

Using Quality Measures in Osteoporosis and Fracture Management

WHY ARE POST-FRACTURE CARE AND QUALITY MEASURES SO IMPORTANT?

Osteoporosis-related fracture has a large impact on patients and the healthcare system

- **1 in 2 women** over the age of 50 will break a bone due to osteoporosis in their lifetime¹; up to **1 in 4 men** over the age of 50 will break a bone due to osteoporosis²

Every osteoporosis-related fracture signals an increased risk of future fracture

- Hip fractures are the most devastating type of fracture, accounting for about 300,000 hospitalizations each year, and nearly 1 in 5 hip fracture patients ends up in a nursing home¹
- Among **women**, prior osteoporosis-related fracture is associated with an **85% increased risk** of another fracture; among **men** it is associated with a **93% increased risk**³

There is an osteoporosis-related fracture care gap

- **84% of the women** who have an osteoporosis-related fracture do not get treated for the underlying disease of osteoporosis during the 6 months after fracture⁴
- In a survey of postmenopausal women, **more than 50%** reported that their primary care providers did not discuss fracture prevention or osteoporosis management after a recent osteoporosis-related fracture⁴

*Includes osteoporosis screening in older women.¹⁷

References:

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WHICH ORGANIZATIONS AND QUALITY MEASURES CAN HELP?

Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

Helps guide consistency in the quality of care for patients on Medicare

Aligned with the Centers for Medicare & Medicaid Services' (CMS) goal to reward better care, more efficient spending, and healthier people, MACRA replaces an older system with the value-based reimbursement system called the Quality Payment Program (QPP).⁵ The QPP streamlines multiple quality programs under the new Merit-based Incentive Payments System (MIPS) and provides incentive for achieving threshold levels of payments or patients through the Advanced Alternative Payment Model (APMs).^{6,7}

Performance Improvement Measures: Joint Commission

A collection of performance improvement measures for stakeholders; includes measures relating to Improving and Measuring Osteoporosis Management that are developed or specified by the Joint Commission.^{8,9}

Inpatient Quality Indicator (IQI)

Utilizes hospital inpatient administrative data to measure the quality of healthcare^{10,11}

IQIs provide information on the hospital quality of care based on hospital administrative data. These include data on inpatient utilization and volume of procedures^{10,12}

National Quality Forum (NQF)

Considered the gold standard for healthcare measurement

NQF is the only consensus-based healthcare organization in the nation as defined by the Office of Management and Budget. The federal government, states, and private-sector organizations use NQF's endorsed measures, which must meet rigorous criteria, to evaluate performance and share information with patients and their families¹³

National Committee for Quality Assurance (NCQA)

Accredits healthcare plans based on their performance

NCQA is a private not-for-profit organization dedicated to improving healthcare quality. To earn the NCQA seal of approval, accredited healthcare plans must meet a rigorous set of more than 60 standards and must report on their performance in more than 40 areas¹⁴

Healthcare Effectiveness Data and Information Set (HEDIS)

*Measures performance on important dimensions of care**

HEDIS, developed and maintained by NCQA, is a tool used by more than 90% of American health plans to measure performance on important dimensions of care and service. HEDIS provides information to purchasers and consumers to help them reliably compare the performance of healthcare plans through the Quality Compass^{15,16}

Help narrow the osteoporosis-related fracture care gap by holding osteoporosis care to higher standards

How Is Quality Measured in Osteoporosis Management?

QUALITY MEASURE*	ORGANIZATION	QUALITY REPORTING/ REIMBURSEMENT PROGRAM	CARE SETTING
Osteoporosis Screening in Older Women ^{1,2,†}	NCQA	HEDIS	Outpatient Services
Screening for Osteoporosis in Older Women ^{3,4}	NCQA	MIPS	Outpatient Services
Osteoporosis Management in Women Who Had a Fracture ^{3,5,6}	NCQA	MIPS, CMS 5 Star, HEDIS	Outpatient Services
Communication With the Physician or Other Clinician Managing Ongoing Care Postfracture for Older Men and Women ^{3,7}	NCQA	MIPS	Inpatient/Hospital, Outpatient Services
Falls: Plan of Care ^{3,8}	NCQA	MIPS	Clinician Office/Clinic, Inpatient Rehabilitation Facility, Nursing Home/SNF
Falls: Risk Assessment ^{3,8}	NCQA	MIPS	Clinician Office/Clinic, Inpatient Rehabilitation Facility, Nursing Home/SNF
Falls: Screening for Future Fall Risk ^{3,8}	NCQA	MIPS MSSP ACO	Clinician Office/Clinic, Inpatient Rehabilitation Facility, Nursing Home/SNF
All-Cause Hospital Readmission ^{9,10}	CMS [‡]	Hospital Inpatient Quality Reporting MSSP ACO	Inpatient/Hospital, Outpatient services
Laboratory Investigation for Secondary Causes of Fracture in Patients ≥ 50 Years of Age ¹¹	Joint Commission	N/A [§]	Inpatient/Hospital
Risk Assessment/Treatment After Fracture in Patients ≥ 50 Years of Age ¹²	Joint Commission	N/A [§]	Inpatient/Hospital

*Measurement titles, descriptions, and data collection methodology are specific to HEDIS wording and usage. †Osteoporosis Screening in Older Women measure is a new measure in 2020.² ‡May include osteoporosis-related fractures. §Not aligned with specific reporting or reimbursement programs at time of resource creation.

ACO, Accountable Care Organization; CMS, Centers for Medicare & Medicaid Services; HEDIS, Healthcare Effectiveness Data and Information Set; MIPS, Merit-based Incentive Payment System; MSSP, Medicare Shared Savings Program; N/A, not applicable; NCQA, National Committee for Quality Assurance; SNF, Skilled Nursing Facility.

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