



Welcome!

FLS Bone Health ECHO® TeleECHO Clinic

We will be recording this TeleECHO Clinic for educational and quality improvement purposes.

By participating in this clinic you are consenting to be recorded.

- If you do not wish to be recorded, please email andrea.medeiros@nof.org at least one week prior to the TeleECHO Clinic you wish to attend.
- Please type in your name, location, and email address in the chat.

Some helpful tips:

- Please mute your microphone when not speaking
- Position webcam effectively
- Communicate clearly during clinic:
 - Speak clearly
 - Use chat function

Project ECHO's goal is to protect patient privacy

To help Project ECHO accomplish that goal, please only display or say information that doesn't identify a patient or that cannot be linked to a patient.

References:

For a complete list of protected information under HIPAA, please visit www.hipaa.com

Common HIPAA Identifier Slip-Ups and Easy Ways to Protect Patient Privacy

- 1st – **Names:** Please do not refer to a patient's *first/middle/last name* or use any *initials*, etc. Instead please use the *ECHO ID*.
- 2nd – **Locations:** Please do not identify a patient's *county, city or town*. Instead please use only the patient's *state* if you must or the *ECHO ID*.
- 3rd – **Dates:** Please do not use any dates (like *birthdates*, etc.) that are linked to a patient. Instead please use only the patient's *age* (unless > 89)
- 4th – **Employment:** Please do not identify a patient's *employer*, work *location* or *occupation*. Instead please use the *ECHO ID*.
- 5th – **Other Common Identifiers:** Do not identify patient's *family* members, *friends, co-workers, numbers, e-mails*, etc.

Considerations when Developing a Fracture Program

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Bone Health TeleEcho

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Disclosures

Amgen – Speaker

Alexion - Speaker

Objectives

1. Understand the importance of developing a Fracture Program
2. Describe a Fracture Liaison Model of Care and benefits of an interdisciplinary approach to fracture care
3. Identify critical elements of program

Osteoporosis

“The Silent Disease”

Fractures in the U.S.

- Clinical Burden

- 54 million Americans have Osteoporosis or Low Bone Density
- 2 million fragility fractures occur annually
- Projected to increase by 68% by 2040
- 1:2 women & 1:3 men over 50yrs will suffer an Osteoporotic fracture

1. Clinicians Guide, National Osteoporosis Foundation, 2014

2. Lewiecki, E.M., Ortendahl, J.D., Vanderpuye-Ortle, J., Grauer, A., Arellano, J., Lemay, J., Harmon, A.L., Broder, M.S. and Singer, A. J. (2019), Healthcare Policy Changes in Osteoporosis Can Improve Outcomes and Reduce Costs in the United States. JBMR Plus. Doi: 10.1002/jbm4.10192

Economic Burden in U.S.

- Medicare Population: \$22 billion in 2008
not including indirect costs or long term care
- Projected to rise anywhere from \$57 billion to
\$ 95 billion by 2040

How are we Doing?

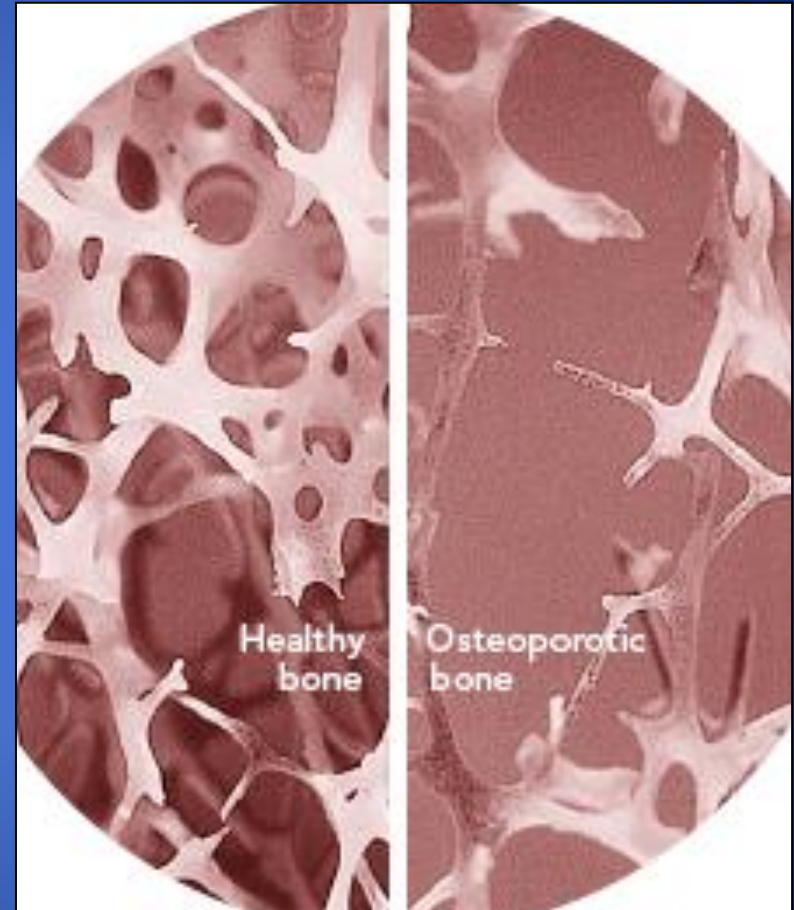
- Only 20.7% of women in the U.S. over 65 yrs are screened and treated.
- Only 23% of women who suffer an Osteoporosis related fracture have a DXA or are prescribed a bone medication in the 6 months after the fracture.

Call to Action

“Much of the burden of bone disease can potentially be avoided if at-risk individuals are identified. One of the most important flags...

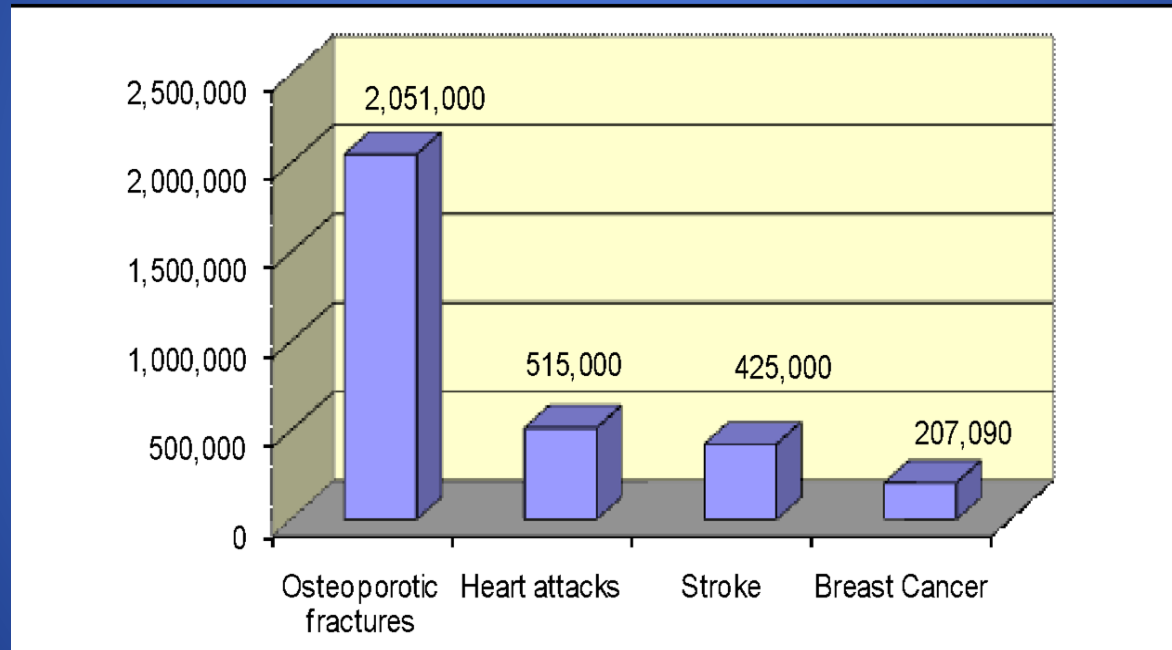
...a previous fragility fracture.”

Surgeon General's Report, 2004



Remember: If 50% have osteoporosis, 50% will fracture!

Osteoporosis Compared to Other Diseases

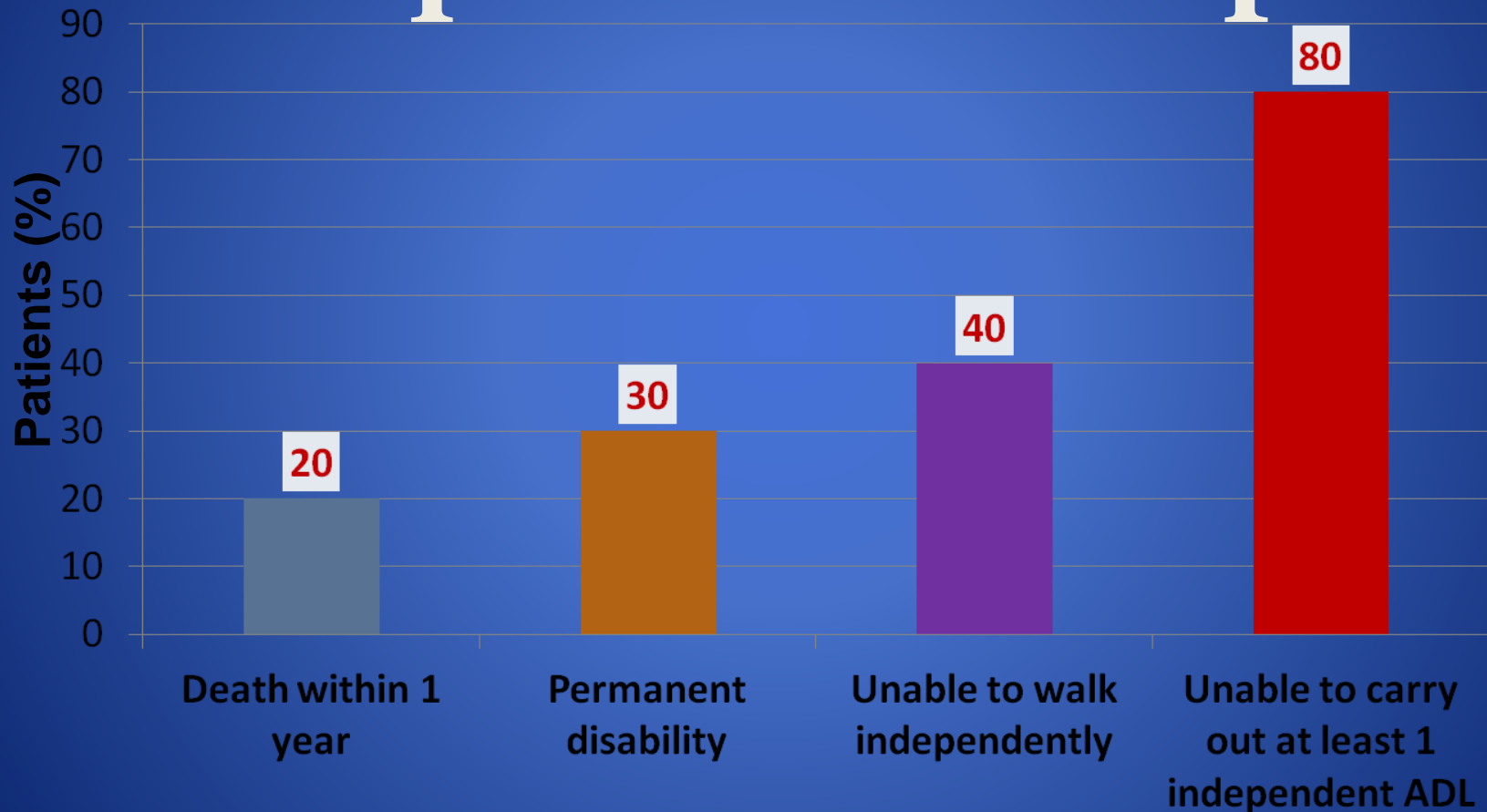


Hip Fractures

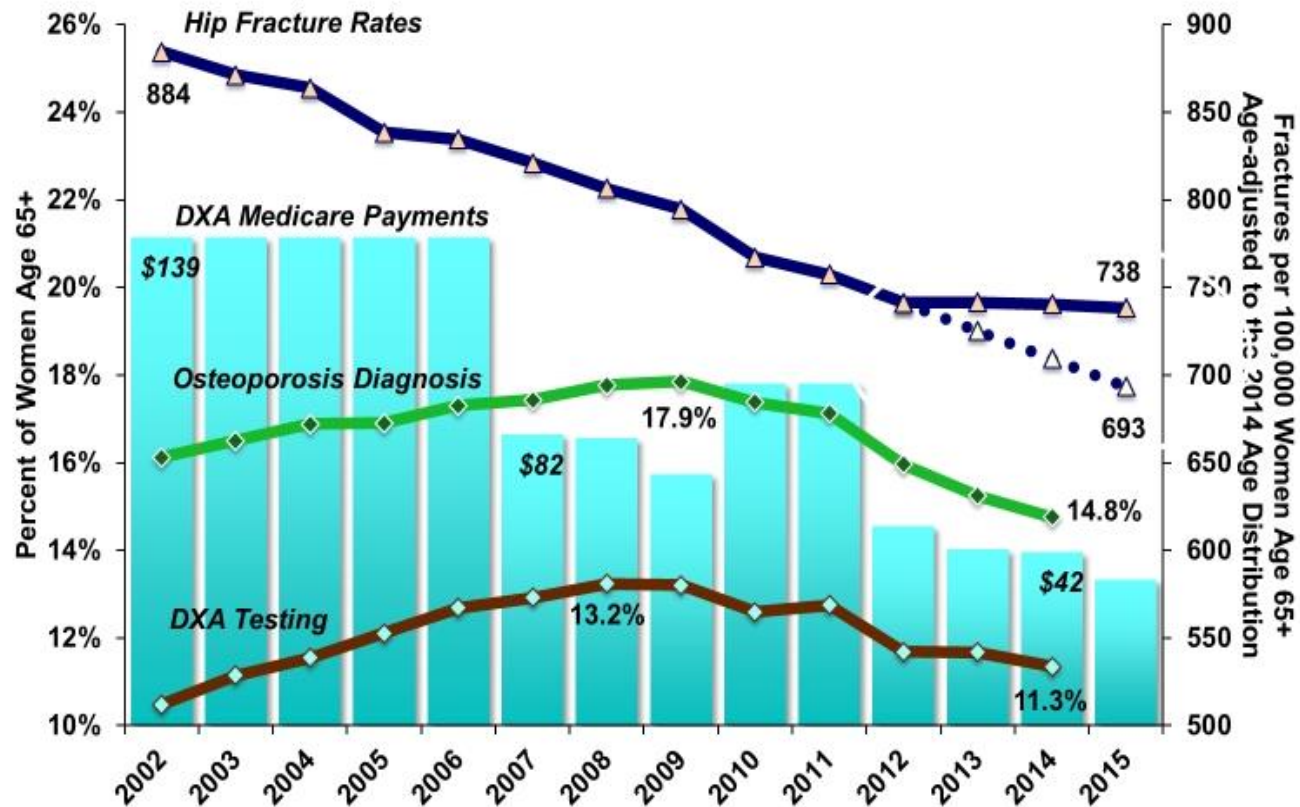
Approximately 350,000 hip fx's /yr in U.S.



Consequences of Hip Fx

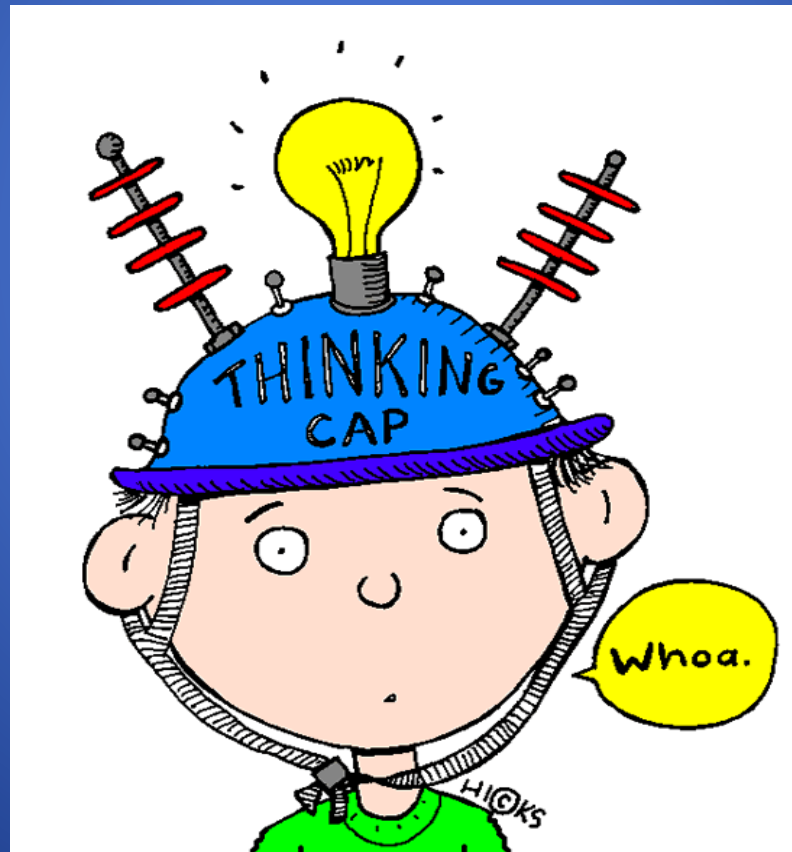


US Hip Fracture Trends 2002-2015



Lewiecki EM et al. ASBMR Oral Presentation #1077. 2016.

How do we improve?



Fragility Fracture Program

A coordinated multidisciplinary effort within a Medical system serving to identify patients who have had a fragility fracture and evaluate, educate and treat them for underlying Osteoporosis in order to prevent a secondary fracture.

Some Successful Programs

- Kaiser Permanente's "Healthy Bones Program"

- Since launch in 1998
 - 38% reduction in hip fractures
 - 2007 – prevented an estimated 970 hip fractures among their 3.2 million members

- Geisinger's Osteoporosis Program

- Increased diagnosis of Osteoporosis by 400%
- Hip fracture rates decreased by 36%
- Savings of \$7.8 million

National Fracture Programs

- “Own the Bone” – sponsored by the American Academy of Orthopaedic Surgeons
- “Capture the Fracture” – International Osteoporosis Foundation
- “Fracture Prevention Central/BoneSource” – National Osteoporosis Foundation

Fracture Liaison Service

Coordination of post fracture care through an FLS Coordinator (NP or PA)

Physician “Champion”

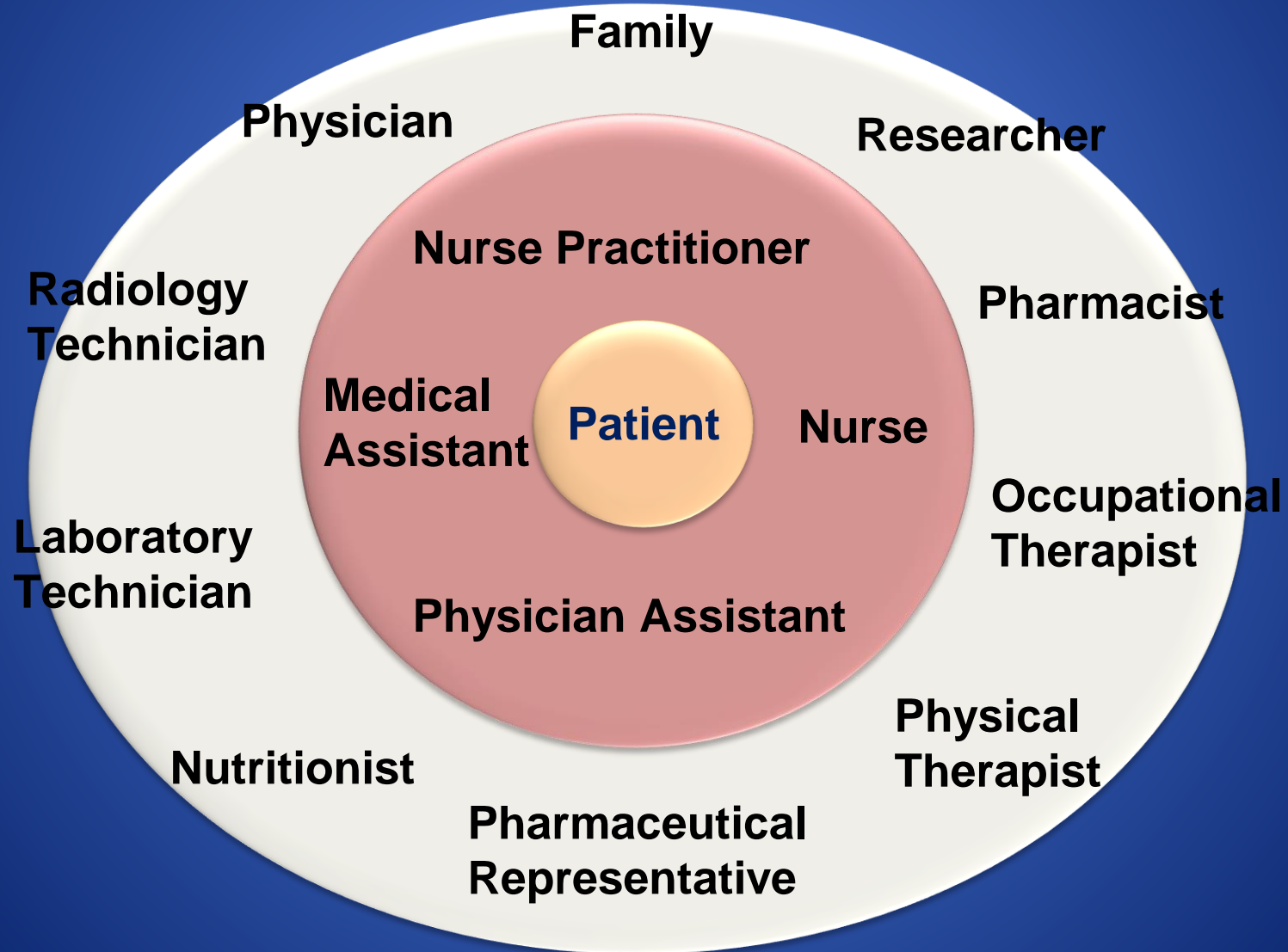
Patients are tracked via a registry

Processes and timelines are established for patient assessment and follow up

Fracture Liaison Coordinator

- Case finding
- Plan, develop, assess, initiate, and evaluate
- Clinical assessment & examination
- Diagnose, counsel, treat, prescribe
- Individualized educational plan
- Generate referrals and consultation
- Monitor follow up
- Data management quality - Registry

It Takes A Village!



Fracture Program

Inpatient

- Patient admitted through the ER
- Evaluated by Orthopedist & Medicine in needed
 - *Osteoporosis Order Set placed in EMR
- Xray's, labwork drawn – chemistry, PTH, Vit. D
- Calcium 500 mg once daily
- Vit. D 2000 iu's daily
- Patient education
 - Verbal, Written – educational handouts, video

Fracture Program

Inpatient

- **All Care Providers educate pt. regarding Osteoporosis**
- Referral to Fragility Fracture Program
- Appointment w/ FLS for initial consultation or follow up
- Pt's appointment scheduled and communicated to patient and documented on discharge paperwork
- Communication with PCP

Osteoporosis Program

Outpatient

- 6 to 12 week visit:
 - Consultation with NP to review history, meds, plan of care
 - Disease and treatment education
 - DXA – if none in past 2yrs
 - Labwork – of necessary
 - Pharmacologic Therapy recommendation
 - Ongoing follow up by Osteoporosis program and/or PCP

*Communication with PCP

Benefits of FLS

- Better care for our fracture patients
- Reduced risk of future fractures
- Decreased mortality rates
- Cost savings for our healthcare system

Available Resources

- National Osteoporosis Foundation (NOF)
- American Orthopedic Association (AOA)
 - *Own the Bone*
- International Osteoporosis Foundation
 - *Capture the Fracture*
- NOF- BoneSource <https://www.bonesource.org/>
 - *Fracture Prevention Central*



Thank You!

References

1. Clinicians Guide, National Osteoporosis Foundation, 2014
2. Lewiecki,E.M., Ortendahl,J.D., Vanderpuye-Orgle, J., Grauer,A., Arellano, J., Lemay, J., Harmon, A.L.,Broder,M.S. and Singer, A. J. (2019), Healthcare Policy Changes in Osteoporosis Can Improve Outcomes and Reduce Costs in the United States. JBMR Plus. Doi: 10.1002/jbm4.10192
3. HEDIS = Healthcare Effectiveness Data and Information Set US Department of Health and Human Services. www.innovations.ahrq.gov/content.aspx?id=2826#a2. Accessed June 4, 2014
4. Eisman JA, et al. *J Bone Miner Res*. 2012;27:2039-2046
5. Bonanni, BA., et al. The Role of the Fracture Liaison Service n Osteoporosis Care. Missouri Medicine. The Journal of the Missouri State Medical Association. 2017; 114(4):295-298