Improving Bone Density Screening Rates at the ECU Adult Medicine and Pediatric Health Care Clinic

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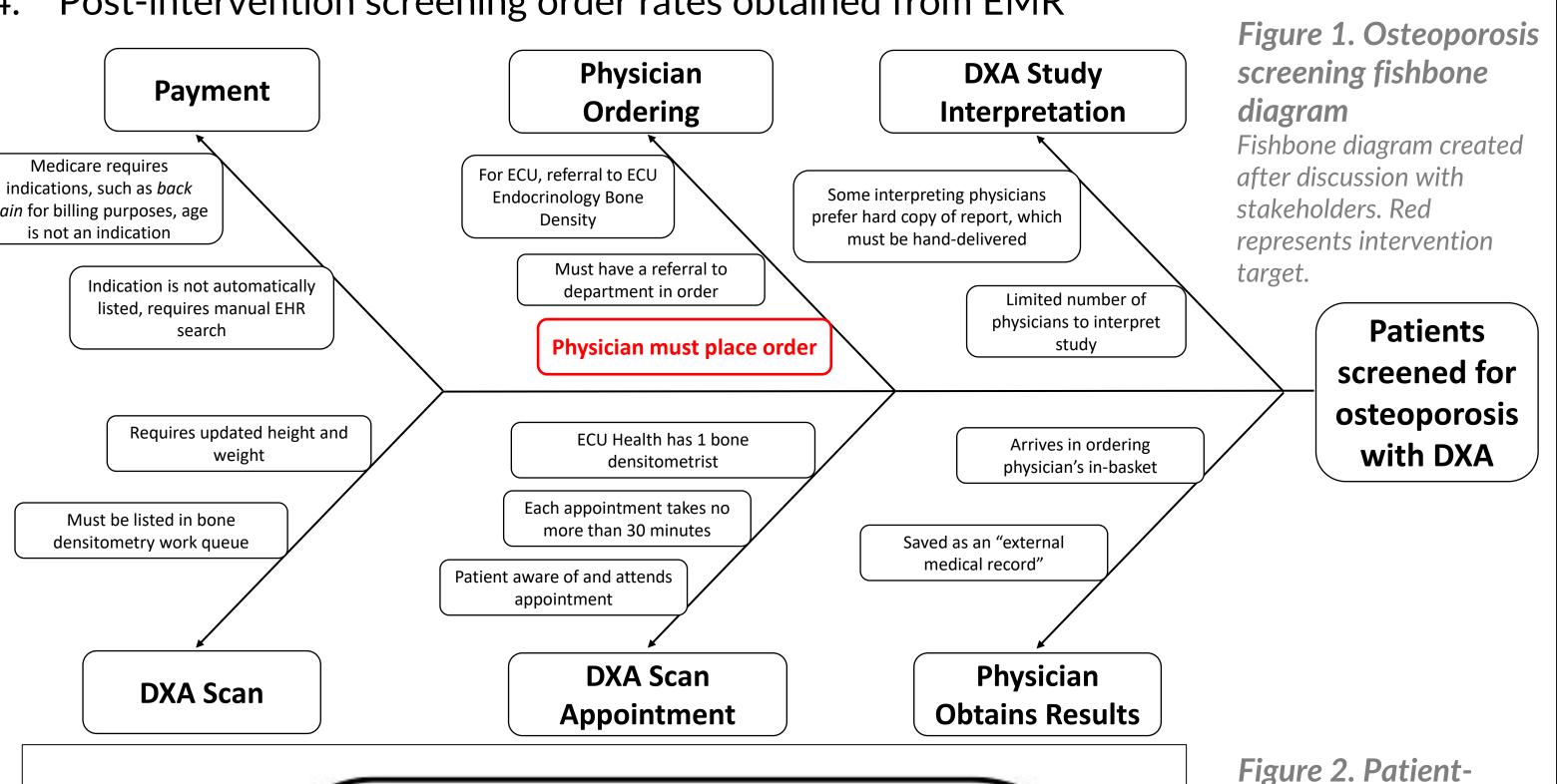
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BACKGROUND

Osteoporosis (low bone density) is a significant cause of morbidity and mortality, with a significant disease burden in older female population. Osteoporosis can lead to fracture, which may result in hospitalization, long-term skilled care requirements, destitution, and death. The United States Preventative Services Task Force recommends screening for osteoporosis with dual-energy x-ray absorptiometry (DXA) studies in women 65 years or older.

METHODS

- 1. Pre-intervention bone density screening order rates obtained from electronic medical record (EMR). Rates were calculated using the first visit for each period.
- 2. Fishbone diagram completed (Figure 1)
- 3. Handout distributed to eligible patients (female and 65 or older) during rooming (Figure
- 4. Post-intervention screening order rates obtained from EMR





Ask for a bone scan!

- · Who needs a bone scan? Women 65 years and older are more likely to have weak bones.
- What is a bone scan? A bone scan, or DEXA scan, is a painless, 15-minute picture. This picture can tell us if you have weak bones.
- · Why is this important? Weak bones are more likely to break, which can result in long term nursing care and even death.

What do I need to do? Ask your provider for a bone scan. Someone from Carolina Breast Imaging or Eastern Radiology or your office of preference will call you and schedule your bone scan at their office.

centered handout

Data represented in this

handout were obtained

scientific literature. Text

was edited for a Flesch-

Kincaid grade level score of

from peer-reviewed

View current screening guidelines

Table 1. DXA study

Data represent unique

first visit during the

patients presenting at the

intervention time period.

Order rate is defined as

number of DXA study

orders divided by total

number of eligible patients

with in-person visits during

the specified time period.

order rates

RESULTS:

- Pre-intervention order rate obtained from 1/1/22 - 12/14/22 was 25.3% (69/273)
- Pre-intervention completed bone density screening from the above time period was 27.5% (19/69)
- Total post-intervention screening rate obtained from 1/1/23 -12/31/23 was 23.3% (71/305)
- Post-intervention completed bone Sep-23 density screening from the above time period was 60.5% (43/71)
- DXA Order Rate Time Period Order Rate Quarter 1, 2022 16% (25/155) Quarter 2, 2022 | 22% (16/72) Quarter 3, 2022 54% (13/24) Quarter 4, 2022 68% (15/22) 3% (2/58) Feb-23 11% (5/47) Mar-23 20% (8/40) Apr-23 31% (8/26) May-23 32% (10/31) 26% (6/23) Jun-23 44% (7/16) Aug-23 25% (3/12)

56% (5/9)

31% 4/13)

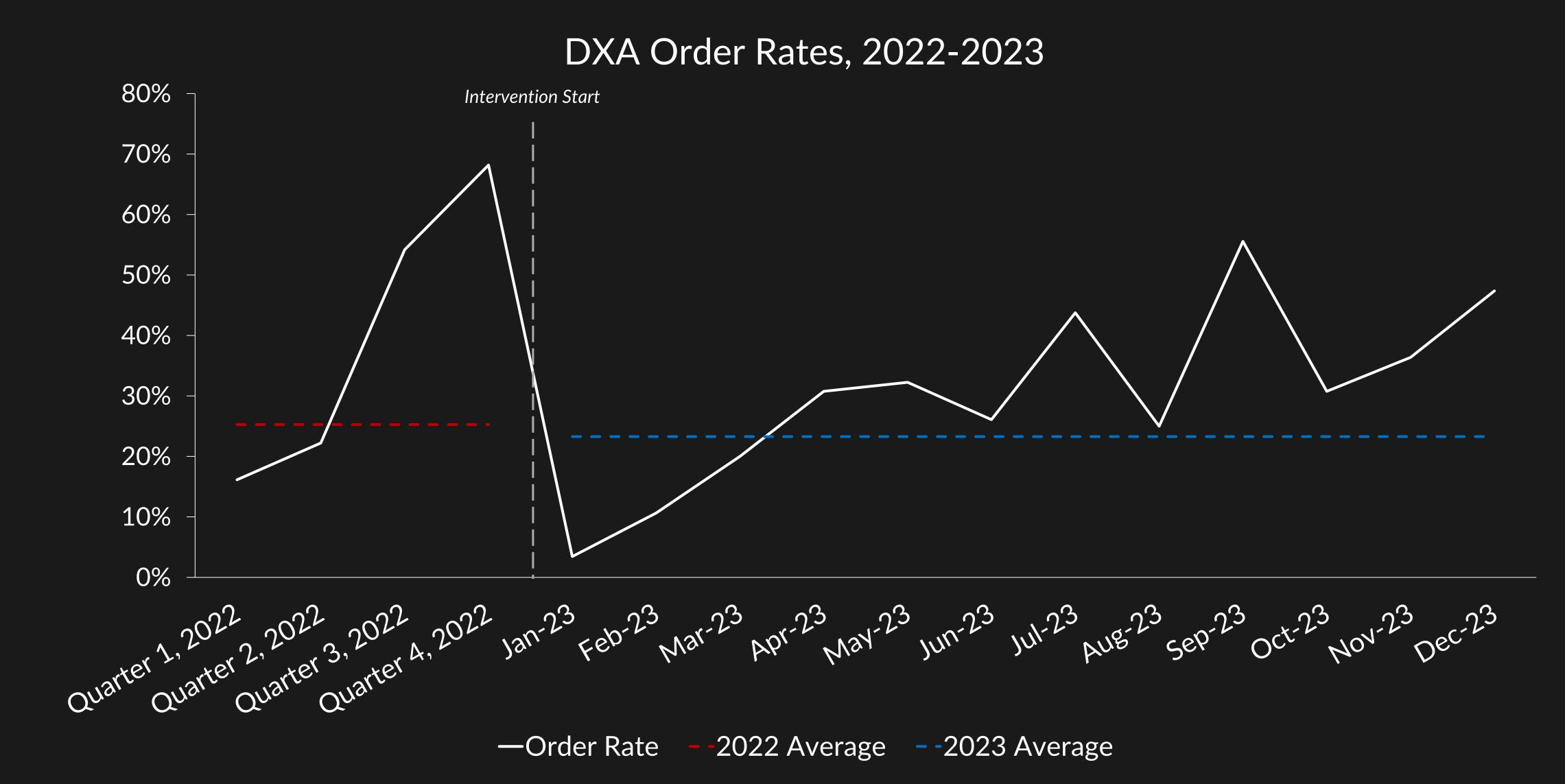
36% (4/11)

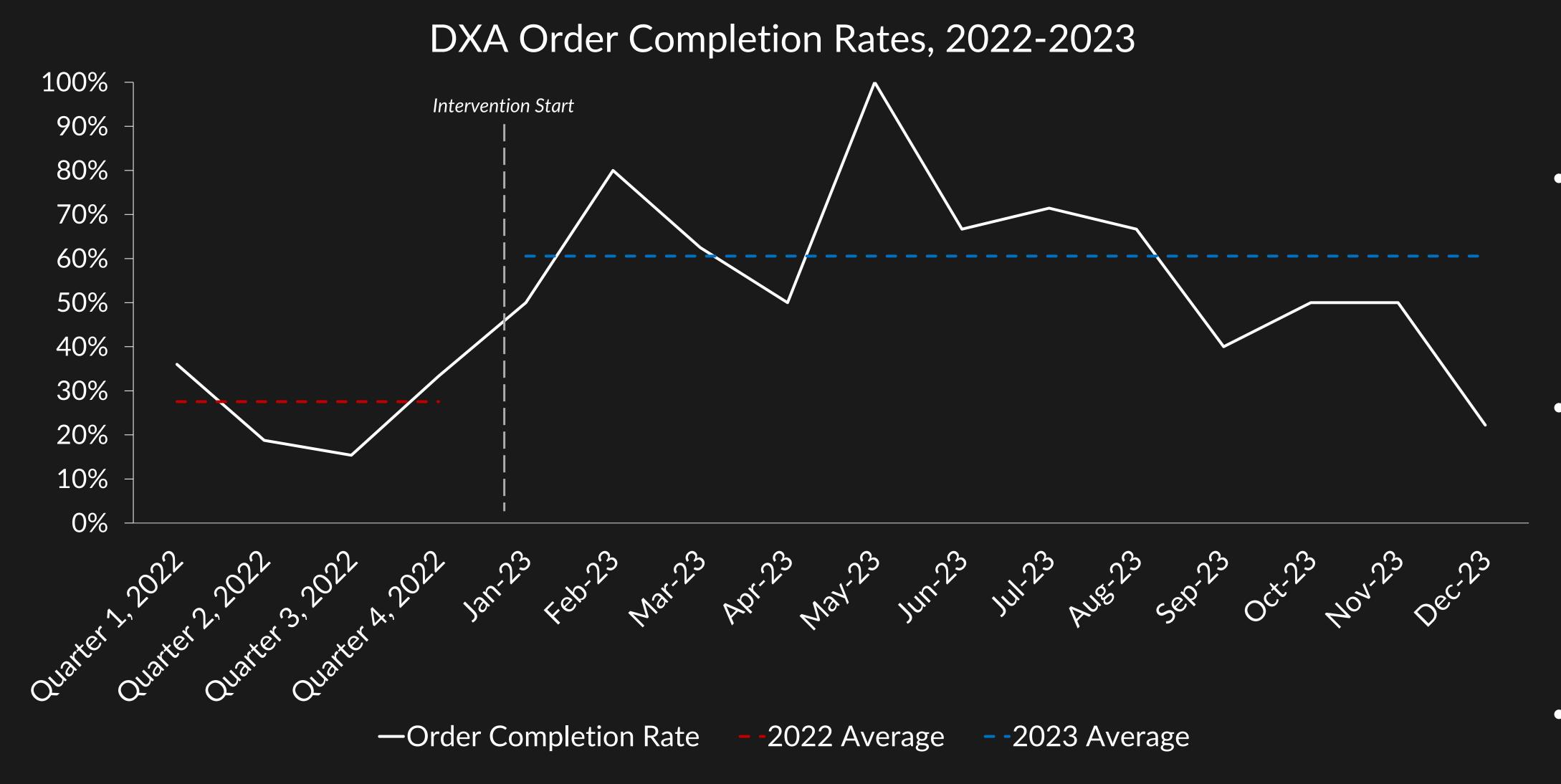
47% (9/19)

Dec-23

During the intervention period, order completion rates for osteoporosis screening increased from

28% to 61%.





Key Takeaway:

Order entry rates for osteoporosis screening in eligible patients failed to improve. However, completion rates of DXA orders improved during the same time period.

In the ECU Med-Peds Clinic, we aim to screen 25% of female patients over the age of 65 for bone density who have never been screened before by January 31, 2024.

SMART Goal: By July 31, 2023, we will increase the number of orders for a bone density scan made by ECU Med-Peds physicians for female patients over the age of 65 who have never been screened before by 10%.

Lessons Learned:

No option for medical students to request data resulted in difficult and months-long data acquisition process Inability to control for institution-wide EMR changes makes it difficult to evaluate effectiveness of intervention

Next Steps:

Tentative meeting with electronic health record governance committee for self-referral for screening More work needs to be done to improve order rates of osteoporosis screening and study completion