WHAT NONPHYSICIAN PROVIDERS CAN DO FOR YOUR FRAGILITY FRACTURE SERVICE

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OTA Meeting
Disclosures

Speaker and Consultant: Lilly USA

Committee Member:
- AOA Own the Bone
- NAON Research Committee
Objectives

• Analyze the role of a NP or PA coordinator in initiating and maintaining a secondary fracture prevention program

• Describe the benefits of a nonphysician provider in a Fracture Liaison Service (FLS) model of care
Goals

- Identify & treat all patients with a fragility fracture
- Assure follow-up through fracture healing
- Improve bone health related lifestyle behaviors & prescription persistence
- Decrease falls
- Decrease subsequent fractures
- Decrease complications, morbidity & mortality
- Overall decrease in health care cost in $$$ and suffering
Breaking the Cycle with Multidisciplinary Program

FRACTURE LIAISON SERVICE

Bone Health Evaluation

Education, Treatment

Increased BMD, Decreased Fracture Risk

ORTHOPAEDIST

PRIMARY CARE PROVIDER

Adapted from AOA
Own the Bone
Fracture Liaison Service (FLS)

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

~ 80% do not receive treatment after a fragility fracture
Determine Model

D. Identify patients, assess, counsel, & **treat osteoporosis in a coordinated, comprehensive approach**

C. Identify & **assess. Refer to PCP with treatment recommendations**

B. Identify & **counsel patients. Inform PCP**.

A. Identify patient & provide educational information

# Model of Care Effectiveness

<table>
<thead>
<tr>
<th>Components</th>
<th>Model D</th>
<th>Model C</th>
<th>Model B</th>
<th>Model A</th>
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</thead>
<tbody>
<tr>
<td>Identifies patient (A)</td>
<td></td>
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<tr>
<td>Communicates with PCP (B)</td>
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<tr>
<td>Assessment</td>
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<tr>
<td>Refers Treatment Recommendations (C)</td>
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<tr>
<td>Treat in a Coordinated Comprehensive Approach (D)</td>
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<tr>
<td>BMD</td>
<td>79%</td>
<td>60%</td>
<td>43%</td>
<td>-</td>
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<tr>
<td>Osteoporosis Treatment</td>
<td>46%</td>
<td>41%</td>
<td>23%</td>
<td>8%</td>
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5Cs

• Comprehensive
• Collaborative
• Coordinated
• Consistent
• Competent
NP/PA: Role Responsibilities

**Liaison**, Coordinator, Communicator, Teacher, Counselor, Collaborator, Manager

- Case finding
- Plan, develop, assess, initiate, and evaluate
- Clinical assessment & examination
- Diagnose, counsel, treat, prescribe
- Individualized educational plan
- Prevent complications
- Generate referrals and consultation
- Monitor follow up
- Data management → quality
- Serve on advisory council
What model fits best for your

- Community
- Organization
- Mission
- Patient outcomes
Engage Multidisciplinary Team

Patient

Nurse Practitioner / Physician Asst

Pharmaceutical Representative

IT

Nutritionist

Laboratory Technician

Radiology Technician

Physicians

Researcher

Occupational Therapist

Physical Therapist

Pharmacist

Family

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Fragility Fracture → Ortho Consult (Inpatient) (MD & NP/PA)

Osteoporosis Screening & Standardized Protocols

Outpatient Follow-up: NP/PA coordinated visit, PT, OT

- Own the Bone Registry
- Quality Analysis
- Research

Letter to Primary Care Physician

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Integrate Own The Bone Program: Ten Important Measures to Achieve Success

**NUTRITION COUNSELING***
1. Calcium supplementation
2. Vitamin D supplementation

**PHYSICAL ACTIVITY COUNSELING***
3. Exercise, especially weight-bearing and muscle strengthening
4. Fall prevention education

**LIFESTYLE COUNSELING***
5. Smoking cessation
6. Limiting excessive alcohol intake

**PHARMACOLOGY***
7. Pharmacology for the treatment of osteoporosis

**TESTING***
8. DXA to test bone mineral density

**COMMUNICATION**
9. Physician referral letter
10. Follow-up notes and educational materials provided to patient

*Unless contraindicated.

Measures listed here are consistent with recommendations from the National Osteoporosis Foundation, the Centers for Medicare & Medicaid Services, the Joint Commission, the World Health Organization, and the American Medical Association.
Track Quality Data Using Own The Bone Counseling Measures

Your Site

- Calcium
- Vitamin D
- Exercise
- Falls Prevention
- Smoking Cessation
- Alcohol Consumption

All

- Calcium
- Vitamin D
- Exercise
- Falls Prevention
- Smoking Cessation
- Alcohol Consumption

0% 20% 40% 60% 80% 100%

Received  Did Not Receive  N/A or Blank
BMD Testing

Your Site

- Planned/Scheduled: 70%
- N/A (BMD in last 2 yrs): 13%
- Performed: 13%
- Not Performed or Planned: 4%

All

- Planned/Scheduled: 33%
- Not Performed or Planned: 46%
- N/A (BMD in last 2 yrs): 12%
- Performed: 9%
Supplement Use

Your Site

- Calcium: 99.4%
- Vitamin D: 92.7%

All

- Calcium: 93.5%
- Vitamin D: 70.3%

Recommended at enrollment
Reports use at follow-up
OUTSTANDING HOSPITALS DON'T SIMPLY TREAT FRAGILITY FRACTURES—THEY PREVENT FRACTURES FROM RECURRING

THE BEST HOSPITALS AND PRACTICES OWN THE BONE.

The American Orthopaedic Association and the National Osteoporosis Foundation applaud the following institutions for their achievements and participation in the Own the Bone® program:

STAR PERFORMERS
What else will the NP/PA do?

- Provide Bone Health care when:
  - Your schedule is already full
What else will the NP/PA do?

- Provide Bone Health care when:
  - Orthopaedic surgeon “fears” treating osteoporosis
  - Lacks interest – “not my role or problem”
And what else?

- Counsel & teach patient
- Assure follow-up
Provide a message that is:

- Accurate
- Clear
- Strong, but simple
- Persuasive
- Consistent
Prescribe & Monitor Treatment

- Supplements
- SERMs
- Bisphosphonates
- RANK ligand inhibitor
- PTH
Meet the Bottom Line
Identification is NOT Enough

Employ a NP or PA to follow-up to decrease subsequent fractures
Questions