Own the Bone Registry Overview

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Own the Bone Symposium: Part One

Friday, May 14th, 2021

AMERICAN ORTHOPAEDIC ASSOCIATION
OWN THE BONE

Disclosures

- No financial disclosures
- Own the Bone Steering Committee member

Learning Objective

- Describe the utility of the Own the Bone online registry.

Why Own the Bone?

- Fragility Fractures = “teachable moment”
  - Individuals may be open to change
  - Want to avoid a second fracture
  - Orthopaedic surgeons have a powerful voice

How does it work?

- Own the Bone provides an out-of-the-box toolkit for hospitals and practice groups to initiate bone health management of fragility fracture patients
  - Includes a web-based registry to facilitate documentation
  - Allows physician practice groups, and health plans to compare and benchmark their work

Orthopedists Influence Patients

- Prospective RCT, N=62
- Osteoporosis assessment initiated by orthopaedic surgeon and f/u with orthopaedic osteoporosis clinic vs usual care (PCP)
- Outcome measure – patients on pharmacologic rx 6 months after fracture: Ortho 58% vs PCP 29% (p=0.04)

Miki *et al*, *J Bone Joint Surg*, 90A(11): 2346-2353, 2008.

Web-based Patient Registry

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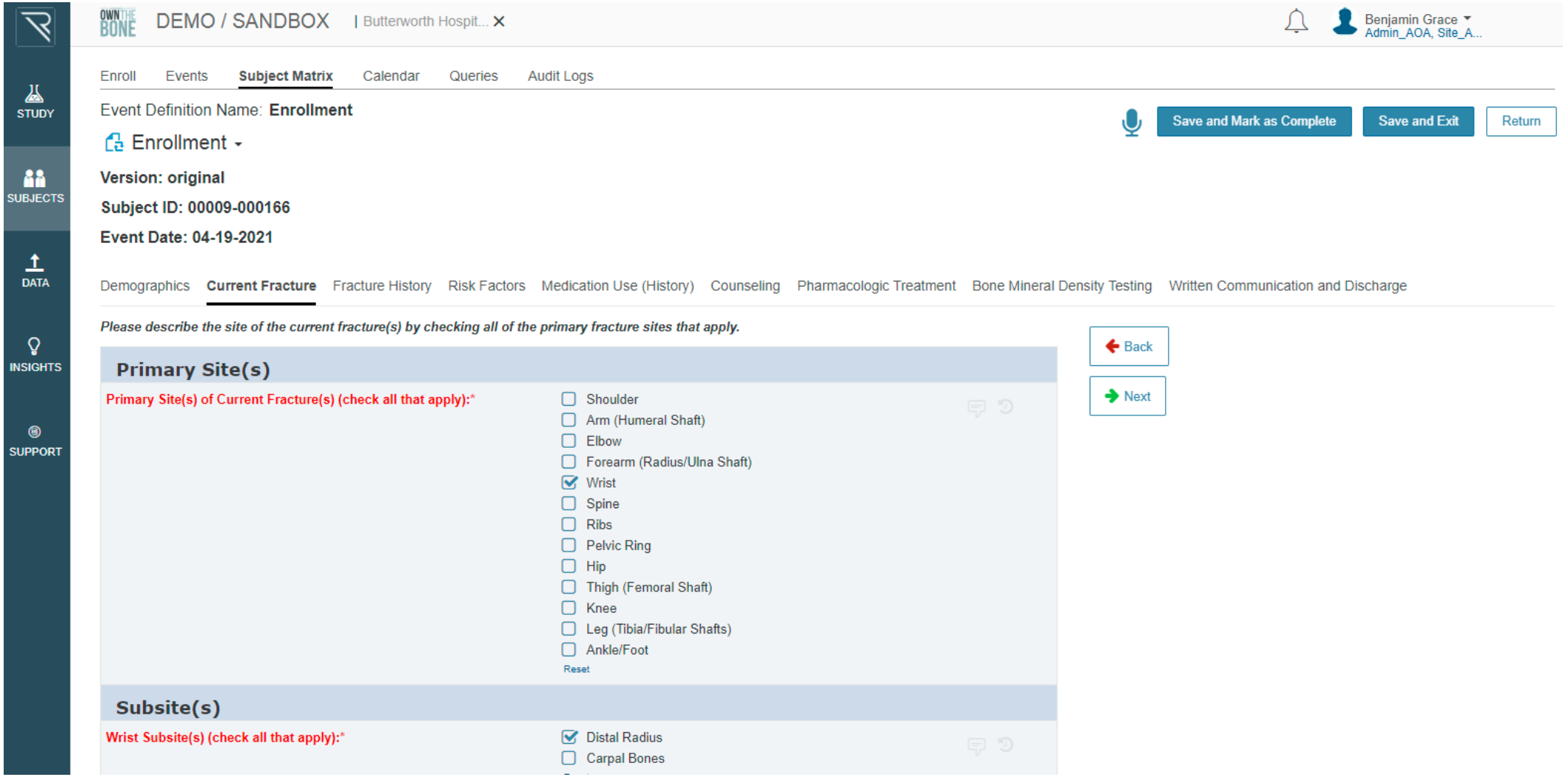
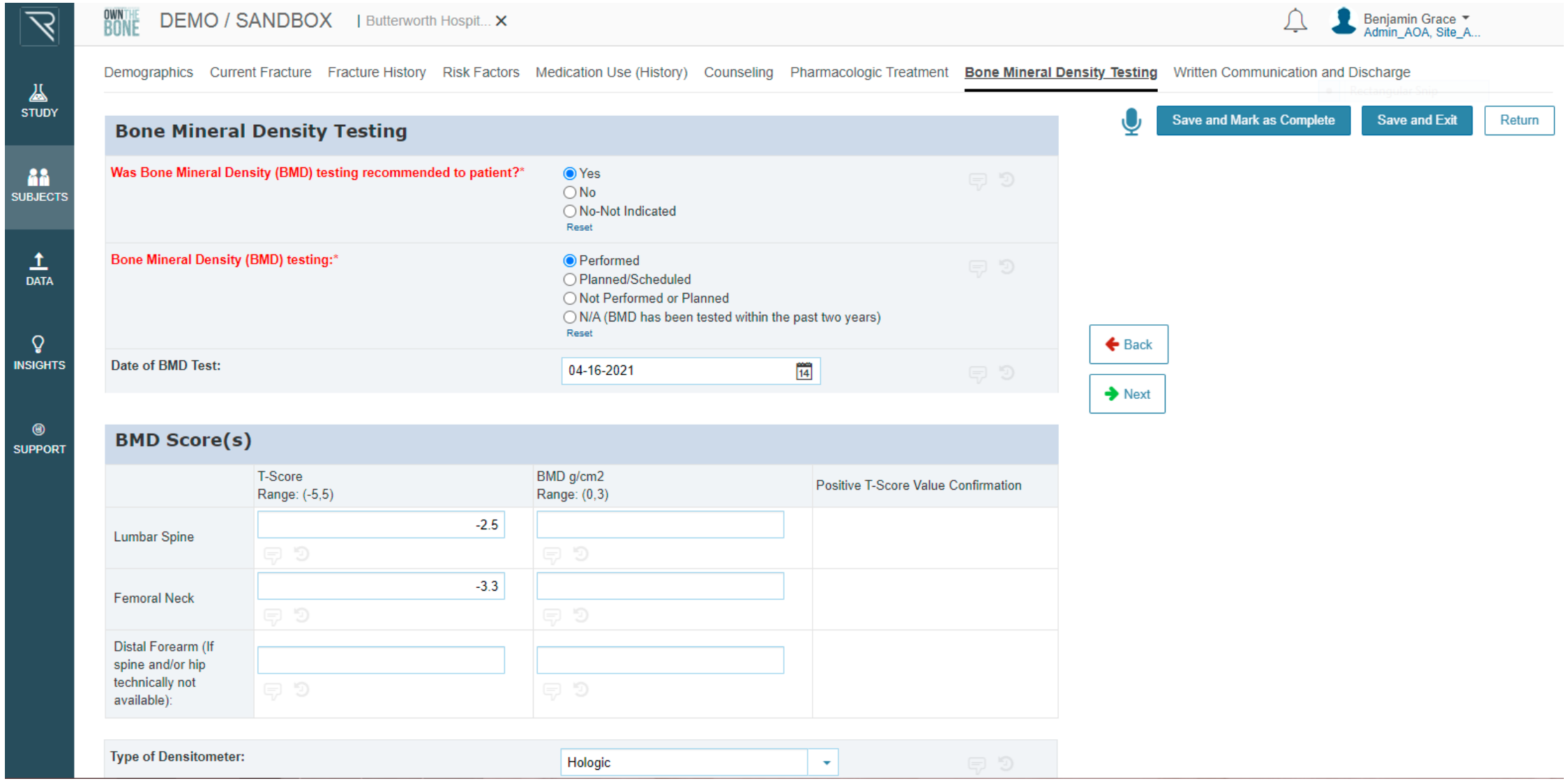
- **Relaunched on the REDCap Cloud platform in 2019**
- **Limited data set** (PHI)
- Designed to facilitate **waived or expedited IRB** process
- Simple data elements / reduced collection time
- Promotes **data gathering and recording**
- **Generates tailored patient education and physician care coordination letters**
- Provides **benchmarking reports**

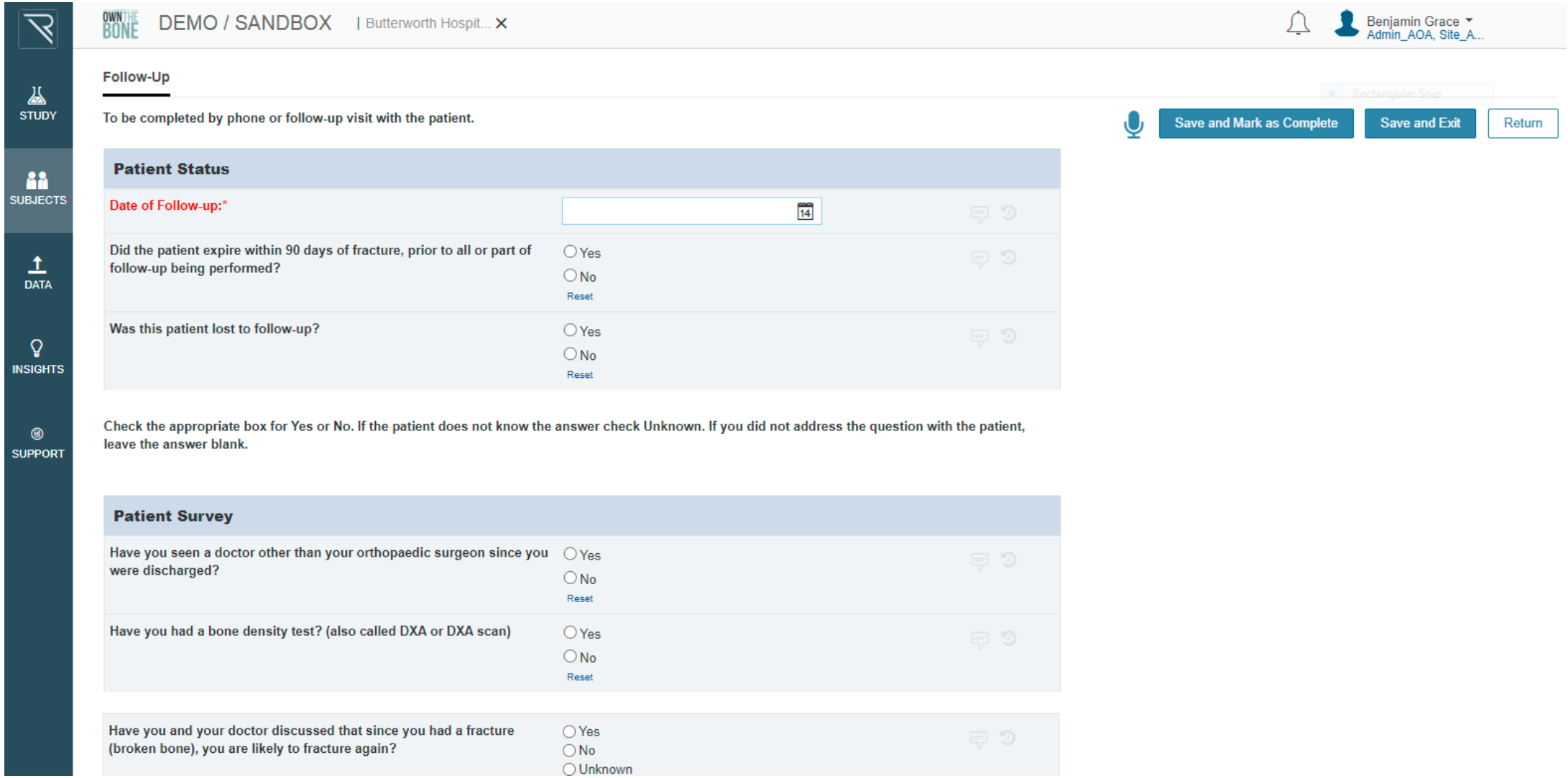
Sample View – Site of Fracture



Sample View – BMD Testing



Sample View – Follow up Form



Web-based Patient Registry

Case Report Form – Initial	Case Report Form – Follow up
Patient Age	Follow up completion date
Patient Sex	Status of bone health consultation
Female patient pre/postmenopausal status	Status of BMD testing
Patient Race/ethnicity	BMD score
Patient Height	PCP/specialist communication on increased fracture risk
Patient Weight	PCP/specialist communication on steps to reduce fracture risk
Site of current fracture	Follow up exercise
History of previous fracture after age 50	Follow up fall prevention
Lifestyle risk factors	Follow up smoking cessation
Medication risk factors	Follow up alcohol moderation
Medical diseases/disorder risk factors	Follow up calcium
Previous osteoporosis medications use	Follow up vitamin D
Counseling on calcium	Follow up pharmacotherapy for osteoporosis
Counseling on vitamin D	Medication being taken
Counseling on exercise	
Counseling on fall prevention	
Counseling on smoking cessation	
Counseling on alcohol moderation	
Counseling on pharmacotherapy	
Initiation of pharmacotherapy	
Medication initiated	
Counseling on BMD testing	
Status of BMD testing	
BMD score	
Communication with patient education letter/instructions	
Communication with PCP/specialist	

Ten Measures

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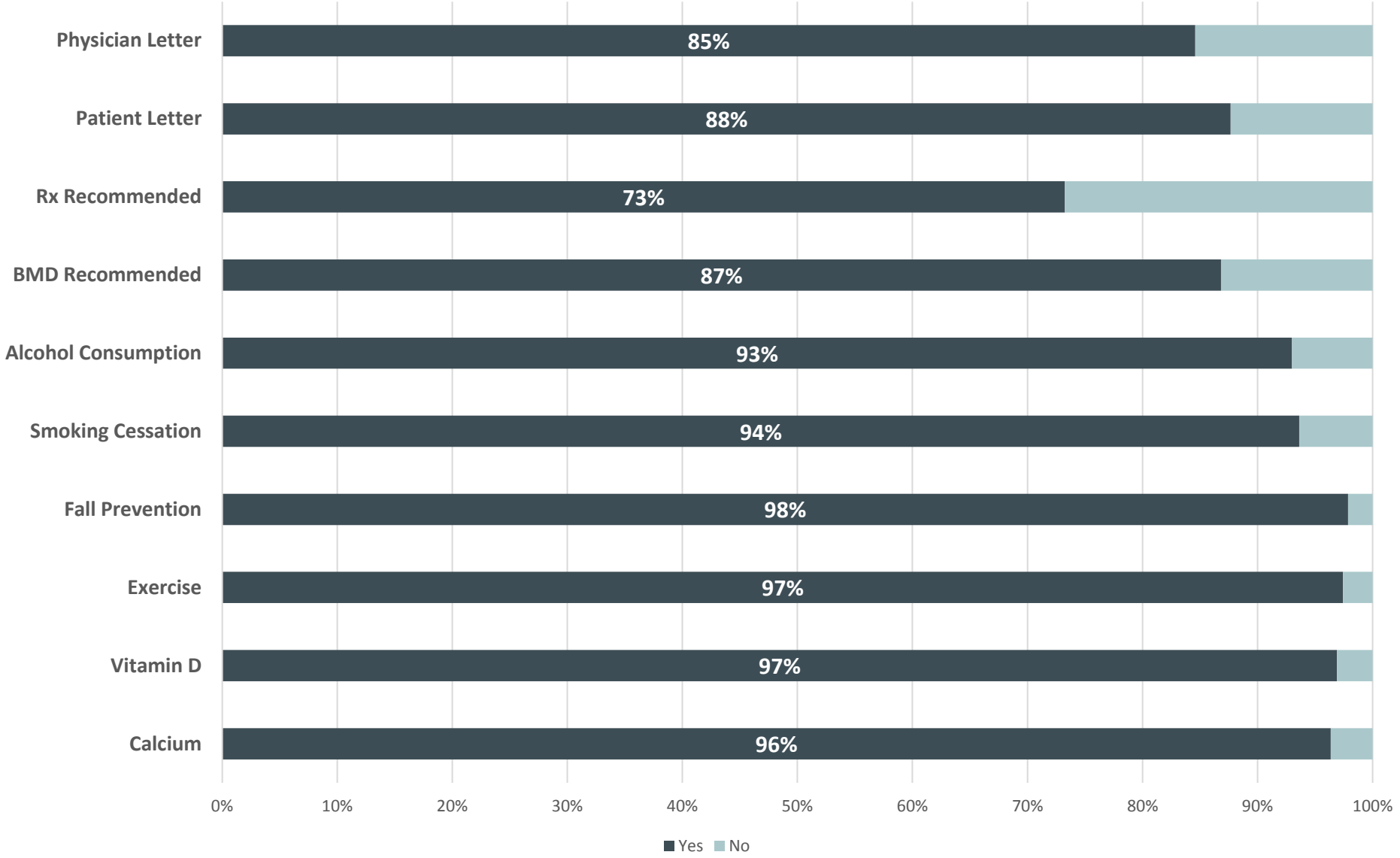
NUTRITION COUNSELING	1	Calcium supplementation
	2	Vitamin D supplementation
PHYSICAL ACTIVITY COUNSELING	3	Weight-bearing and muscle-strengthening exercise
	4	Fall Prevention education
LIFESTYLE COUNSELING	5	Smoking cessation
	6	Limiting excessive alcohol intake
PHARMACOTHERAPY	7	Pharmacotherapy
TESTING	8	Testing Bone mineral density testing: DXA (Dual Energy X-Ray Absorptiometry)
COMMUNICATION	9	Physician referral letter to report the patient's fragility fracture, risk factors, and recommendations for treatment
	10	Patient education letter to explain bone health risk factors and recommendations for treatment

Site Compliance in Aggregate



Through 1st Q 2021

QPP 24 – Communication Post-Fracture

Quality ID #24: Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture for Men and Women Aged 50 Years and Older
– National Quality Strategy Domain: Communication and Care Coordination
– Meaningful Measure Area: Transfer of Health Information and Interoperability

2021 COLLECTION TYPE:

MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Process – High Priority

DESCRIPTION:

Percentage of patients aged 50 years and older treated for a fracture with documentation of communication, between the physician treating the fracture and the physician or other clinician managing the patient's on-going care, that a fracture occurred and that the patient was or should be considered for osteoporosis treatment or testing. This measure is submitted by the physician who treats the fracture and who therefore is held accountable for the communication

QPP 418 – Post-Fracture OP Management

Quality ID #418 (NQF 0053): Osteoporosis Management in Women Who Had a Fracture
– National Quality Strategy Domain: Effective Clinical Care
– Meaningful Measure Area: Management of Chronic Conditions

2021 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process

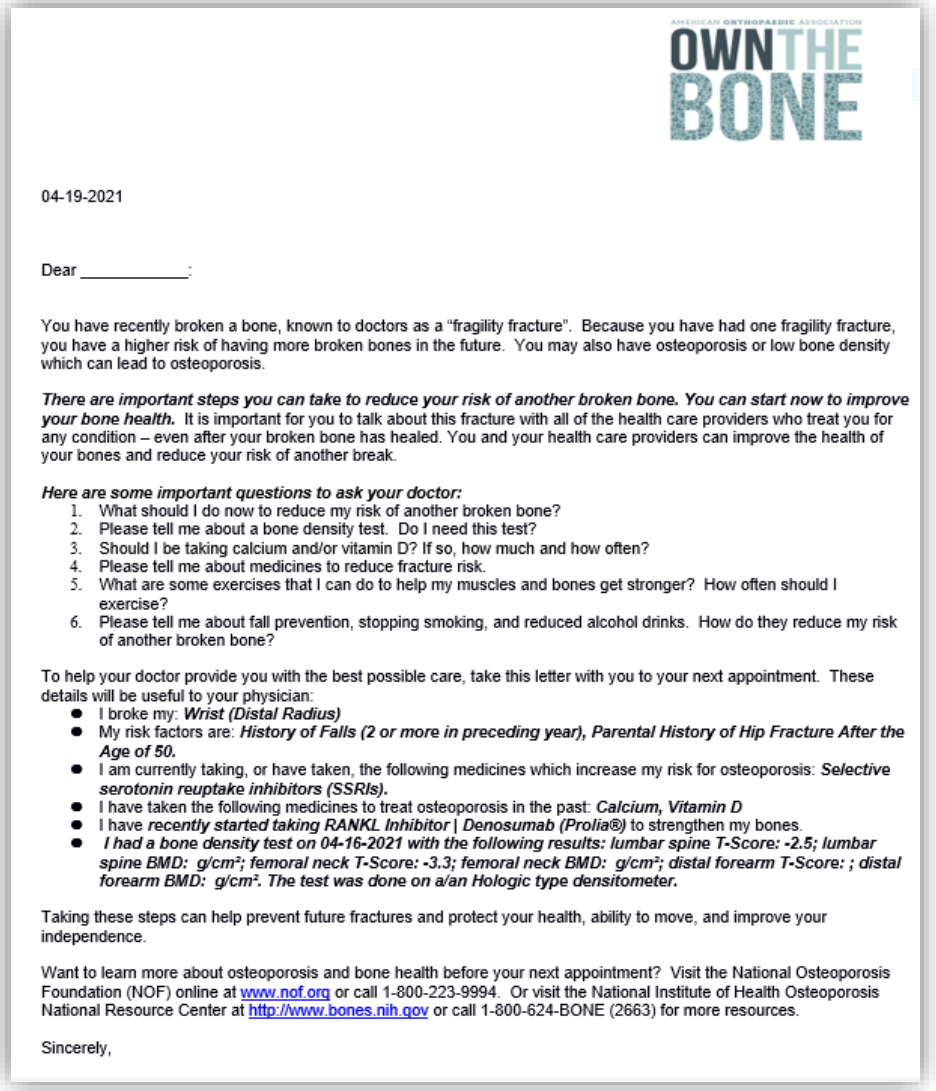
DESCRIPTION:
The percentage of women age 50-85 who suffered a fracture in the six months prior to the performance period through June 30 of the performance period and who either had a bone mineral density test or received a prescription for a drug to treat osteoporosis in the six months after the fracture

OMW HEDIS measure

- Healthcare Effectiveness Data & Information Set – performance measures for health plans
- *Osteoporosis Management in Women Who Had a Fracture:* Assesses women 65–85 years of age who suffered a fracture and who had either a bone mineral density test or a prescription for a drug to treat osteoporosis in the six months after the fracture.

Letters for Patients and PCPs

- Generate, then save or print letters with custom patient data to communicate education to patients and PCPs.
- Data are automatically piped into the letters.



04-19-2021

Dear _____:

You have recently broken a bone, known to doctors as a "fragility fracture". Because you have had one fragility fracture, you have a higher risk of having more broken bones in the future. You may also have osteoporosis or low bone density which can lead to osteoporosis.

There are important steps you can take to reduce your risk of another broken bone. You can start now to improve your bone health. It is important for you to talk about this fracture with all of the health care providers who treat you for any condition – even after your broken bone has healed. You and your health care providers can improve the health of your bones and reduce your risk of another break.

Here are some important questions to ask your doctor:

1. What should I do now to reduce my risk of another broken bone?
2. Please tell me about a bone density test. Do I need this test?
3. Should I be taking calcium and/or vitamin D? If so, how much and how often?
4. Please tell me about medicines to reduce fracture risk.
5. What are some exercises that I can do to help my muscles and bones get stronger? How often should I exercise?
6. Please tell me about fall prevention, stopping smoking, and reduced alcohol drinks. How do they reduce my risk of another broken bone?

To help your doctor provide you with the best possible care, take this letter with you to your next appointment. These details will be useful to your physician:

- I broke my: ***Wrist (Distal Radius)***
- My risk factors are: ***History of Falls (2 or more in preceding year), Parental History of Hip Fracture After the Age of 50.***
- I am currently taking, or have taken, the following medicines which increase my risk for osteoporosis: ***Selective serotonin reuptake inhibitors (SSRIs).***
- I have taken the following medicines to treat osteoporosis in the past: ***Calcium, Vitamin D***
- I have ***recently started taking RANKL Inhibitor | Denosumab (Prolia®)*** to strengthen my bones.
- ***I had a bone density test on 04-16-2021 with the following results: lumbar spine T-Score: -2.5; lumbar spine BMD: g/cm²; femoral neck T-Score: -3.3; femoral neck BMD: g/cm²; distal forearm T-Score: ; distal forearm BMD: g/cm². The test was done on a/an Hologic type densitometer.***

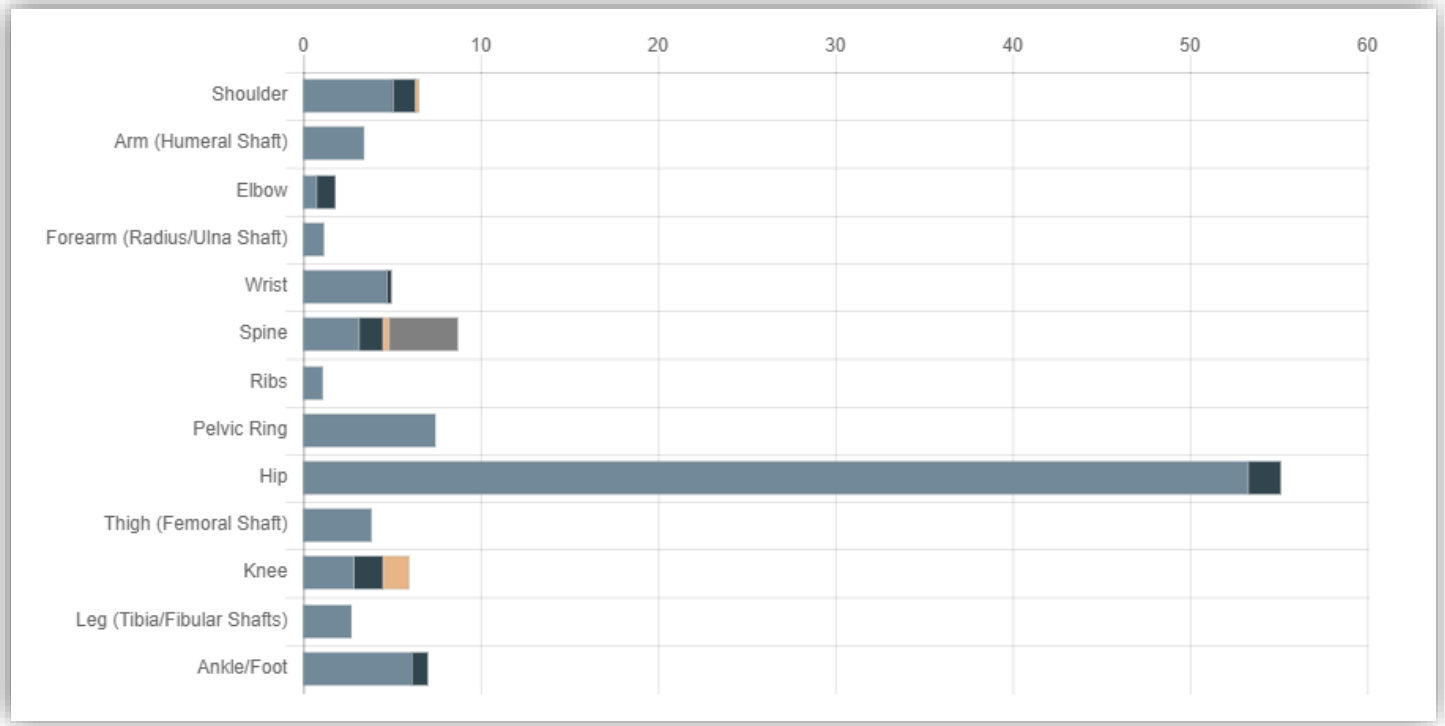
Taking these steps can help prevent future fractures and protect your health, ability to move, and improve your independence.

Want to learn more about osteoporosis and bone health before your next appointment? Visit the National Osteoporosis Foundation (NOF) online at www.nof.org or call 1-800-223-9994. Or visit the National Institute of Health Osteoporosis National Resource Center at http://www.bones.nih.gov or call 1-800-624-BONE (2663) for more resources.

Sincerely,

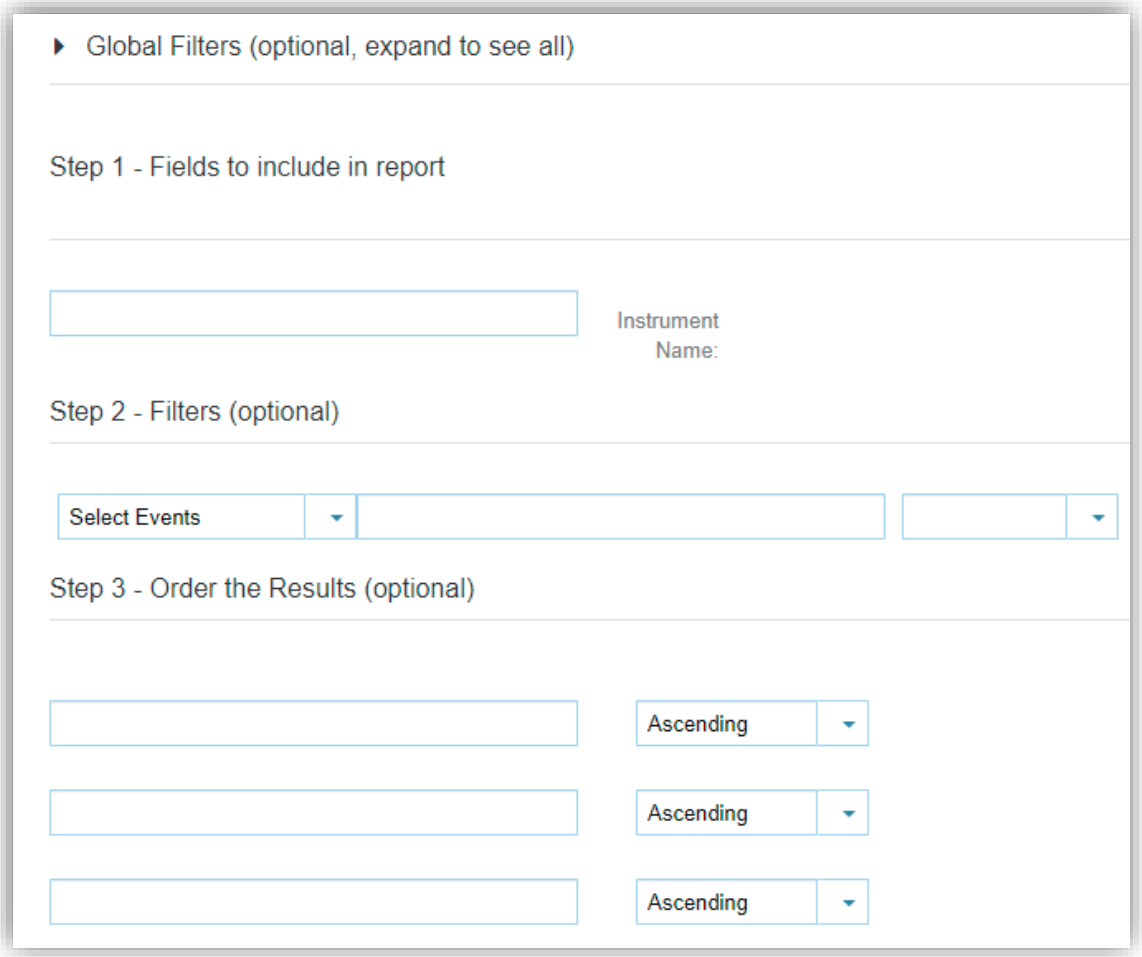
Standard Reports

- Compliance of Own the Bone's 10 measures
- Benchmarking
- Patient Demographics
- Site of Fracture
- Follow-up Reports



REDCap Cloud Report Wizard

- Create custom reports
- Drag-and-drop variables, select and set filters
- Build your own report library
  - Share or email reports
  - Run reports on a set schedule or on-demand



Data Import Tool

- REDCap Cloud feature to bypass webform manual data entry
- Subject data may be imported in small or large batches, directly from a .csv spreadsheet file
- Not compatible with direct import from electronic medical record systems

Learn More

- Contact the Own the Bone team
  - ownthebone@aoassn.org
- Attend a free virtual demo/training session
  - Next session: May 24th at 1:00pm ET
  - Sign up at www.ownthebone.org