

OSTEOSCOOP

News on current events in osteoporosis and rheumatology

Redesigning care to improve detection and treatment of osteoporosis

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The objective of a recent study [1] was to determine whether a process redesign could improve detection and treatment of osteoporosis in at-risk women over the age of 65 through increased BMD testing, and to determine if a shared medical appointment (SMA) improved treatment for high-risk women. Two primary care sites received the redesign intervention and two other sites served as the usual-care controls. At the intervention sites, all women 65 who had not had a DXA scan performed in the prior 2 years were contacted by mail and phone calls. High-risk patients were invited to attend a SMA or follow-up visit with their primary physician.

A significantly higher proportion of women at the intervention sites had a DXA (39.6% vs 13.2%, $P < 0.0001$). Patients who attended the SMA were more likely to have calcium and vitamin D recommended, a vitamin D level checked, and receive a prescription medicine than those patients who had follow-up with their primary care physician.

It is concluded that the redesigned process was highly effective in improving BMD testing for women 65. The SMA was shown to be a more effective method to make calcium and vitamin D recommendations, to evaluate secondary causes of low bone density, and to prescribe prescription medications, compared with usual care with the primary care physician.

1. Ayoub WT et al. *Osteoporos Int*. 2009;20: 37–42.

Redesigning care to improve detection and treatment of osteoporosis

A redesigned process involving a shared medical appointment (SMA) was highly effective in improving BMD testing for women aged over 65.

The SMA (a group visit with 3 to 6 patients) consisted of a 2-hour session with a rheumatologist and nurse, during which comprehensive education was presented and an individualized history and physical examination was completed. Education included an overview of osteoporosis and its clinical consequences. Fracture prevention was emphasized including issues regarding safety, exercise, calcium and vitamin D intake, and treatment with pharmacologic agents shown to decrease fracture risk.

The SMA was shown to be a more effective method to make calcium and vitamin D recommendations, to evaluate secondary causes of low bone density, and to prescribe prescription medications, compared with usual care with the primary care physician.

CLINICAL OUTCOMES WITH SHARED MEDICAL APPOINTMENTS (SMA) VERSUS USUAL CARE (PCP)

	SMA (N=29)	PCP (N=36)	P-values SMA vs PCP
Age, mean (SD)	73 (6)	75(6)	0.52
Prescriptions, %	100%	69%	0.0021
Calcium prescribed, %	97%	53%	<0.0001
Vitamin D prescribed, %	97%	50%	0.0002
Vitamin D level done, %	100%	3%	<0.0001

SMA = Shared Medical Appointment
PCP = Primary Care Physician

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