American Orthopaedic Association

Own the Bone®
Secondary Fracture Prevention

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The Fragility Fracture Cycle

Low BMD, Osteoporosis

Fragility Fracture

Recovery/Rehab

Fracture Care

Coordination?

Bone Health Specialist

Primary Care Provider

Orthopaedist
Breaking the Cycle with Multidisciplinary Program

Bone Health Service

Volunteers and Persuasion

Bone Health Evaluation

Bone Health Provider

Education, Treatment

Increased BMD, Decreased Fracture Risk

Orthopaedist

Low BMD, Osteoporosis

Fragility Fracture

Recovery/Rehab

Fracture Care

???
## Key Milestones

### AOA Bone Health Efforts

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>2005</td>
<td>AOA leadership adopts the post-fracture osteoporosis treatment gap as a critical issue at Annual Meeting and forms bone health taskforce</td>
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<td>2005-2006</td>
<td>10-month pilot conducted in 14 hospitals</td>
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<td>2008</td>
<td>Pilot results published in <em>JBJS</em></td>
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<td>2009</td>
<td>AOA launches Own the Bone as a national quality improvement program</td>
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### Program Goals:
- Increase awareness of the need to evaluate and treat osteoporosis after a fragility fracture;
- Reduce the incidence of osteoporotic fractures by promoting systematic secondary fracture prevention efforts to change physician and patient behavior after a fragility fracture.
How the Program Works

1. Patient presents with a fragility fracture
2. Orthopaedic surgeon/physician extender consultation
3. Fracture Confirmed/Treatment Initialized
4. Note Taking Form
5. Teachable Moment

Outreach to Patient & General Physician

Patient Follow-Up & Ongoing Treatment

Note Taking Form

Teachable Moment

Patient Discharge

Outreach to Patient & General Physician

Patient Follow-Up & Ongoing Treatment

Persuasion!

Entering of Patient into Registry

Quality Improvement Tool kit for Provider

Patient Education Materials

Patient & Physician letter generated by system

Patient and physician tools on Web site
Building Consistent Care

- Bring communities together
- Improve collaboration
- Tell the same story to persuade
Core Program Activities

1. Continuing Education (CME and CNE-accredited) Activities
2. Professional Outreach and Site Recruitment
3. Grand Rounds and Resident Education
4. Education Activities and Implementation Support
5. Patient Registry and Quality Improvement Benchmarking
Which States Own the Bone?

Through July 30, 2014

161 sites in 47 States
Patient Enrollment
(Through 3rd Qtr. 2014)
Almost 20,000 patients under management
Compliance w/ Measures
(Through 3rd Qtr. 2014)
Ongoing and New Challenges

- Dynamic and “open” healthcare environment
  - Largely voluntary participation
  - Generally ‘unsettled feeling’
- Competing healthcare priorities
  - Bone Health is on the list, but not in a prominent position
- Changing reimbursement models
- Changing HIT environment
The “Real” Challenges

- Support and Funding in absence of a mandate
- Misplaced Focus on Technology
  - Technology/registries/access to knowledge is not a fundamental barrier
- Dilution/Competition
  - The creation of new FLS programs is not the path to optimal success, because the barrier is one of engagement, rather than access
  - A consistent, unified, undiluted message is needed
Where to Focus Investment?

- Achieving a national mandate
- Lobbying/policy change
- Educating those at the core of FLS programs on the art of persuasion
- The barrier is one of engagement, rather than access to knowledge/content
- The ability to ‘tell the story’, to persuade, is critical to success
- Emotional, Novel, Memorable
Thank You!