Partnering for Excellence
to Improve Patient Care
Post-Fracture
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CONFLICT OF INTEREST
I hereby certify that, to the best of my knowledge, no aspect of my current personal
or professional situation might reasonably be expected to affect significantly my
views on the subject on which I am presenting, other than the following:
Lilly USA: speaker & consultant
National Osteoporosis Foundation Nursing Advisory Council
American Orthopaedic Association Own the Bone Steering Committee Member

Objectives
• Distinguish models to implement a fracture liaison service (FLS) program.
• Differentiate the barriers and opportunities of a fracture liaison service (FLS) program.

Models to Implement a FLS

Osteoporosis Definition
A skeletal disorder characterized by compromised bone strength predisposing a person to an increased risk of fracture

Bone Loss is Important and Pervasive
Fragility Fracture Occurrences

- Frailty fractures cost: $>21 billion/year
  Increase expected if no action

Sources:

400,000 wrist
550,000 vertebral
350,000 hip
125,000 pelvic
675,000 other

Why?
Clinical & Economic Challenges

- Knowledge gap
- Underdiagnosed
  - Only 68.5% of Medicare women receive DXA
- Men & ethnicities
- Screening & treatment gap
  - Only 20.7% of Medicare women screened &/or treated
- Results of fragility fracture
  - Death, debility, & destitution
- Poor treatment persistence
  - 50% started on Rx are no longer taking it at end of 1 yr
- Economic burden
  - Direct medical cost = $25.3 billion by 2025
  - Medicare reimbursement for DXA < cost to provide

FLS Call to Action

"Much of the burden of bone disease can potentially be avoided if at-risk individuals are identified. One of the most important flags... ...a previous fragility fracture."

Surgeon General’s Report, 2004

Bone Health & Osteoporosis Position Statement (2014)

Bone Health and Osteoporosis

AOA, 2009

Why?

Fracture Liaison Service (FLS)

- Coordinator based, secondary (subsequent) fracture prevention services
- Via protocols & pathways
- Implemented in a health system
- Designed to:
  - Enhance communication
  - Close fracture gap

FLS Role Responsibilities

- **Liaison**, Coordinator, Communicator, Teacher, Collaborator, Manager
  - Case finding
  - Plan, develop, assess, initiate, and evaluate
  - Clinical assessment & examination
  - Diagnose, counsel, treat, prescribe
  - Individualized educational plan
  - Generate referrals and consultation
  - Monitor follow up
  - Data management → quality
  - Serve on an advisory council

FLS Pathway

Diagnostics:
- DXA
- Labs

Fall prevention
- Rx
- Counseling
  - Nutrition/Supplements
  - Exercise
  - Lifestyle

Communication
- Patient
- PCP

Evaluate Outcomes
**FLS Models**

1. Identify patients, assess, counsel, & treat osteoporosis in a coordinated, comprehensive approach.
2. Identify & assess. Refer to PCP with treatment recommendations.
3. Identify & counsel patients. Inform PCP.
4. Identify patient & provide educational information.

**Model of Care Effectiveness**

<table>
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<tr>
<th>Components</th>
<th>Model D</th>
<th>Model C</th>
<th>Model B</th>
<th>Model A</th>
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<tbody>
<tr>
<td>Identifies patient (A)</td>
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<td>Communicates with PCP (B)</td>
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<td>Assessment</td>
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<td>Treat in a Coordinated Comprehensive Approach (D)</td>
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- BMD: 79%
- Osteoporosis Treatment: 46%

**FLS Team**

- Physician
- Physician Assistant
- Radiology Technician
- Laboratory Technician
- Nutrionist
- Nurse Practitioner
- Pharmacist
- Occupational Therapist
- Physical Therapist
- Researcher
- Nurse
- Pharmaceutical Representative
- Patient
- Family

**Barriers/Challenges and Opportunities**

- Initiating
- Maintaining
- Sustaining

**Potential Issue #1**

- The “Mandate”
- Fear of provider treating osteoporosis
- Lack of interest – “not my role or problem”

**Solution #1**

- Site champion interested in bone health
- Learn from others
- NP coordinated program
- Advisory Council
- Implement FLS Program

Declining Rates of Osteoporosis Management Following Fragility Fractures in the U.K., 2000 Through 2009
Potential Issue #2

• “We’ve never done it that way.”
• Culture
• Can’t do 1 more thing

Solution #2

• Educate nurses, physicians, residents
• NP or RN collects data
• NP or RN assesses, plans, treats, counsels, and evaluates
• Establish ordersets & protocols

Potential Issue #3: Message

The Media
Inconsistent Healthcare Provider Message
Patient Lack of Understanding / Denial

Solution #3

Message must be:
• Accurate
• Clear
• Strong, but simple
• Consistent

Potential Issue #4 Solution #4

• Follow-up
• Schedule DXA before hospital discharge
• Stress need for future fracture prevention
• Individualized follow-up plan established
• Send letter to PCP
• OPTION: Follow-up with physician/NP willing to manage osteoporosis

Potential Issue #5

• Treatment
Solution #5
- Nurse educated and focused on osteoporosis
- NP prescribes based on risk factor assessment and NOF clinician guidelines
- Referral to specialist for complex cases

Potential Issue #6
- Provide information in ED & urgent care centers
- Weekly computer generated queries by CPT for fracture of upcoming clinic appointments
- Schedule bone health appointments

Potential Issue #7 - $$$
- Making the bottom line
- Who employs the FLS coordinator?
- Who measures the value?
- Who pays the bill?

Solution #7
- Be prepared with a business plan
- Review volume & income regularly
- Engage billing & coding staff
- Medical necessity letters

Barriers to Sustaining
- How do you continue to demonstrate value?
- How is cost vs outcome measured?
- What happens when the FLS coordinator or champion drifts/changes?

Attn: Nurses
Many patients deny osteoporosis as the cause of their fracture...
...many nurses, physicians & orthopedists overlook or ignore it.
Interventions improve osteoporosis treatment after fracture
Identification is NOT Enough

Seek strategies for follow-up to decrease subsequent fractures

The Time is Now!

References


References (continued)


References (continued)

References (continued)