Dear Colleague:

Patients who've experienced nontraumatic fractures, or those that result from a fall from less than standing height, are at high risk for severe consequences due to recurrent injuries.

A 2004 report on bone health and osteoporosis from the Surgeon General's office states that these fragility fractures should be considered a sentinel event that the presence of a frail skeleton and an increased risk of future fractures.¹

As we review our quality data, there is considerable variation in the management of patients who've sustained fragility fractures. It is clear these patients often have little follow-up or management of their osteoporosis by either the orthopedist or podiatrist treating their fracture or by their primary care physician. The resulting poor health outcomes and increased medical costs are largely avoidable. Too many Healthfirst members are not given the care and osteoporosis management that is necessary following a fracture.

What does this mean for you? We need your renewed commitment to managing your patients according to clinical, post-fracture standards for older men and women. Make it a practice standard to:

- Track your patients’ fracture history
- Recommend bone-mineral density (BMD) testing for those who have had a fracture, to determine degree of disease severity²
- Initiate treatment for those with hip or vertebral fractures. The Agency for Healthcare Research (AHRQ 2008) states: "If a postmenopausal woman has had a nontraumatic fracture (fragility fracture), she is considered to have osteoporosis regardless of her BMD score."³

This Healthfirst Spectrum of Health bulletin contains:

1. Links to the current National Osteoporosis Foundation (NOF) guidelines for osteoporosis management
2. A summary of HEDIS requirements for osteoporosis management in women who've sustained a fragility fracture
3. Links for practice resources and handouts for patient education in multiple languages

Thank you for working with Healthfirst to promote optimal health outcomes for your patients.

Warm regards,

Dr. Susan Beane
VP, Medical Director
Healthfirst
(212) 823-2437
sbeane@healthfirst.org

Dear Practice/Quality Administrator:

Your practice is a valuable partner to us as we work to serve Healthfirst members. In this bulletin, we bring you up to date on Healthfirst’s requirements for appropriate management of older patients who’ve sustained fragility fractures.

Many organizations, including the American Orthopedic Association (AOA), the National Osteoporosis Foundation (NOF), and the National Institutes of Health (NIH), have developed campaigns to highlight the epidemic and serious consequences of fractures due to osteoporosis in patients aged 50 and older.

As we review our quality data, we see there is considerable variation in the management of patients with osteoporosis, making our members susceptible to fractures that can lead to permanent pain, poor health, even death. Too many Healthfirst members are not given proper care for osteoporosis management following a fracture.

But what does this mean for you?

Orthopedic and podiatric practices: As a first step, make bone-mineral density (BMD) testing a routine part of the radiologic studies performed for all fracture patients aged 50 and older.

Primary care practices: Ask your patients aged 50 and older about any recent falls or fractures so that appropriate management—BMD testing and/or osteoporosis drug therapy—can be started.

This Healthfirst Spectrum of Care bulletin contains:

1. A summary of HEDIS requirements for Osteoporosis Management Following Fracture
2. Tips and tools for patient education from the AOA Own the Bone and the NIH Once is Enough: A Guide to Preventing Future Fractures websites
3. Links to the current NOF guidelines and material

Your Healthfirst Network Management representative can assist you further with these standards as well as with locating BMD testing sites and endocrinologists for further treatment. I look forward to working with you to promote good health for your patients.

Best wishes,

Susan Y. Kwon
VP, Network Management
Healthfirst
skwon@healthfirst.org
Summary of HEDIS Requirements

**Measure description**
The percentage of women 67 years of age and older who have suffered any NEW fractures (exceptions: a fracture of the finger, toe, face, or skull) and who have had either of the following within the six months after the diagnosis of the fracture:

- BMD test
- prescription for a drug to treat or prevent osteoporosis

**How members are identified:**
New fractures reported:

- from the emergency department
- an outpatient visit
- ambulatory surgery
- inpatient stay

**What counts as appropriate testing of treatment?**
Appropriate testing or treatment for osteoporosis on the day of OR within six months after the fracture is defined by any of the following criteria:

- BMD test
- BMD test during the inpatient stay for the fracture (applies only to fractures requiring hospitalization)
- dispensed prescription to treat osteoporosis

FDA-Approved Osteoporosis Therapies

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<tr>
<th>Description</th>
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Frequently Asked Questions About Osteoporosis and Fracture Prevention

1. **This is an orthopedic/podiatric practice. What’s our role in managing osteoporosis after a fracture?**

   Immediate attention to osteoporosis by the treating surgeon at the time of a fracture is the most effective intervention for fragility fracture patients, according to a study published in the August 2011 Journal of Bone and Joint Surgery.\(^1\) There is evidence of a statistically significant improvement in BMD testing rates and osteoporosis treatment when the orthopedic surgeon initiates osteoporosis management at the time of fracture treatment, including outreach and recommendations to the patient’s primary care physician.

2. **As an orthopedic or podiatric surgeon in the Healthfirst network, how do I order a BMD test?**

   Make BMD testing a routine part of the radiologic studies performed for all fracture patients age 50 and older. If the patient is hospitalized, the test can be ordered and performed in the inpatient setting. Contact your Network Management representative for a testing site near your practice.

3. **What can we do in our primary care practice to identify patients who might need a BMD test?**

   Sometimes patients are reluctant to tell their PCP about falls and fractures. Make this a routine addition to your current-history questions and follow up with any patients who have indeed had a fall or fracture. Reach out to the orthopedists and podiatrists in your referral community to ensure that you coordinate care for those patients who have had a fragility fracture.

4. **I don’t feel comfortable using the medications for osteoporosis even though they are appropriate for many of my patients. Any suggestions?**

   Endocrinologists are great partners for the decision-making process as it pertains to patient-treatment options. Contact your Healthfirst Network Management representative if you need assistance in locating a specialist to work with you.

5. **Links for osteoporosis management and fracture prevention**

   - **Own The Bone**: A national campaign launched by AOA. Subscribers can access a patient registry, tools, patient materials, and specific protocols that enable hospitals and medical practices to implement proven strategies to improve care for patients with fragility fractures. [www.ownthebone.org](http://www.ownthebone.org)
   - **National Osteoporosis Foundation**: Patient booklets in English and Spanish, exercise DVDs to help patients with low-bone density and PowerPoint presentations. [www.nof.org/aboutosteoporosis/printedresources](http://www.nof.org/aboutosteoporosis/printedresources)

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