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Announcement

Welcome to AOA's premier issue of the Bone Health Bulletin which includes Own the Bone program updates and relevant bone health stories in the news. Thank you for your dedication and commitment to support bone health issues at your institution.

We invite you to continue your involvement with the Own the Bone Program. We look forward to providing you with this Bulletin on a quarterly basis for ongoing updates in the program.

Web Link

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News Update:

The Own the Bone Program Recognizes World Osteoporosis Day 2009

Fall 2009



Does your institution have an existing bone health program?

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Forward this Bulletin

The Own the Bone™ Program is a web-based quality improvement program which strongly encourages a multi-specialty approach to patient care after a fracture. The ultimate goal of the program is reducing the risk of future fractures and promoting bone health in patients age 50 and over.

Own the Bone was developed by the American Orthopaedic Association to address a critical issue.

- Changing physician and patient behaviors
- Encouraging coordinated care among specialties
- Reducing the risk of future fractures by treating the underlying cause

On Tuesday, October 20th the Own the Bone Program encourages you to recognize World Osteoporosis Day (WOD). World Osteoporosis Day provides an all-important focal point for informing and educating the general public and policy makers about the prevention of a disease that suffers from poor universal awareness.

World Osteoporosis Day has been created to help reduce the alarming statistics surrounding bone health, to help educate the public about osteoporosis. The Own the Bone Committee understands that more needs to be done by national governments and health insurers to promote early detection and offer reimbursement of needed therapy for those with osteoporosis. Own the Bone supports World Osteoporosis Day and urges individuals to take responsibility for their bone health and to support the work of national osteoporosis societies.

Take action today to reduce alarming statistics surrounding bone health by joining the Own the Bone Program. Own the Bone™ is a web-based quality improvement program which strongly encourages a multi-specialty approach to patient care after a fragility fracture. The ultimate goal of the program is to reduce the risk of future fractures and promote bone health in patients age 50 and over. Own the Bone was developed by the American Orthopaedic Association to address a critical issue.

Visit www.ownthebone.org/providers/about or call (847) 318-7336 to speak to an Own the Bone Representative to learn more about Own the Bone and to enroll a hospital or clinic. Make World Osteoporosis Day at your institution everyday with the Own the Bone Program.

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AOA Welcomes Community Medical Center as a Participant of Own the Bone

The American Orthopaedic Association proudly welcomes Community Medical Center in Missoula, Montana as one of the first Own the Bone Program subscribers. Linda L. Hightower, RN, ONC, is the Champion and Jeanne Elliott, MS, as the back up practitioner for the Own the Bone program at their site. AOA congratulates Community Medical Center on their decision to take a leadership role to address this critical bone health issue by becoming a participant of Own the Bone. We look forward to sharing Community Medical Center's best practices with other program subscribers.

Learn How Community Medical Center Implemented Own the Bone

For the past 10 years, Linda L. Hightower, RN, ONC from Community Medical Center has been trying to implement an osteoporosis program at their center. As a member of the National Osteoporosis Foundation (NOF) for almost 15 years, she believes this is a critical issue of how poorly our nation handles patients after a fracture. Community Medical Center has implemented a Primary Stroke Center that was designation by the Joint Commission and a premier total joint program. With these programs in place she suggested a program to help better track hip fractures and osteoporosis.

The orthopaedists' and administration at Community Medical Center saw the success of the American Heart Association's Get with the Guidelines' program and saw the potential of Own the Bone. Own the Bone has been easy to implement because we have been using Get with the Guidelines' for almost two years. Community Medical Center is anxious to get our bone health protocols in place and functioning for our patients, which should occur later this month. We have been doing some preliminary experimentation with our protocols for a few patients. We need to have the forms and everything in place before we can apply to the Joint Commission for our survey. We wanted it to be part of the 4 months data that needs to be collected before the application can be completed. We are hoping to have our certifications by spring. **Thank you Own the Bone for making the data collections and analysis process so much easier. (Linda L. Hightower, RN, ONC)**

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Q&A - Own the Bone Provides Institutions with the Bone Health Advantage

Question:

- Promoting overall treatment of bone health

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Own the Bone Sponsors



The Eli Lilly and Company Foundation is proud to support the American Orthopaedic Association's Own the Bone initiative.



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The Alliance for Better Bone Health
Sanofi Aventis and P&G Pharmaceuticals

Friend Level:

Amgen

[Special Thanks to all Sponsors](#)

The American Orthopaedic Association thanks Own the Bone sponsors for their contributions and support.

Many institutions pose the question: "What is Own the Bone and what do I get with my subscription?"

Answer:

Own the Bone is a quality improvement, multi-specialty approach to patient care after a fragility fracture. The Own the Bone Program welcomes and supports all medical specialties.

- A systems-based approach with 10 measures to prevent future fractures
- A Web-based registry that allows immediate feedback on program performance and benchmarks against other participating facilities
- Encourages cross-specialty coordinated care
- Physician education, including regional education workshops and Webinars that address quality improvement
- Best Practice Library
- Patient education materials to download and customize

Primarily built around the registry, Own the Bone is a Web-based program. However upon enrollment, institutions receive a "Getting Started" binder that provides hard copy tools that are also available on the "participant only section" of the Web site. Subscribers also receive "A Reference Guide for Osteoporosis Reimbursement Policy for Health Care Professionals." This guide will help subscribers with billing and coding issues.

Watch Own the Bone Informational Webinar

Subscribers of Own the Bone have access to the Registry where their institution can enter HIPAA compliant patient data. Take a moment to look "under the hood" of the Own the Bone Registry.

View a Demonstration of the Own the Bone Registry

View reports that the Own the Bone Registry can administer

System generated patient and physician letters: The Registry generates letters to help with follow up and communication between patients and physicians.

Note Taking Form: When a computer is not available, the clinician can use the note taking form to help ensure that the patient's information is captured for recording.

Tracking Form: This spread sheet has been designed as a template institutions can use to record patient information for follow up. Institutions can modify the form to provide the best results for their institution.

Education: The Own the Bone Registry also provides educational tools to promote bone health during the "teachable moment".

Overview of the Best Practice Library

- Easy to access Web-based library
- Access to Best Practices from other program subscribers/participants
- Network with other program subscribers/participants
- Easy to download submission form when requesting to add Best Practices

Download Best Practices Provided by Northwestern University Feinberg School of Medicine.

Billing & Coding - Documenting the Components for E/M Coding

Billing Options for Non - Physician Practitioners (NPPs)-46 slide presentation-billing options for non-physician practitioners.

Enroll in Own the Bone by completing these documents:

Download enrollment form to enroll in the program

Download the participation agreement

Visit About Own the Bone or call (847) 318-7336 to speak to an Own the Bone Representative to learn more about Own the Bone and to enroll a hospital or clinic.

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The Orthopaedic Associates of Michigan Team up with Spectrum Health

In efforts to address the alarming statistics surrounding bone health, Spectrum Health is pleased to announce that it has teamed up with Orthopaedic Associates of Michigan (OAM). Located in Grand Rapids, Michigan, Spectrum Health and OAM are taking a combined leadership approach to bone health issues. Clifford B. Jones, MD, FACS from OAM has taken the leadership role to champion Own the Bone at both Butterworth and Blodgett Hospitals.

Blodgett Hospital:

Elaine Bower, manager of Spectrum Health's Osteoporosis Center has taken the role on becoming the primary practitioner and has full access to the Own the Bone Registry (demonstration of the Registry) where she can manage patient data, run reports, generate patient and physician letters and provide educational information to patients. Nurse Practitioner, Anne McKay will provide back up support for Elaine at Blodgett Hospital.

Butterworth Hospital:

OAM's Debra Sietsema, PhD, RN will take the lead at Spectrum Health's Butterworth Hospital. Dr. Sietsema has access to the Own the Bone Registry where she can enter and manage patient data, run reports, generate patient and physician letters, and provide educational tools to patients. Anne McKay, NP will also provide backup support for Dr. Sietsema at Butterworth Hospital.

Own the Bone congratulates both Spectrum Health and the Orthopaedic Associates of Michigan (OAM) in their effort to providing a healthier bone health future.

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"Most Patients Sustaining Fragility Fractures are Unaware of Their Osteoporosis"

"Most Patients Sustaining Fragility Fractures are Unaware of Their Osteoporosis"
Sheridan K, Sugi M, Kado D, Bengs B.

Osteoporosis and Fragility Fractures:

Osteoporosis is a worldwide public health concern that has gained widespread attention. In the past decade, doctors and researchers have come to realize the extent and severity of osteoporosis and are implementing measures to improve its management. In particular, the management of fragility fractures (low-energy fractures), which are considered diagnostic of osteoporosis, has recently been targeted. In the United States alone, up to one-half of women and one-fourth of men will sustain fragility fractures in their lifetime. These patients represent a vulnerable demographic as several large epidemiological studies concur that a prior fragility fracture is the strongest predictor for future fractures. Current medical treatments are effective in preventing subsequent fragility fractures, but their use requires proper patient medical follow up and referrals. Despite the advances in the treatment of osteoporosis, we found that the majority of patients sustaining a fragility fracture remain unaware of their osteoporosis, and are often not properly referred after the index event.

Owning The Bone:

Orthopaedic surgeons are in a unique position to improve and facilitate care of fragility fractures and osteoporosis. This sentiment is reflected in the American Orthopaedic Association's "Own the Bone Initiative." The purpose of our study was to evaluate the current practice of an osteoporosis referral and follow-up among patients sustaining fragility fractures at a single large U.S. academic teaching hospital.

Patients are Unaware of Their Osteoporosis:

We conducted a retrospective chart review of patients who presented to the University of California, Los Angeles (UCLA) Medical Center between July 2007 and July 2008 with osteoporosis defining fragility fractures (proximal humerus, distal radius, vertebral compression, sacral, pubic rami, femoral neck, intertrochanteric, subtrochanteric). Follow up care several months after discharge was assessed by conducting a telephone interview using a standardized script. Patients answered a brief survey of questions regarding their understanding and awareness of osteoporosis, as well as their post fracture osteoporosis treatment.

One hundred and fifty-one patients were successfully contacted and 112 patients

enrolled. Findings reveal that, 3 months after sustaining fragility fractures, 60 percent of patients remained unaware of their diagnosis of osteoporosis. Of the patients who were aware of their osteoporosis, 13% of these patients were not receiving osteoporosis care. Combining these two groups, we found 65% percent of patients seen in an academic medical center for fragility fractures went untreated and largely unaware of their osteoporosis.³

An Opportunity to Improve Patient Care:

Our results suggest that despite a growing awareness of osteoporosis among health care professionals and the public, there is a continued discrepancy between fragility fracture occurrence and proper medical referral and treatment of osteoporosis. Several surveys show that although orthopaedic surgeons treat the majority of fragility fractures, they have been slow to develop awareness for identifying patients with osteoporosis who would benefit from intervention.

Orthopaedic communities are challenged to find more effective methods to facilitate osteoporosis awareness and proper treatment for patients with fragility fractures, particularly because these patients are among those at the highest risk for future fractures. Prior interventional studies using passive techniques (pamphlets, mail notices, etc) have placed the onus on the patient to seek out osteoporosis treatment and have met with mixed results. These patients are elderly, in pain, disabled, and often facing life changing decisions regarding their future independence and way of life after fragility fractures. It is not surprising osteoporosis follow up is not the top priority after such events.

At UCLA, the Department of Orthopaedic Surgery and the Osteoporosis Center are joining efforts to establish a more active based system for fragility fracture follow up. Health care partners are directly contacting, referring, and enrolling all patients from hospital and emergency room admission records with ICD 9 codes corresponding to fragility fractures. This not only takes the burden of follow up off of these injured patients but also frees the busy orthopaedic surgeon's clinic from consuming time and resources osteoporosis referrals may consume. Preliminary results using this approach have been encouraging.

Disclosures: This research project was funded by an unrestricted grant from the Alliance for Better Bone Health, Procter & Gamble Pharmaceuticals.

1 Kaufman JD. A survey of orthopaedic surgeons regarding attitudes and basic knowledge of osteoporosis management. Presented as a poster exhibit at the Annual Meeting of the American Academy of Orthopaedic Surgeons; 2000 Mar 15-19; Orlando, FL.

2 Pal B; Morris J; Muddu B; The management of osteoporosis-related fractures: a survey of orthopaedic surgeons' practice. Clin Exp Rheumatol, 1998;16: 61-2.

3 Sugi M; Sheridan K; Ha E, Nattiv A, Kado DM, Bengs B; Patients sustaining fragility fractures are unaware of their osteoporosis. J Bone Miner Res 2009, 24(S1): S453.

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How to contribute articles to Own the Bone and Learn More!

Are you interested in contributing a story to the Own the Bone Newsletter or would like to learn more about what the program offers? Contact us at (847) 318-7336 or email ownthebone@aoassn.org to speak to a Own the Bone representative. Visit us at www.ownthebone.org/providers/about.

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Bone Health News:

Screening, Treatment of Osteoporosis in Premenopausal Women Unclear

Columbia University researchers report in the Journal of Women's Health that more premenopausal women than previously disclosed may have idiopathic osteoporosis, and subsequently suffer one or more low-trauma fractures and/or have very low

bone density. The study involved the review of medical records for 61 premenopausal women with low BMD and/or low-trauma fracture assessed at the Columbia University referral facility in 2005, and 57 percent had a family history of osteoporosis while 43 percent had been administered bisphosphonates. Thirty-nine percent of the subjects were thought to have idiopathic osteoporosis, with no known secondary cause identifiable. "There is an important distinction between people diagnosed on the basis of low bone density and those diagnosed based upon fracture," said Adi Cohen, MD, with Columbia University College of Physicians and Surgeons. "Those who have low trauma fractures are said to have osteoporosis, but those who have only low bone density and no known secondary cause may or may not actually have compromised bone strength." Cohen reported that fractures and low bone mass are less common in premenopausal women than postmenopausal women and are typically associated with secondary causes such as estrogen deficiency, glucocorticoid exposure, or hyperparathyroidism. "Bone density measurements do not clearly predict fracture risk in young premenopausal women the same way that they do in postmenopausal women," she noted. "Data obtained from a bone density test in a younger woman are not nearly as helpful in determining the need for treatment."

From "Screening, Treatment of Osteoporosis in Premenopausal Women Unclear"
Ortho Supersite (10/12/09) Southall, Jennifer

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Medicare Financial Incentives Boost Quality and Reduce Cost Growth

The Centers for Medicare & Medicaid Services (CMS) has announced results for a pair of quality demonstration projects for physicians and one for hospitals, as well as the start of three more value-based purchasing projects. The demonstrations continue to provide strong evidence that offering financial incentives for improving or delivering high quality care boosts quality and can reduce the growth in Medicare expenditures. The CMS said that all 10 doctor groups participating in the Physician Group Practice Demonstration accomplished benchmark performance on at least 28 of the 32 measures in its third year. More than 560 of 610 participating small and solo physician practices are earning rewards for performance on 26 quality measures under the new health information technology-based Medicare Care Management Performance Demonstration, which tracks the quality of preventive care and care given to patients with chronic illnesses. Meanwhile, the Hospital Quality Incentive Demonstration exhibits continued quality improvement among participating facilities. The CMS will make \$12 million in bonus payments to 225 hospital providers as part of a continuing value-based purchasing study that has resulted in improved care across 30 standardized clinical practices. The CMS announced that 14 hospitals in total would partner with physicians in two separate gainsharing demonstrations and that approximately 200 nursing homes in three states would participate in a value-based purchasing initiative.

From "Medicare Demonstrations Show Paying for Quality Health Care Pays Off"
Centers for Medicare & Medicaid Services (08/17/09)

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More Discharged Patients Are Returning Via the ER

According to a recent study published in the New England Journal of Medicine, nearly one-fifth of Medicare beneficiaries discharged from the hospital will return within 30 days. Whether or not readmissions are planned, most of them occur through emergency departments. Experts need to pinpoint where in the hospital system to make adjustments that will lead to fewer readmissions and improve patient outcomes. Major stumbling blocks to reform efforts include the lack of a single profile for readmitted patients and models based on claims and clinical data that have not provided an accurate predictor of readmission risk. Duke University Medical Center Vice Chair for Quality Eric Peterson says improvements in communication between hospital physicians, primary care physicians and home health workers; detailed discharge instructions; and follow-up calls can reduce readmission rates. Duke University recently set up a hotline for patients, and recent evidence suggests that "a quarter of our patients (post-hospital stay) have had issues that needed addressing," notes Peterson.

From "More Discharged Patients Are Returning Via the ER"
USA Today (09/08/09) Marcus, Mary Brophy; Bello, Marisol

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Hospitals Find High-Quality Care Reduces Cost

The Pennsylvania Health Care Cost Containment Council has published hospital death rates and complication rates for more than 50 treatments and surgeries for about 20 years. The idea behind the publication of such data is to encourage hospitals to improve care and lower costs while helping patients choose hospitals with better outcomes. David Nash, dean of Thomas Jefferson University's School of Population Health in Philadelphia, says, "High-quality care costs less -- always." Experts note that high-quality treatment that eliminates preventable infections can reduce the length of hospital stays and hold down readmission rates. Some hope that comparisons of hospital outcomes will be taken up by the Obama Administration, which has earmarked \$1 billion for comparisons of medical treatments to gauge effectiveness.

From "Hospitals Find Way to Make Care Cheaper—Make It Better"
Wall Street Journal (10/06/09) P. A1; Burton, Thomas M.

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Team Inspects Seniors' Homes to Reduce Their Risk of Falls

A team of physical therapists, pharmacists, engineers, and nurses are paying visits to the homes of senior citizens in the Dallas-Fort Worth area to inspect the residences' safety. Such inspections are part of a free service to reduce seniors' risk of traumatic injury due to falls. The Centers for Disease Control and Prevention note that falls are the leading cause of accidental death in people 65 years of age and older. In addition, falls are responsible for at least 95 percent of hip fractures in that age group, and 50 percent to 66 percent of falls take place in or around the home. Mary Ann Contreras at Texas Health Harris Methodist Hospital Fort Worth says most falls can be deterred via home safety checks, exercise, and medication reviews.

From "Team Inspects Seniors' Homes to Reduce Their Risk of Falls"
Fort Worth Star-Telegram (09/21/09) Jarvis, Jan

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Fall Prevention With Supplemental and Active Forms of Vitamin D

A new study shows that taking vitamin D on a daily basis can reduce the risk of falling in older adults. The study shows that 700 to 1000IU of vitamin D2 daily can reduce the risk of falling among adults over 65 years old by as much as 19 percent. Reducing the risk of falling among seniors is important to preventing fractures and disability. The researchers in the study found that less than 700IU of vitamin D had no effect on the risk of falling, so seniors should take between 700 to 1000IU of vitamin D daily. Taking a vitamin D supplement was just as effective as taking active forms of vitamin D, which are more expensive than standard supplements and can also elevate calcium levels in the blood stream. Taking vitamin D3 can reduce the risk of falling by 26 percent. According to the study, one in three people over the age of 65 experience at least one fall per year, and previous studies have shown that vitamin D can improve strength and balance. Additionally, vitamin D deficiency in older adults has been linked to severe muscle weakness. The study suggests that individuals over 65 years old should take at least 700IU of vitamin D each day to help prevent falls. The researchers say that additional studies should focus on whether higher doses of vitamin D would be even more beneficial.

From "Fall Prevention With Supplemental and Active Forms of Vitamin D"
British Medical Journal (10/01/09) Blanchard, Kathleen

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