



# 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](mailto: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.

Clinic will start in less than 15 minutes

## **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](http://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.

## **NOF Staff Disclosures**

**Andrea P. Medeiros, Director, Programs, Policy & Membership:**  
Nothing to Disclose

**Ami Patel, Director, Professional Education and Medical Affairs:**  
Nothing to Disclose

## **Planning Staff Disclosures**

**Linda Bowka:** Consultant-RPJ FLS

**Clayton LaBaume, PA-C:** Consultant-RPJ FLS; Speaker's  
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**Anne Lake, DNP:** Consultant-RPJ FLS; Speaker's Bureau: Radius

**Dudley Phipps, PA-C:** Consultant & Shareholder: RPJ FLS; Speaker's  
Bureau: Amgen

# POST-FRACTURE CARE PROGRAM PITFALLS AND POSSIBILITIES

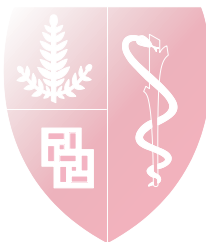
Andrea Fox, PA-C, MMS, MHA, CCD  
Stanford Health Care  
Fracture Liaison Service



# Disclosures

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**I have no actual or potential conflict of interest in relation to this program/presentation.**



# Session goals

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At the end of today's discussion, participants should be able to:

- Recognize components of a successful FLS program
- Identify common obstacles to creating a post-fracture care program
- Devise strategies to overcome barriers to program creation and continuation
- Provide examples of possibilities and areas for growth





# Pertinent Post-Fracture Care Components

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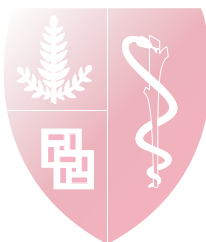
An example of what is working for us. Always a work in progress and there is no RIGHT way!



# Pertinent Post-Fracture Care Components

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- If you build it, they will come...
  - Enough patients to go around!
- Stanford's current Program
  - Academic Medical Institution
  - Desired for >8 years
  - Services Bay area
  - Run by one PA with an ortho trauma champion
  - Housed under ortho trauma
  - Began August 2019 – over 800 NPVs
    - Expanding to outlying clinics
  - Initial aim of 50+ post-fragility fracture



# The Visit

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## Evaluation consists of:

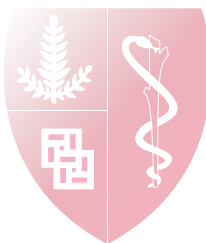
- DXA scan/imaging
- Bone health labs
- Mini-physical exam
- Full medical history
- Medication review
- Identify/rule-out and treat **SECONDARY CAUSES!!**

NPV= mins

## Treatment consists of:

- Supplements
- Exercise
- Falls prevention
- Pharmacologic agents
- Ongoing management and referrals where appropriate

RPV = 15 mins



# Stanford FLS

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Initially began with focus only on hip fractures as a quality improvement initiative.

Expanding services to other departments  
-More providers

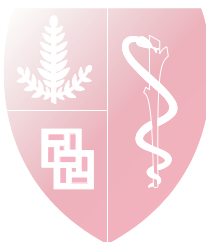


# Beginner Basics - Ground Work

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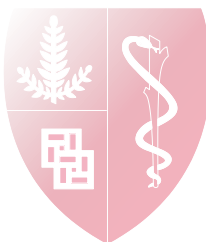
- Know your services!
  - Pharmacy staff: Specialty and in-house
- Imaging
  - Location, techs, alert mgmt. to influx of orders
- Labs – locations, hours, techs
- Physical Therapists – specializing in OP
- Clinical nutritionists
- Referring provider connections
- IT components
- Referral criteria outlined

**BE AN ENCOURAGER AND OFFER HOPE!**



# Prepare for confusion!

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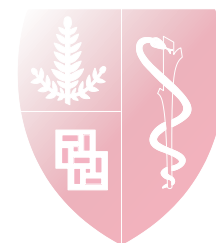


# Pitfalls – Building Provider Trust

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Post-fracture care concept new to many health systems. Questions I have heard:

- Why is it housed in ortho instead of endo?
- Who is running this and what do they know about bone health?
- Who will manage care long term?
- Why do we need this service?
- Who do I send?
- Low-hanging fruit pickers!



# Pitfalls – Building Provider Trust

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- **Takes TIME!**
  - A good provider will earn the trust of the team over time. Need a **STRONG CHAMPION**. Patience...
- **Takes Credentials:** Have a breadth of knowledge: **OWN THE SPECIALTY!**
  - NOF FLS certificate
  - CMEs
  - ISCD certification
  - Private hands-on trainings with successful programs





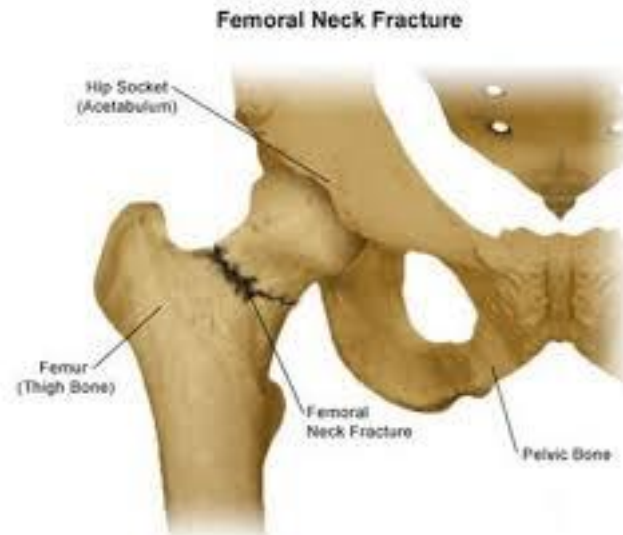
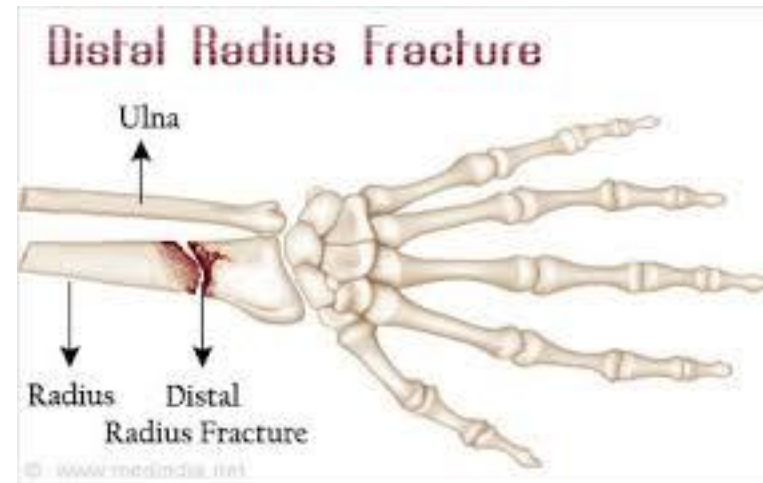
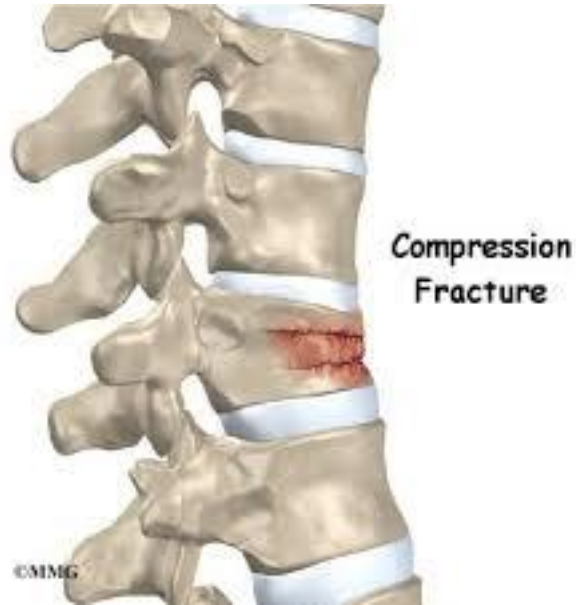
# Pitfalls – Building Provider Trust

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- **Takes Proof**
  - Run those numbers and report outcomes
  - Engage in research initiatives, QA/QI opportunities within your system – they want numbers!
  - Bring in students
    - ex. first year until COVID we went from 0% hip fxrs referred to 82% of all hip fxrs referred
    - Current study on decreased subsequent fxr rate on those pts on therapy
- **Takes relationship-building**
  - In-services, individual meetings, guest lectures, MAKE YOURSELF KNOWN! Create the protocols and find champions in each service.

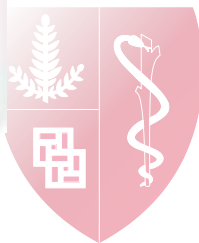


# Fragility Fractures



# Nay-sayers

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# Pitfalls: Building Patient Trust

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Why am I here?

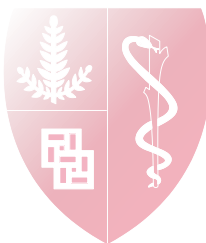
Why wasn't I referred to you after my last fracture?!

But my PCP said I only have osteopenia!

I don't believe in using medications and want to do this naturally.

But I drink milk daily!

Word of mouth



# Pitfalls: Building Patient Trust

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**“I want to make sure your current fracture heals and do all we can to make sure this never happens again!”**

- **KNOW YOUR PURPOSE!** Return them to a quality of life they think they forever lost and give them the HOPE they deserve!

Inpatient rounds are helpful if there is enough time in the day.

Confidence of referring provider!

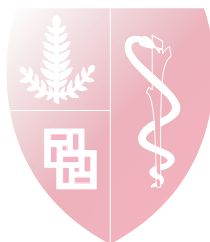


# Program Initiation Pitfalls

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- Burden as proof
  - Literature/stats
  - Assess your numbers early on
- Obtaining admin buy-in
  - Who will pay for this program?
- Where will it be housed?
  - Ortho trauma as a natural home





# Program Initiation Pitfalls

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- What is potential revenue?
  - Include ancillaries: labs, imaging, referrals to other locals, pharmaceuticals
- This is a NEW service and revenue stream that was not previously in your system.
- Who to run the service? Most often an NP/PA – training as previously mentioned.
  - Must self-advocate!
- **Billing - M24 Modifier – Outside 90 day global!!**



# Marketing Concerns



The faces of osteoporosis





# Marketing Concerns

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**And additional faces of osteoporosis...**



# Marketing Roadblocks

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- Web presence needed with provider and champion imaged
- In-patient discharge documents/video
- No more use of the “bad word” until we can change the image of that word
- Brochures for referring providers
- Often this is a back-burner program/topic – needs squeaky wheel or champion backing and **budget**.
- Paper vs. electronic: This population of patients still loves reading materials to take home



# Random Pitfalls

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- Double referrals
  - Maintaining diplomacy with other providers
- Administrative support
- Educating your peers!
- If in ortho, the team may not understand the full picture – **THIS IS MEDICINE and chronic disease management**
- Burnout without team support



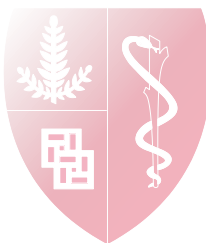


- Expansion
- Prevention
- QI/QA
- Research
- Education
- PR
- Marketing
- \$ savings
- Healing
- Changing Lives

# Possibilities - Expansion

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- Pre-op bone optimization
  - Spine, joint
- Earlier intervention with distal radius referrals
- Multiple myeloma teams
- Tumor suppression
- Breast and prostate oncology
- Female athletic triad syndrome



# Possibilities – Prevention/Research

- In academic medical centers and otherwise
  - Students needing simple projects: NP, PA, MD
- Endless areas to look into
  - Referral numbers
  - Decrease in subsequent fractures vs falls
  - Treatment types vs outcomes
- QOL studies
- Therapeutic collaborations



# Possibilities – QA/QI Projects

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ERAS teams



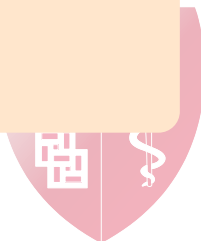
System Grant opportunities



CMS improvement awards



Protocol update integration



# Possibilities - Education

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Teaching opportunities  
for the provider

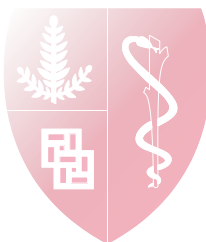
Student rotations

Patients educating one  
another

Community education  
and awareness

In-services, grand  
rounds, PCP and  
geriatric PCP education

- Ortho resident training
- All ortho
- ED
- Geriatric IM
- Neurosurgery
- PM&R

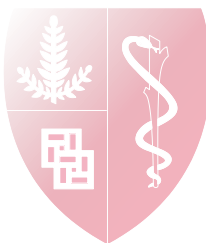




# Possibilities – PR/Marketing

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- Specialized program – unique
  - Draw for business and patients VOICE THIS!
- Advertised for continuity of care
- Expansion to outlying sites! Larger patient population
- Service Excellence awards



# Possibilities- \$

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Health care cost savings

“It is estimated that nation-wide implementation of this evidence-based program would result in a cost savings of more than \$4.3 million per 10,000 patients.” ^

^ SOLOMON, D.H. ET AL. J BONE MINER RES, 2014. 29(7): 1667-1674

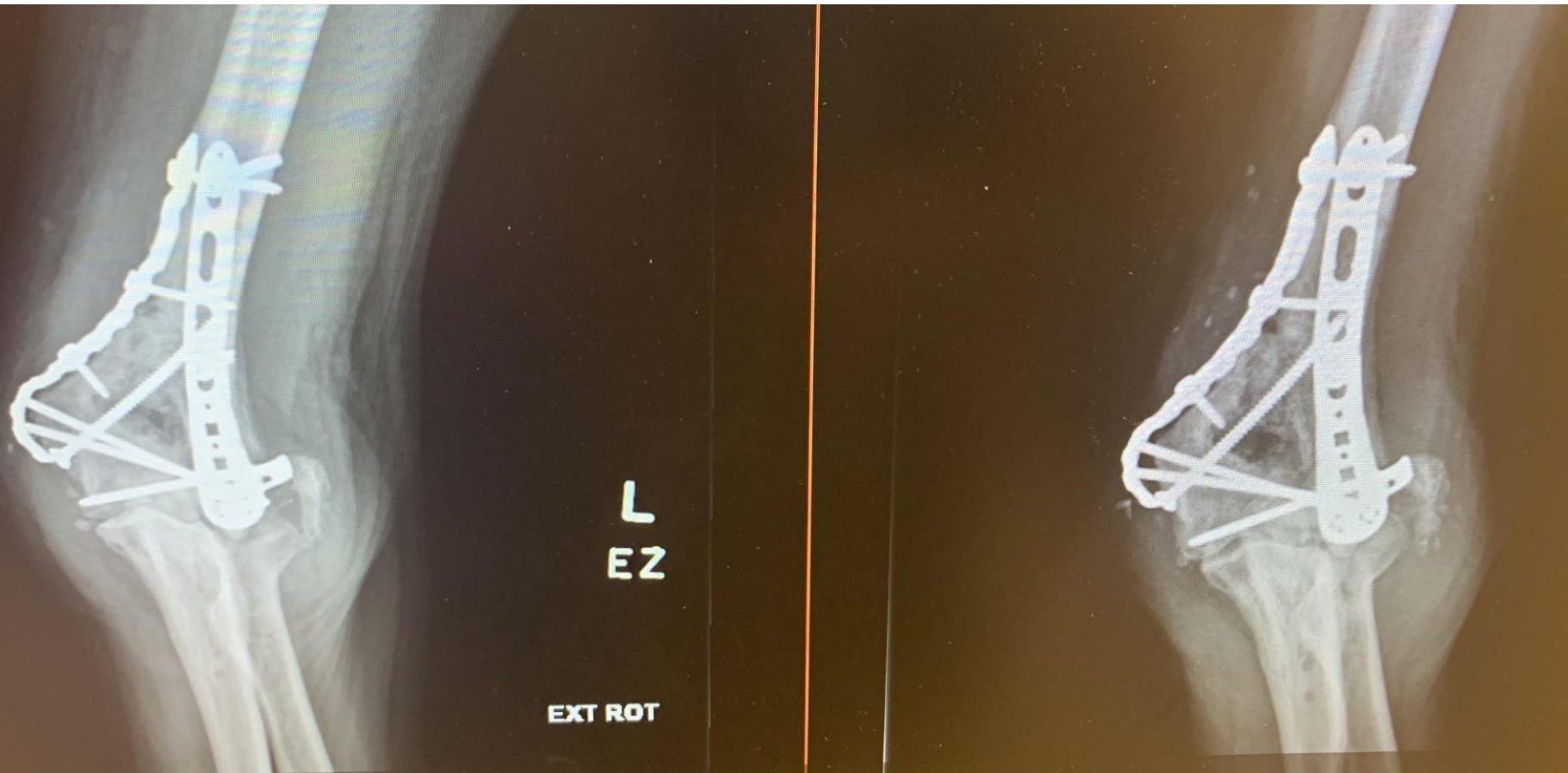


**Would like to say that we are  
bad for business!**



# Possibilities - Healing

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# Possibilities – Healing and Improving Lives!

Softer side of  
medicine:

These are such  
**GRATEFUL** patients!

**Returning mobility,  
reducing fears and  
watching them  
recover is most  
rewarding!**



# Questions?

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Thank you!

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