

Osteoporosis Management in Women with a Fracture (OMW)

Description of Measure

Percentage of women 67 -85 years of age who suffered a fracture and had either a bone mineral density (BMD) or prescription for a drug to treat osteoporosis in the 180 days (6 months) after the fracture. Fractures of the fingers, toes, face, or skull are not included in this measure.¹

Documentation

- BMD reports, dated with results, within 24 months before and/or 6 months after the fracture.
- Members who received a dispensed prescription or had an active prescription of osteoporosis medication, within 12 months before or 6 months after the fracture.
- Member reported screenings documented in the medical record with DOS are acceptable.
- Health maintenance and preventive care section of the medical record are considered a “history” section.

Osteoporosis therapies:

Description	Medication Name	Brand Name
Bisphosphonates	Alendronate	Fosamax
	Alendronate-cholecalciferol	Fosamax Plus D
	Ibandronate	Boniva
	Risedronate	Actonel
	Zoledronic acid	Zometa Reclast
Parathyroid Hormone Analogs	Abaloparatide	Tymlos
RANK ligand inhibitors	Denosumab	Xgeva Prolia
Selective estrogen receptor modulators	Raloxifene	Evista

Description	Medication Name	Brand Name
Sclerostin inhibitors	Romosozumab	Evinity
Parathyroid hormone (PTH)	Teriparatide	Forteo

Exclusions

Exclusions	Timeframe								
<ul style="list-style-type: none"> Members in hospice or using hospice services Member who died Members receiving palliative care 	Any time during measurement year (MY)								
<p>Members 66 – 80 years of age and older by Dec. 31 MY with Advanced Illness and Frailty.</p> <p>Members must meet BOTH frailty and advanced illness criteria to be excluded.</p>	<ul style="list-style-type: none"> Frailty diagnosis on 2 different DOS during the MY Advanced Illness: Either of the following during the MY or PY <ul style="list-style-type: none"> Advanced illness diagnosis on 2 different DOS OR Dispensed a dementia medication <table border="1"> <thead> <tr> <th>Dementia Med Description</th> <th>Prescription</th> </tr> </thead> <tbody> <tr> <td>Cholinesterase inhibitors</td> <td> <ul style="list-style-type: none"> Donepezil Galantamine Rivastigmine </td> </tr> <tr> <td>Misc. Central Nervous System Agents</td> <td> <ul style="list-style-type: none"> Memantine </td> </tr> <tr> <td>Dementia Combinations</td> <td> <ul style="list-style-type: none"> Donepezil-memantine </td> </tr> </tbody> </table>	Dementia Med Description	Prescription	Cholinesterase inhibitors	<ul style="list-style-type: none"> Donepezil Galantamine Rivastigmine 	Misc. Central Nervous System Agents	<ul style="list-style-type: none"> Memantine 	Dementia Combinations	<ul style="list-style-type: none"> Donepezil-memantine
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Members 81 years of age and older by Dec. 31 MY with at least two indications of frailty with different dates of service during the MY.	Indication of frailty with 2 different DOS in MY								

**Tips
for Success**

- Provide patients who have had a fracture with a referral for BMD testing and encourage them to obtain the screening. Follow up with the patient to ensure the test was completed.
 - Review bone mineral density results and prescribe osteoporosis treatment when appropriate.
- If patients are unable or unwilling to have the BMD testing, prescribe osteoporosis medications, if appropriate.
- Discuss fall prevention annually:
 - Ask if your patient has any problems with balance or walking. If so, evaluate if they need an assistive device such as a cane or walker.
 - Suggest an exercise or balance program.
 - Ask if your patient has fallen in the past 12 months. If so, evaluate what led to the fall.
 - Discuss trip hazards such as loose carpets, poor lighting, uneven flooring, and cluttered walkways
 - Discuss fall preventative measures such as using night lights, wearing supportive shoes with grips or no slip socks, and installing grab bars.
 - Review medications to identify side effects that can increase risk.
 - Encourage annual vision and hearing checks.
- Discuss osteoporosis prevention with our patients including calcium and Vitamin D supplements, weight bearing exercises, and modifying risk factors.
- Remind patients to always tell their primary care provider about a fracture, even if they have received treatment elsewhere.
- Screen female patients starting at age 65 to reduce the risk of osteoporosis.
- Consider screening women younger than 65, if they are high risk. Some risk factors include low body weight, current tobacco use, excessive alcohol consumption, history of fractures, and glucocorticoid use.

Resources

- I. National Committee for Quality Assurance, HEDIS® Measurement Year 2024 Volume 2 Technical Specifications for Health Plans



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