not necessarily, as its high claim frequency implies.

According to Dodge, the [2011 Avenger](#) features a 283 horsepower V6 engine, the most powerful in its class. This may make the urge to put the pedal to the metal difficult to resist.

“In addition to small vehicles, the list of high injury-claim frequencies also includes models known for their powerful engines,” the IIHS Status Report said. “As with the high collision losses for these vehicles, these high injury frequencies are likely a result of the way they are driven.”



6. (tie) [Hyundai Accent](#)

Claim frequency: 24.6

The Hyundai Accent is a subcompact that debuted in 1995. Its low price makes it an attractive option, but it received lower safety ratings from the National Highway Traffic Safety Administration.

For the [2009](#) and [2010](#) models, the Accent received a three-out-of-five side impact rating for rear-seat passenger safety. It also received an overall rating of “poor” in side-impact crashes from the IIHS.



6. (tie) [Nissan Versa](#)

Claim frequency: 24.6

The Nissan Versa is more than just a small, inexpensive car. It’s one of the smallest cars offered by its manufacturer, and it was briefly the lowest-priced car in the U.S., with a manufacturer’s suggested retail price of \$9,990 in 2008.

The Versa’s small size can make it risky in an accident. “We know that in the real world, if all else is equal, a larger, heavier vehicle does a better job protecting occupants than a smaller, lighter one,” Kim Hazelbaker, senior vice president of the Highway Loss Data Institute, said in the IIHS report. “These claim frequencies demonstrate that clearly.”



5. [Kia Rio](#)

Claim frequency: 24.9

The Rio is one of Kia’s least expensive models. According to U.S. News and World Report, it’s also one of the least expensive cars to insure. However, it ranks as the fifth most dangerous car in the IIHS Status Report. In crash tests, a driver had a greater risk of rib and pelvis fractures and/or internal organ injuries.



4. [Mitsubishi Galant](#)

Claim frequency: 25.4

The Mitsubishi Galant is a midsize car noted for its affordability. The automotive review site Edmunds.com calls it “a decent choice for a daily commuter,” and its popularity in day-to-day commuting and smaller size may put it at risk for more accidents.

“Driving a smaller car can be tricky,” Brauer said. “The nature of an accident is that you don’t have any control over what happens, or what the size of the other vehicles involved will be.”



3. [Chevrolet Aveo](#)

Claim frequency: 26

According to the IIHS, the Chevrolet Aveois involved in more accidents than the Aveo wagon, which appeared in the number 10 spot on this list. It received an IIHS rating of “acceptable” in moderate-overlap front test results and an “acceptable” rating in side-impact test results.

These are not stellar ratings, particularly when one takes into consideration that they derive from collision tests with cars of similar size or stationary objects. “As long as a small car hits another small car, or a stationary object, it’s OK,” Brauer said. “The problem is that there are still plenty of large, heavy cars out there.”



2. [Suzuki SX4](#)

Claim frequency: 26.6

The SX4 is a compact car manufactured by Suzuki. Its overall and dynamic ratings were both listed as “marginal” on the IIHS site, just one rank higher than “poor.”

Most of the vehicles with the highest frequency of personal-injury protection claims were mini-cars or small cars, the IIHS report said. Therefore, the SX4’s small size makes it a textbook example of the type of cars most frequently involved in accidents in which personal-injury protection claims are filed.



1. [Toyota Yaris](#)

Claim frequency: 28.5

The Yaris is one of the smallest cars manufactured by Toyota, and it has the highest claim frequency of any car in the IIHS report. In terms of its small size, it fits the profile of the other vehicles on this list, but at 28.5 claims filed per 1,000 insured vehicle years, it receives “about twice the average” number of PIP claims among 2009-2011 models, according to the IIHS.

The 2009-2011 Yaris models receive a score of “marginal” in their overall and dynamic ratings on the IIHS site.

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