**Targeted Outreach Improves Treatment Initiation Post-Fracture**

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| Challenge | **Post-menopausal women and men over age 70 who sustain a fragility fracture are more likely to re-fracture unless they are initiate osteoporosis treatment. However, the osteoporosis treatment rates following fracture remain suboptimal.** |
| Existing Evidence | Osteoporosis treatment after fracture can reduce subsequent fracture risk by 30-70%. HEDIS measures focus on screening-or-treatment for women age 65-85 after fracture, but younger women and older men are not targeted despite their risk of fracture and associated morbidity. |
| Target Population | Women age 60-85 who sustain a fracture (includes women age 60-64 not previously targeted).  Men age 70-85 who sustain a fracture (this is the first quality effort to target men). |
| Intervention or Exposure | [1] We assessed the impact of an outreach program targeting “treatment” after high-risk fracture compared to existing HEDIS outreach targeting “screening or treatment”. The specific goal of the high-risk fracture program was treatment ≤6 months, not just bone density testing.    [2] This study also surveyed Endocrinologists to determine the extent to which attitudes and beliefs concerning osteoporosis and fracture prevention care varied. |
| **Outcomes/Key Findings** | [1] Targeted intervention after hip, humerus, or wrist fracture increased treatment by 2-fold in older men and younger women post-fracture. For women already targeted by existing HEDIS screen-or-treat efforts, treatment rates did not increase but adherence improved 10%.  [2] Post-fracture treatment for Black women is 40% lower than White counterparts.  [3] Endocrinologist attitudes are aligned with HEDIS goals and high-risk fracture outreach efforts, but there is variation in treatment of other fractures depending on the priority of bone density vs FRAX. Treatment patterns for primary prevention are also variable. |
| **Resulting Action/Change** | [1] Results underscore the need to examine barriers to treatment after a high-risk fracture.   1. As a result of this work, an Osteoporosis Subcommittee is being formed in the Endocrine Chiefs Group to support efforts towards osteoporosis care consensus. 2. Both the Fracture Prevention Consultant Group and Osteoporosis Subcommittee will work on optimizing the osteoporosis care of older African American adults, based on differences highlighted in this study. Care gaps will be identified and addressed.   [2] Study analyses are planned to examine Black women who fracture, including investigation of bone density and FRAX scores to see which factors might be driving the lack of treatment.  [3] Variation in attitudes of Endocrine specialists has prompted revision to FRAX-On-A-Page.  [4] As a result of this work, TPMG Consulting has implemented tracking of patients who are outreached, supporting quality efforts and future tracking of subsequent fracture outcomes.  [5] Patient hesitancy towards osteoporosis treatment comes from misguided information about bisphosphonate drugs and adverse events. Members of this team are involved in a joint statement between Endocrinology and Oral Maxillofacial Surgery explaining the risk. |
| Additional Recommendations | Operational leaders can consider future studies that examine fracture outcomes, especially after interventions that are associated with higher treatment rates and greater adherence. |
| Implementation Tools | FRAX-On-a-Page revision  (ad hoc) clinical practice recommendations (in process) |
| Implementation Measurement | Percentage of patients who initiate osteoporosis treatment following a fracture  Percentage who persist with treatment, percentage with treatment adherence >70%. |
| Reference | - 3 Endocrine Society (2020) abstracts; 1 Academy of Managed Care Pharmacy (2021) abstract  - 2 Internal (2021) TPMG Reports (Fracture Prevention Program; Regional BMD Program)  - 1 TPMG Endocrinology Survey Report (conducted 2019, reported 2020-2021) |