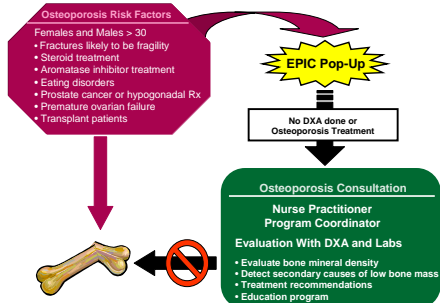




Problems Addressed

- Inadequate detection of OP
- Inconsistency in evaluation and treatment of OP
- Lack of coordination of care in multiple disciplines and sites
- Growing market, missed opportunities
- Lack of utilization of EMR to promote OP detection and care
- Underutilization of efficient practice models to provide quality care and meet demand (nurse practitioners, physician assistants, group visits)
- Poor compliance with HEDIS and other National care guidelines

Proposal



Market Analysis / Needs Assessment

2007 Numbers from CC Main Campus and FHCs
All men > 30 and Women 30-64 with Designated Risk Factors

Sex	N	DXA done	% DXA done	On Tx.	% on Tx.	DXA or Tx.	% DXA or Tx.
Female	24,609	13,509	55%	7789	32%	15617	63%
Male	11,818	3429	29%	2478	21%	3429	36%
Total done	36,427	16,938	46%	10,267	28%	16938	55%
Total Missed		19,489	54%	26,160	72%	16,526	45%

Women > 65 years with DXA done in GIM post Health Maintenance Alert

Women ≥ 65 years with DXA done according to USPTSF guidelines

	GIM	RMP	Total
DXA done/total women eligible	2529/3339	15,787/18,741	18,316/22,080
	76%	84%	83%
Missed DXAs	810	2954	3764
	24 %	16%	17%

Data Supporting Need

- Only 43.8 % had DXA in those with indications per estimates from chart reviews by Chair of the Center for Osteoporosis and Metabolic Bone
- Majority of patients with fragility fractures do not receive appropriate osteoporosis management
 - In a 2003 study from CC, only 28% PCPs pursued a secondary evaluation despite it being recommended on the DXA report vs. 95% of bone specialists
- Aging population

	Best Case	Middle case	Worst case
Number Captured	14000	10000	6000
DEXA Reimbursement	\$1120000	\$800000	\$480000
DEXA Cost	\$1110200	\$1050000	\$790740
Net DEXA			
Visits Generated	4200	3000	1800
New Specialist	2100@\$106	900@\$106	
Established	2100@\$43	2100@\$43	1800@\$43
Total E+M revenue	\$312900	\$281100	\$77400
Lab revenue	\$76960	\$0	(\$33840)
Salary Cost	(\$156000)	(\$156000)	(\$156000)
Net Revenue	\$243660	(\$124900)	(\$423180)

SWOT Analysis

Strengths

- Fits in institutional changes with the creation of a system based institute
- Addresses needed quality gaps in care at a time when major emphasis is being placed on outcomes and quality measures
- Eases burden of meeting these measures on busy practitioners
- Low alert burden
- Creates additional revenue from new referrals, labs, x-rays, etc.
- Utilizes existing services
- Facilitates buy in from targeted practitioners
- Pay for reporting by CMS using CPT codes

Weaknesses

- Unclear if revenue gains exceed new cost, if any
- Potential “pop-up” fatigue
- Only accesses those using Epic EMR

Opportunities

- Helps to address current quality initiatives that are currently deficient
- Possible data to support grant applications

Threats / Risks

- Decreasing reimbursement for DXAs
- Balancing volume vs. FTEs

Proposal

Location

- System-wide, EMR-based referral
- Patient care at Main Campus & Regional Family Health Centers (FHCs)

Key Stakeholders

- Primary Care Physicians
- Orthopedists
- Radiology
- Osteoporosis and Women’s Health Centers Lab
- Regional Medical Practice
- Advanced Practice Nurses

Type of Project

- New service
- Provides system-wide coordinated patient detection, evaluation, and care

Rationale

Why Is This Project The Best Option

- Meets the need of the practitioners for ease of access to coordinated care
- Utilizes existing EMR with automated prompts for referral evaluation
 - Low alert burden
- Utilizes existing facilities and personnel more efficiently
- Utilizes efficiency of alternate practice plans:
 - Nurse practitioner as possible initial screening evaluation at each site or Physician provider
 - Group visits
 - Patient education at each site
- Meets the growing patient need

Plan Implementation & Metrics

- When will your project be operational?
 - Could start within 3 months
 - Creation of alert
 - Pilot site
 - Promotion to providers
- What metrics will be used to measure the project’s success?
 - Feedback survey from providers re: strength/desired changes
 - Continued quality measures-departmental and institutional
 - DXA and treatment numbers in target group
 - Fracture incidence vs. national numbers