



USING QUALITY MEASURES TO HELP IMPROVE OSTEOPOROSIS MANAGEMENT

**Understanding the Importance of Quality to
Help Narrow the Gaps in Post-Fracture Care**

Understanding the Gaps in the Quality of Post-Fracture Care

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



- **1 in 2 women** and up to **1 in 4 men** over the age of 50 **will experience a fracture** related to osteoporosis in their remaining lifetime^{1,2}
- Total annual expense of osteoporosis-related fracture care totaled **\$57 billion** in 2018 and is **projected to increase to \$95.2 billion** in 2040^{3,*}

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

- In just one year, more than 1.4 million fractures occurred among women in the United States, and the incidence of the fractures is projected to continue to grow^{4,†}
- Every year, osteoporosis-related fractures in the United States, lead to:¹



>500,000

hospital admissions



~2.6 MILLION

medical office visits



~180,000

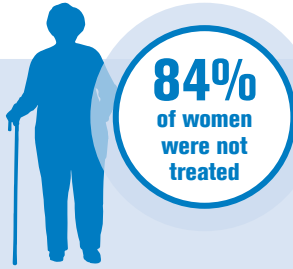
nursing home admissions

- Prior osteoporosis-related fracture is associated with an **85% increased risk** of another fracture among women⁵



Understanding the Gaps in the Quality of Post-Fracture Care (cont'd)

There is an osteoporosis-related fracture care gap



- **84% of women** with postmenopausal osteoporosis who experienced a fracture **were not treated** for the underlying disease of osteoporosis **within 6 months** following a fracture^{6,†}
- 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 fracture^{6,‡}



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

*Estimates based on microsimulation forecasting model to project annual incidence and costs in women aged >65 years. Validated Fracture Risk Assessment Tool (FRAX™) tables and insights from the National Health and Nutrition Examination Survey (NHANES) were used to estimate the future burden among Medicare-eligible women. Direct costs following a fracture were based on a claims analysis, differed by category (eg, inpatient, outpatient, emergency department, long-term care, pharmacy costs following a fracture, and other), and differed for individuals experiencing a single fracture within a year versus those with a subsequent fracture. Indirect societal costs related to productivity losses and informal caregiving were included in calculating the total annual cost.

†Data from a 2005 study and projections were made from 2004-2025.

‡Survey conducted by Group Health Cooperative that provides comprehensive healthcare to ~600,000 individuals in Washington state. Data based on women aged 55 and older who experienced an osteoporosis-related fracture from January 1, 2013, to March 30, 2014.⁶



Which Organizations and Quality Measures Can Help?

Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

Helps drive quality of care for patients on Medicare by rewarding clinicians based on performance standards⁷

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).^{7,8} 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 (APM).^{9,10}

Performance Improvement Measures: Joint Commission

Nationally implements standardized core performance measures for hospitals¹¹

A collection of performance improvement measures for stakeholders that includes measures relating to improving and measuring osteoporosis management that are developed or specified by the Joint Commission.^{11,12}

Inpatient Quality Indicator (IQI)

Utilizes hospital inpatient administrative data to measure the quality of healthcare¹³

IQIs provide information on the hospital quality of care based on hospital administrative data that pertain to inpatient utilization and volume of procedures.^{14,15}

National Quality Forum (NQF)

Considered the gold standard for healthcare measurement in the United States¹⁶

Expert committees that are comprised of various stakeholders, including patients, providers, and payers, evaluate measures for NQF endorsement. The federal government and many private-sector entities use NQF-endorsed measures above all others because of the rigor and consensus process behind them. Nearly all NQF-endorsed measures are in use.¹⁶



Which Organizations and Quality Measures Can Help? (cont'd)

CMS Star Ratings

Measures the quality of services received by beneficiaries¹⁷

CMS uses a star quality rating system for health and drug services received by beneficiaries enrolled in Medicare Advantage (MA) and Prescription Drug Plans (PDPs or Part D plans).¹⁷ For the 2021 Star Ratings, there are a total of 46 Part C and Part D measures, including osteoporosis management in women who had a fracture and reducing the risk of falling.¹⁸

National Committee for Quality Assurance (NCQA)

Accredits healthcare plans based on their performance¹⁹

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 standards.¹⁹

Healthcare Effectiveness Data and Information Set (HEDIS)

Measures performance on important dimensions of care^{20,*}

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.^{20,21}

*Includes osteoporosis screening in older women.²²



How Is Quality Measured in Osteoporosis Management?

QUALITY MEASURE*	ORGANIZATION	QUALITY REPORTING/ REIMBURSEMENT PROGRAM	CARE SETTING
Osteoporosis Screening in Older Women ^{22,23,†}	NCQA	HEDIS	Outpatient Services
Screening for Osteoporosis for Women Aged 65-85 Years of Age ²⁴	NCQA	MIPS	Outpatient Services
Osteoporosis Management in Women Who Had a Fracture ^{23,24}	NCQA	MIPS, CMS 5 Star, HEDIS	Outpatient Services
Communication With the Physician or Other Clinician Managing Ongoing Care Post-Fracture for Older Men and Women ²⁴	NCQA	MIPS	Inpatient/ Hospital, Outpatient Services
Falls: Plan of Care ²⁴	NCQA	MIPS	Clinician Office/ Clinic, Inpatient Rehabilitation Facility, Nursing Home/SNF
Falls: Risk Assessment ²⁴	NCQA	MIPS	Clinician Office/ Clinic, Inpatient Rehabilitation Facility, Nursing Home/SNF



How Is Quality Measured in Osteoporosis Management? (cont'd)

QUALITY MEASURE*	ORGANIZATION	QUALITY REPORTING/ REIMBURSEMENT PROGRAM	CARE SETTING
Falls: Screening for Future Fall Risk ²⁴	NCQA	MIPS, MSSP, ACO	Clinician Office/ Clinic, Inpatient Rehabilitation Facility, Nursing Home/SNF
All-Cause Hospital Readmission ^{25,†}	CMS	Hospital Inpatient Quality Reporting, MSSP, ACO	Inpatient/ Hospital, Outpatient Services
Laboratory Investigation for Secondary Causes of Fracture in Patients ≥50 Years of Age ²⁶	Joint Commission	N/A [§]	Inpatient/ Hospital
Risk Assessment/ Treatment After Fracture in Patients ≥50 Years of Age ²⁶	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 first-year measure.²⁰

‡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.



Utilizing Quality Measures Can Help Narrow the Gap in Post-Fracture Care

Amgen and UCB can provide educational resources to support post-fracture care. Contact your account manager for more resources

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