



Target patients at risk of osteoporosis and

Increase disease awareness, identification and treatment to reduce

fractures and complications of ageing.



Osteoporosis is a very under identified condition with 2 out of 3 Australians aged greater than 50 having osteoporosis or osteopenia. In 2017 there was 155 fractures each day among older people in NSW & ACT. In 2017 the total costs of osteoporosis & osteopenia in people in NSW & ACT >50yrs was \$1.1 billion of which \$740 million relates to fracture treatment.



20% of patients will die within 12 months of a hip fracture and 50% of patients who experience a minimal trauma fracture will re -fracture and are at risk of premature death. The risk of hip fracture for women is higher than the risk of breast, ovarian and uterine cancer combined. The risk of hip fracture for men is higher than the risk of prostate cancer.



Osteoporosis means ‘porous bone’.

Often the first time we may become aware of osteoporosis or osteopenia is with a fracture. A low impact fracture is a fall from a standing height, like a fracture from a trip or stumble. From the outside we can't tell our bones are not as strong as they should be.



- After reading about a clinic's bone health project in the REFRAME newsletter I was inspired to look at options for Bone Health Group Sessions.
- This was also identified as a way to help us move towards the Health Care Home and integrated care and provide a great opportunity for preventative care.



Initial Preparation

- Data was cleaned up
- Current Active Patient numbers calculated for 70 and over
- Screening rate for BMD checked
- Patient coding for Osteoporosis and Osteopenia updated
- Treatment Statistics for osteoporotic therapy calculated
- Fracture statistics for last 12 months updated
- A plan for the consults was made and discussed with our Practice Manager who was fully supportive of the idea.



- We were successful in securing a PCMH Innovation funding from COORDINARE to support this project initially.
- As part of the planning process a focus group meeting was held which included 4 patient representatives – 2 men, 2 women.
- Dietician, Exercise Physiologist, Practice Manager – Kim Weeks, myself, Co-ordinaire Representative – Linda Brown and Bridget from UOW who are monitoring the project.
- The proposed format was discussed and suggestions made, the project plan was adjusted accordingly.



The purpose of the Bone Health consults is to identify patients at risk of osteoporosis, screen, educate, treat and in the long term prevent fractures and complications including early death.

Bone Health consults have commenced in February 2018.



- These are small group sessions – with up to 12 patients per group.
- There will be 3 sessions involving a nurse, GP, Medical Practice Assistant, Dietician and Exercise Physiologist.
- We asked that patients attend all three sessions to gain the full benefit. There was no charge to the patients for these sessions.



- These sessions have been supported by Co-ordinaire and will be evaluated by the University of Wollongong.
- We utilised resources from REFRAME Osteoporosis, Health share Bone Density Screening Handout, Garvan online fracture risk assessment, Fall's assessment sheet and SurveyMonkey to generate an evaluation form.
- Our GPs are also participating in the REFRAME clinical audit.



- Three of our receptionists are undertaking the Medical Practice Assistant course and are helping with this project. They are involved in inviting patients, advising patients of session times and confirming attendance. They will assist with session setup, preparing patient information packs and appointment bookings. They greet patients on arrival and record height, weight and smoking status for the clinical audit. They will be asked to assist patients in completing forms on ipad or paper; eg. Fracture Risk Assessment, fall's assessment sheet, bone health group session evaluation.



- For the purpose of this project our target group is patients over 70 years.
- The practice nurse generated a initial list of about 50 patients and the Medical Practice Assistants sent out invitations by SMS/Email or phone calls.
- Overall the response to this type of invitation was positive – we had 21 people attend the first groups.
- Many people thought the initial invitation was a mistake or spam. They didn't tend to follow up or respond until the second text was sent.
- If it was a communal mobile between partners, usually the wife thought the invitation was for her. In future we will invite couples together if they both attend the practice.



- The first session includes basic information on osteoporosis and osteopenia.
- The patients are given a Bone Density Screening form and asked to have done prior to the next session.
- Written permission for the clinical audit is also collected and a confidentiality agreement signed. Permission given for SMS.



- The second session will cover an explanation about bone density results and risk factors and prevention for osteoporosis.
- We will utilise the Reframe Osteoporosis – Managing Bone Health Action Plan booklets with recorded goal setting.
- Medical Practice Assistants will book GP appointments for follow up on their results and treatment options.
- The REFRAME clinical audit will be completed at this appointment and arrangements made for Care Plan if required.



- The third session will include information from a Dietician and Exercise Physiologist.
- The group will be split in half and spend an hour with each provider and then swap.
- An evaluation survey will be completed at the end of this session.
- The plan is to send a text in 3 months to encourage and remind them to keep working on their goals.



- We will be evaluating the success of the sessions with; a patient survey, an increase in Bone Density Screening Rate with a subsequent identification and treatment of patients with osteoporosis or osteopenia.
- Also recorded will be Care plans generated and referrals to; dietician, exercise physiologist and Stepping On Falls Group.
- We hope that these sessions will be run on a continuous basis and the model if successful can be utilised for other diseases and conditions.



Resources

- <https://reframeosteoporosis.com.au/>
- <https://www.osteoporosis.org.au/>
- <http://www.knowyourbones.org.au/>
- <https://www.cdc.gov/steady/materials.html>
- <https://www.garvan.org.au/promotions/bone-fracture-risk/calculator/index.php>
- <https://www.healthshare.com.au/>