U.S. Fracture Prevention Efforts

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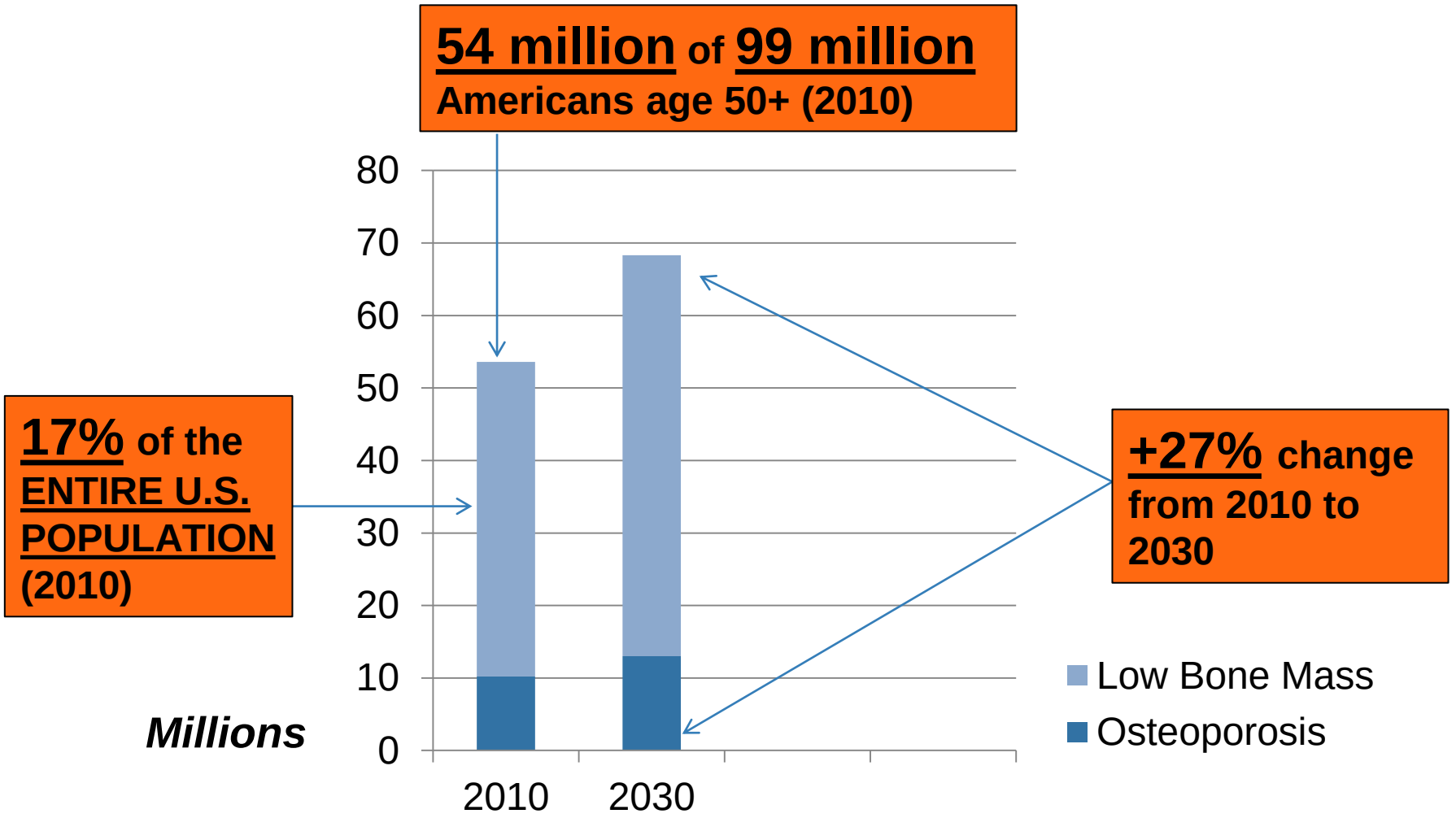
NBHA
NATIONAL BONE HEALTH ALLIANCE
STRONG BONES AMERICA

Prevalence of Osteoporosis and Low Bone Mass

Americans Age 50 and Above Affected by Osteoporosis/Low Bone Mass, 2010 to 2030 (projected)



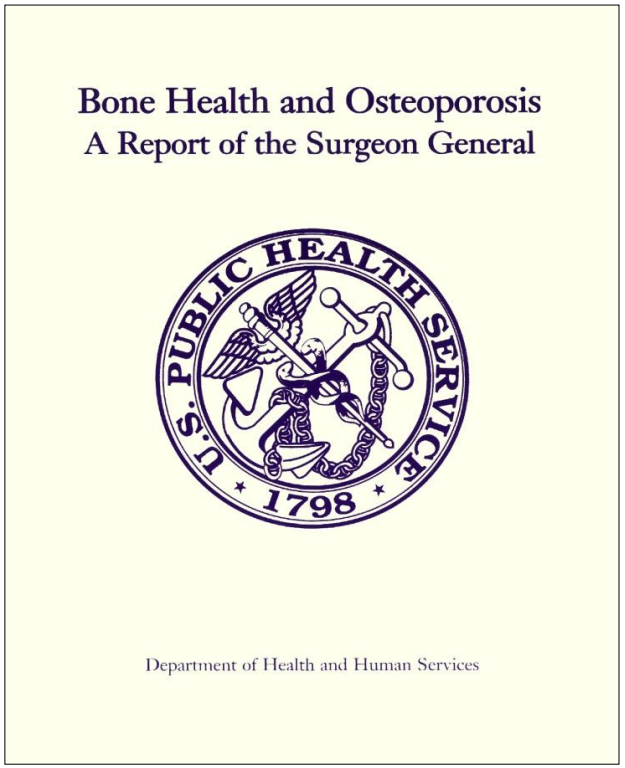
Overview

- Launched in late 2010 as a public-private partnership that brings together the expertise/resources of its public, private and non-profit sector partners
- **55 organizational participants**
  - ***34*** *non-profit members*
  - ***17*** *private sector members*
  - ***4*** *government agency liaisons (CDC, FDA, NASA, NIH)*
- ***Collective reach: over 100,000 health care professionals and 10 million consumers***
- ***Vision*****: to improve the overall health and quality of life of all Americans by enhancing their bone health**
- Addressing the priorities of the Bone Health Summit *National Action Plan:*
  - Promote bone health and prevent disease
  - Improve diagnosis and treatment
  - Enhance research, surveillance and evaluation

History (1)

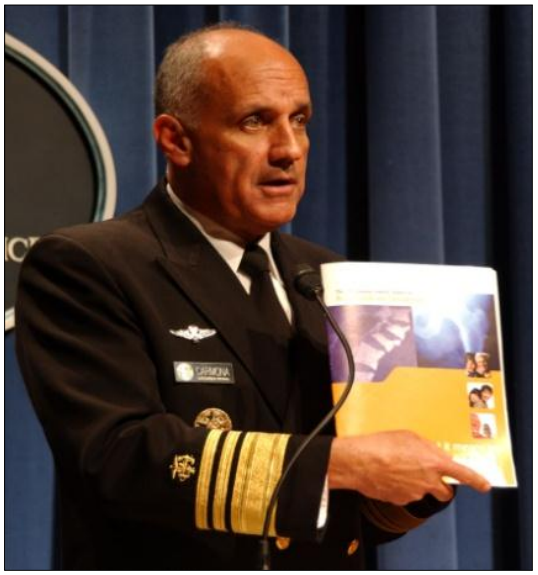
The creation of the NBHA stems from two major activities:

***Bone Health and Osteoporosis: A Report of the Surgeon General* (2004)** called for public and private stakeholders to join forces to develop a national action plan on bone health



2014:

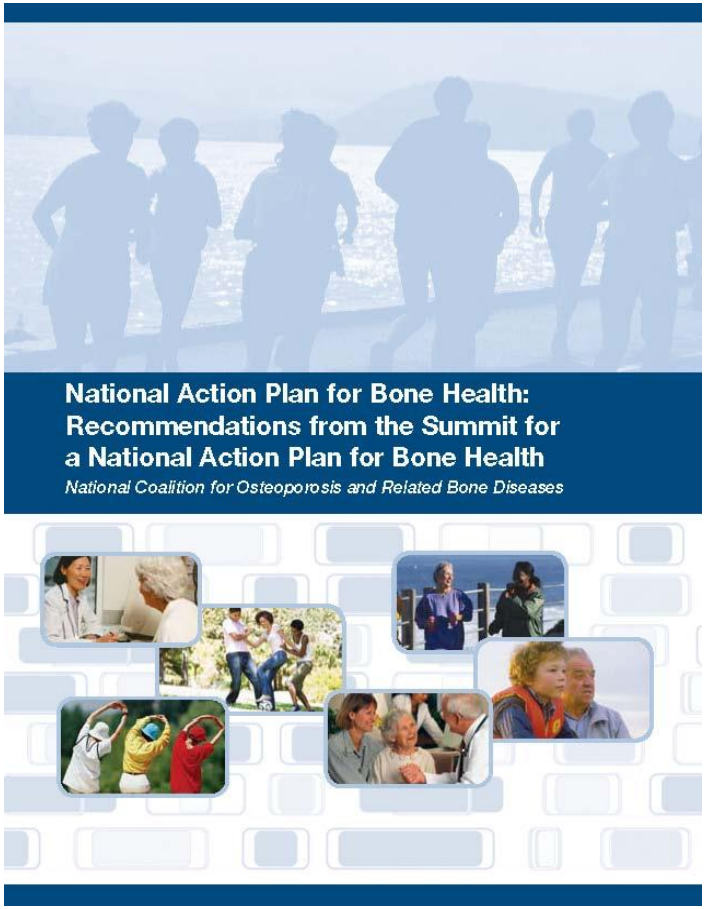
10th anniversary of publication of the U.S. Surgeon General Report



History (2)

Following up on the recommendation of the ***Surgeon General's Report*** to develop a National Action Plan on bone health, the ***Summit for a National Action Plan for Bone Health*** was convened in June 2008, which involved more than 150 individuals representing:

- individuals and families
- health care professionals
- health systems
- health care purchasers
- Communities/community-based organizations
- government
- voluntary health organizations
- professional associations
- academic institutions
- industry



NBHA's 20/20 VISION

Reducing bone breaks 20% by the year 2020

Fracture Liaison Service Model of Care: Reducing the Rate of Secondary Fractures

- Those that fracture are usually not treated with calcium, vitamin D or a prescription medication
  - little attention paid to preventing future falls
- **This lack of commitment to fracture prevention is a major failing of the U.S. health care system and leads to increased health care expenditures, morbidity and mortality**
- Health systems abroad and select programs in the U.S. have created programs that **identify patients after a fracture and ensure appropriate management through a fracture liaison service (FLS)**
  - these programs have all accomplished a **reduction in secondary fractures as well as health care cost savings**

Fracture Liaison Service (FLS) Model of Care (2)

- A **coordinated preventive care model** which operates under the supervision of bone health specialists and collaborates with the patient's primary care physician
  - Coordinates post-fracture care through a **FLS coordinator** (a RN, NP, PA or other healthcare professional) who ensures individuals who fracture receive appropriate diagnosis, treatment and support
  - Patients with recent fractures are tracked via a **population registry**
  - **Processes/timelines established** for patient assessment and follow-up

- FLS programs have been **successful in a number of closed and open settings, both in the U.S. and abroad** (most notably in the U.K. and Canada) over the last 15+ years of implementation

- These programs have **greatly reduced the number of costly and serious recurrent fractures** by identifying and appropriately treating post-fracture patients, recognizing that this group has the highest risk of future fractures

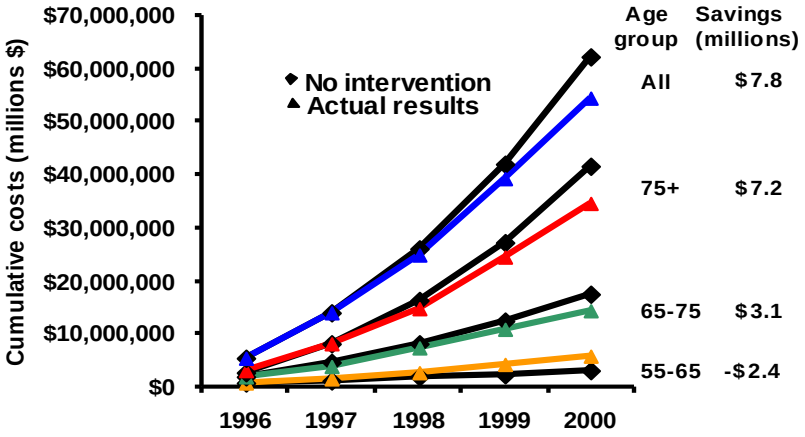
United States FLS Outcomes

1. Kaiser Permanente

- **Reduced the hip fracture rate expected by over 40%** (since 1998)
- If implemented nationally, a similar effort could **reduce the number of hip fractures by over 100,000 (and save over $5 billion/year)**

2. Geisinger Health System

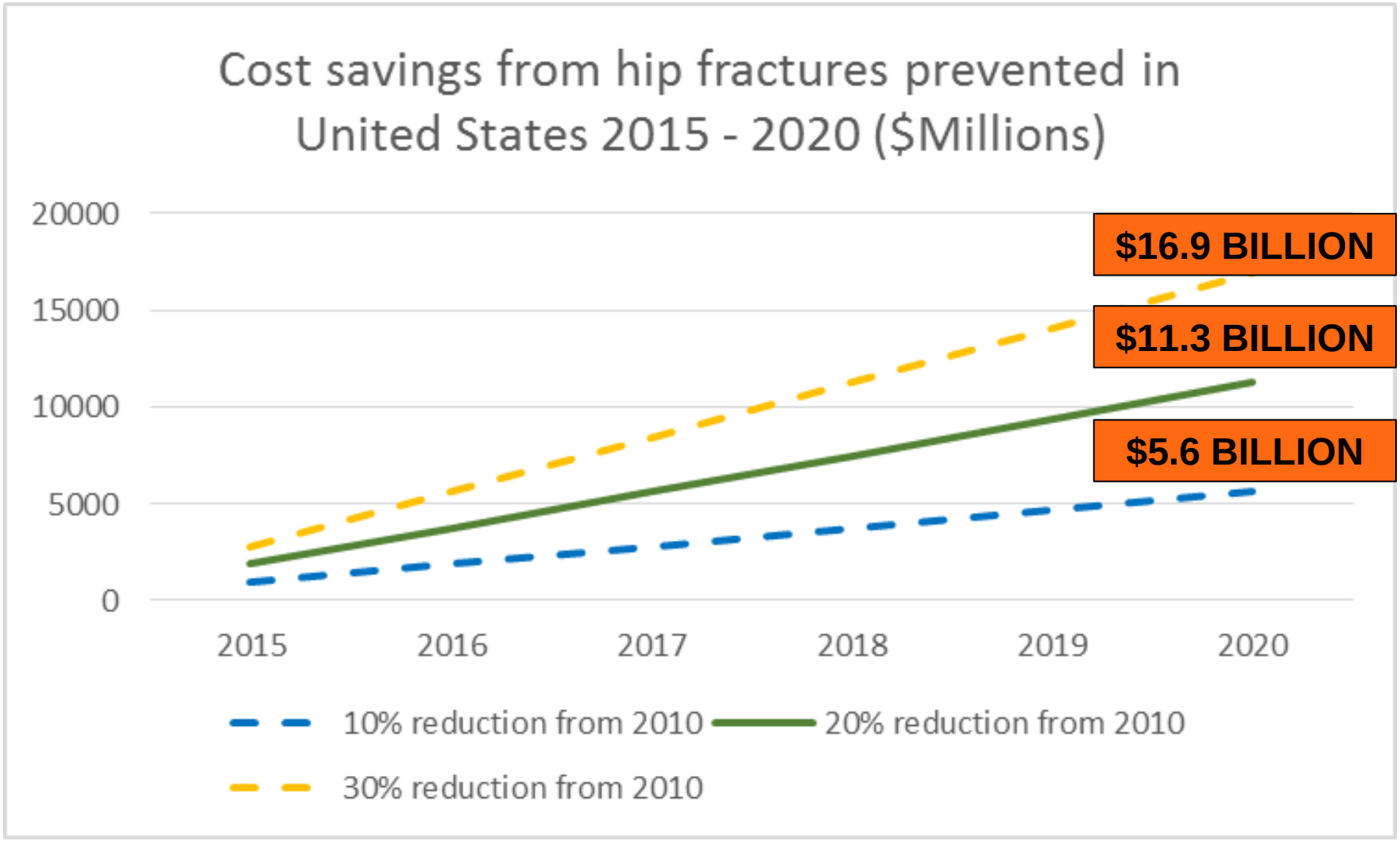
- Achieved **$7.8 million in cost savings from 1996-2000**



3. American Orthopaedic Association *Own the Bone*® Program

- Achieved statistically significant changes in health professional behavior/referral (calcium and vitamin D, exercise, fall prevention, etc.)
- Over **150 sites and 12,000+ patients** involved from 46 states and the District of Columbia (since June 2009)

Potential Economic Impact of FLS Implementation



Changes in the U.S. Driving FLS Adoption and Implementation

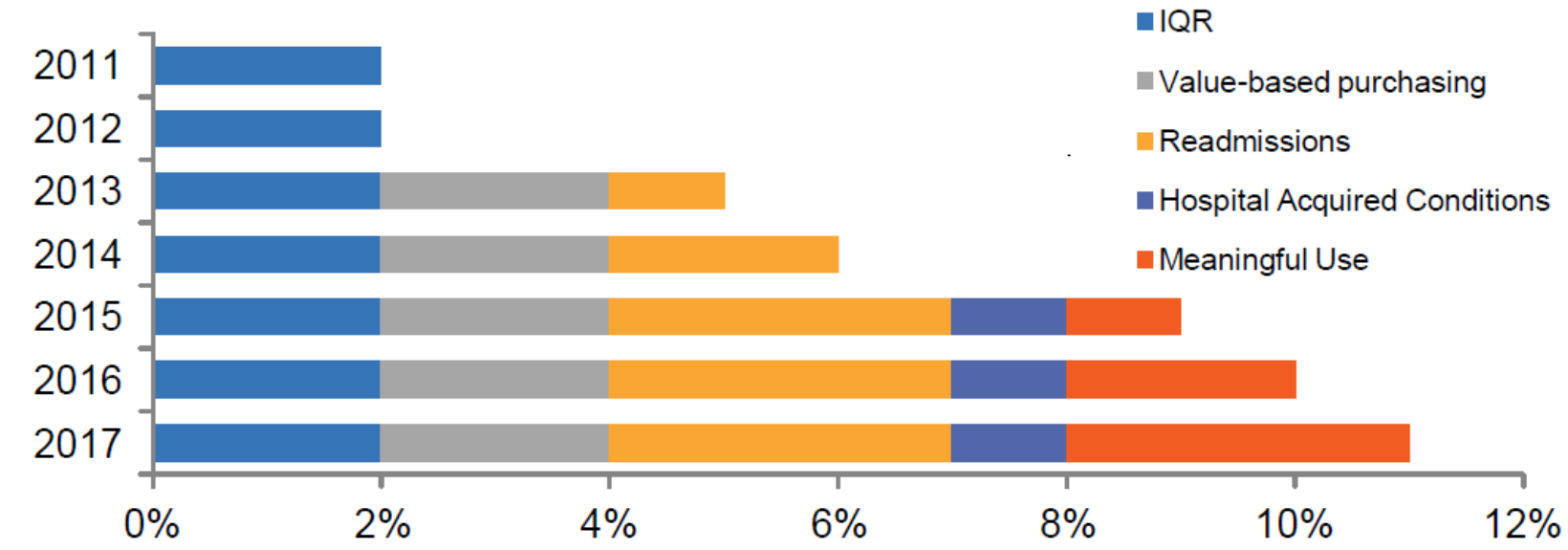
U.S. healthcare reform (the “Affordable Care Act”) is transforming the healthcare system from **fee for service** to paying for **quality, outcomes and care coordination**

Major CMS initiatives include:

- Accountable Care Organizations
- Patient-Centered Medical Home model
- Bundled payment initiatives
- Qualified Clinical Data Registries
- Medicare Advantage “5 Star” program
- meaningful use electronic medical record incentive program

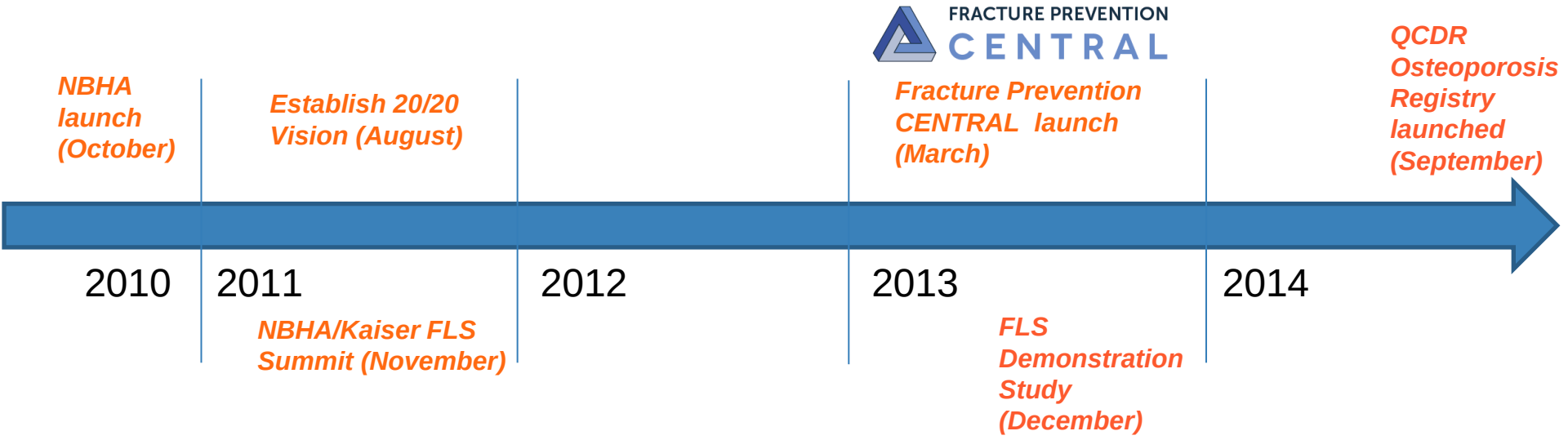
Impact of Health Reform: Future Medicare Revenue at Risk

11% AT RISK BY 2017



Source: HIMSS Analytics

Fracture Liaison Service Efforts



New FLS/Quality Measure Tools

Tools and resources developed by NBHA to help sites set up and implement FLS programs and drive osteoporosis/post-fracture clinical quality improvement:

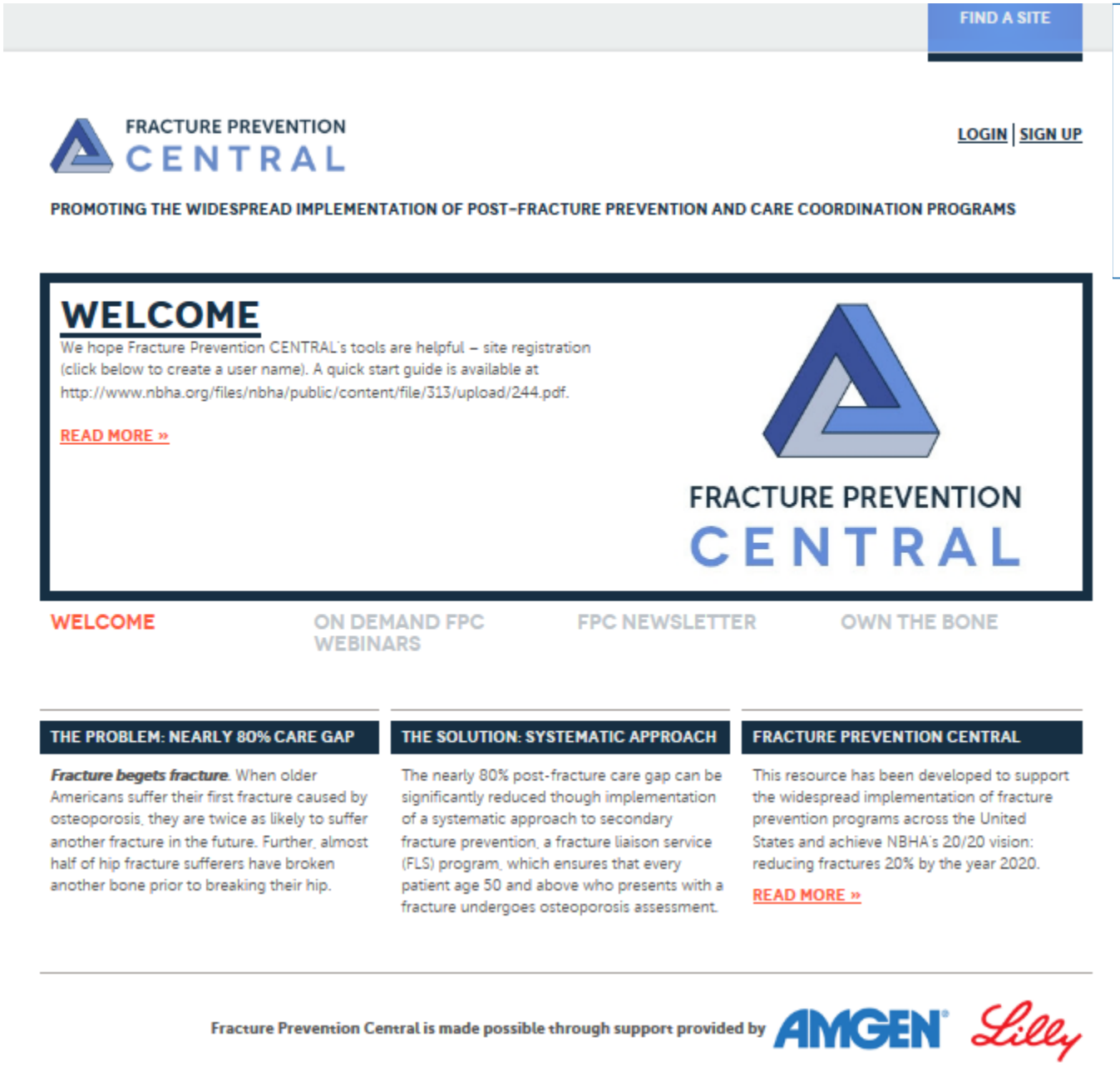
- **Fracture Prevention CENTRAL (March 2013):** fracture prevention program resource center that has attracted over 2,200 registrants since its launch 18 months ago (supported by Amgen and Eli Lilly)
- **FLS Demonstration Project (December 2013):** provides a "turnkey" way to set up a FLS, drive improvement in performance around quality measures, and improve care coordination – piloting use of these tools in 3 clinical sites (supported by Merck and Co., Inc.)
- **CMS-approved Qualified Clinical Data Registry (September 2014):** provides ability for HCPs to report on osteoporosis quality measures
  - **First major financial "stick" being implemented in 2014:**
    - non-participation will lead not only to **no 0.5% bonus payment** and
    - reduction in **ALL Medicare reimbursements by 1-3% in 2015/2016**

***Fracture Prevention CENTRAL, an Online FLS Resource*:** this publicly-accessible website was launched in March 2013 (available at **www.FracturePreventionCENTRAL.org**) to help HCPs and administrators implement a coordinator-based, post-fracture FLS model of care to reduce secondary fractures and the associated costs while increasing patient outcomes:

- NBHA **compiled materials from a number of successful domestic and international post-fracture care programs**

Fracture Prevention CENTRAL enables sites to implement a FLS in support of NBHA's 20/20 vision to reduce fractures 20% by the year 2020

www.FracturePreventionCENTRAL.org



2,300+ individual users have signed up to access these tools in 18 months

Bone Health Collaborative Fracture Liaison Service Care Coordination Demonstration Project

A Collaboration Among:

CECity, Inc.

National Bone Health Alliance

National Osteoporosis Foundation

Funding provided by Merck and Co., Inc.

Fracture Liaison Service Demonstration Project

In December 2013, NBHA, NOF and CECity announced they were embarking on a 15 month demonstration project (funded by Merck and Co., Inc.) which would demonstrate (initially in 3 clinical sites) the effectiveness of a combination of:

- implementation of the **proven FLS model of care** with
- a **"turnkey" FLS solution** (using CECity's cloud-based *MedConcert*® platform and care coordination tools, www.medconcert.com)
  - create a means for sites to **automate, benchmark** and **improve their performance** around selected osteoporosis/post-fracture quality measures and patient care

The three selected demonstration sites:

- **Alegent Creighton Health, Omaha, NE** *[site lead: Robert Recker, MD]*
- **Medstar Georgetown University Hospital**, **Washington, DC** *[site lead: Andrea Singer, MD]*
- **UPMC**, **Pittsburgh, PA** *[site lead: Susan Greenspan, MD]*

FLS Demonstration Project (2)

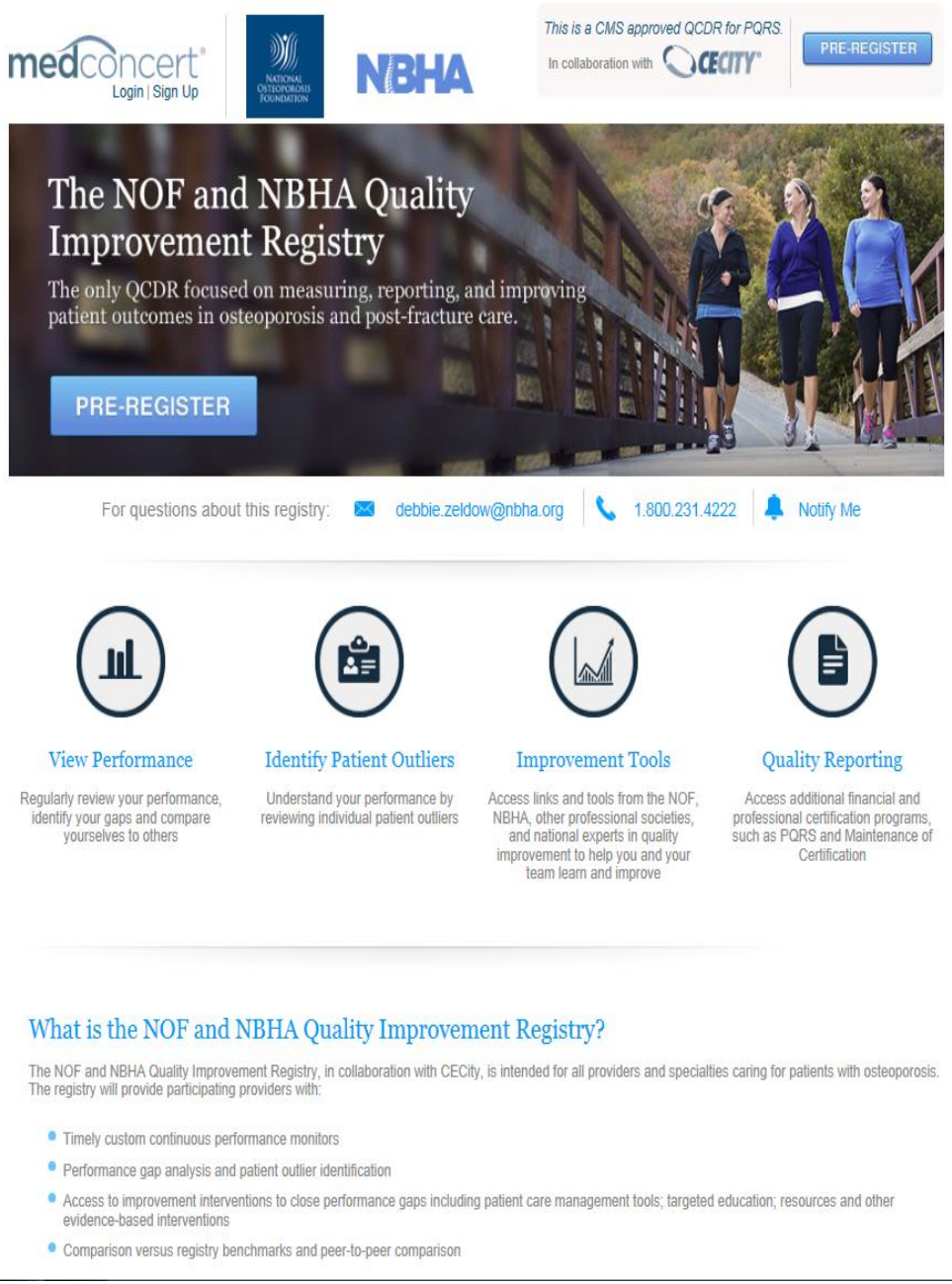
The FLS application on CECity's MedConcert platform enables the demonstration sites, site leaders, FLS coordinators and other members of the care team to:

- **automate data collection** more efficiently into a **centralized registry**
- **track in real time data and benchmark performance** against a set of osteoporosis/post-fracture diagnosis, screening and treatment quality measures
- enable and improve **care coordination and care transitions across walls/institutions to the ambulatory setting**
- Provide **clinical decision support and improvement tools** that will prompt FLS coordinators and other members of the care team regarding the next step in the care for each patient based upon the proven FLS model

This demonstration study will assess hospitals' adoption and implementation of a FLS across their communities and measure improvement in performance around selected quality measures

CMS-approved osteoporosis Qualified Clinical Data Quality Improvement Registry (QCDR)

www.medconcert.com/FractureQIR



What is a Qualified Clinical Data Registry?

A Qualified Clinical Data Registry (QCDR) is a CMS-approved entity that:

- **collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care** provided to patients
  - the data submitted to CMS via a QCDR covers quality measures across multiple payers and is not limited to Medicare beneficiaries
- a QCDR is different from a qualified registry in that it is **not limited to measures within Physician Quality Reporting System (PQRS) quality measures**
  - a QCDR may submit up to 20 non-PQRS measures

Osteoporosis Registry: *Approved as CMS Qualified Clinical Data Registry (2014)*

- **1 of 38 approved QCDRs** (only one focused on osteoporosis)
  - ***14 total measures -- 6 PQRS/8 non-PQRS***
- will **allow eligible professionals to submit their quality measure results to CMS to meet their PQRS quality reporting requirements:**
  - earn the **0.5% PQRS incentive payment** in 2014 (instead of 2% penalty for non-participation)
  - avoid the **1-2% value-based payment modifier adjustment** in 2015 (penalty or bonus) – *varies based on size of practice*
  - earn the **2% PQRS payment bonus in 2016 instead of 2% penalty for non-participation**

Together, we can address the post-fracture screening and treatment gap, which in the U.S. are responsible for:

- **2 million fractures a year**
- **Over 166,000 fractures per month**
- **5,500 fractures a day**
- **229 fractures per hour**
- **1 fracture every 15 seconds**