

Osteoporosis Management in Women Who Had a Fracture (OMW)

Women 67–85 years of age who suffered a fracture and who had either:

- A bone mineral density (BMD) test; or
- A prescription for a drug to treat osteoporosis in the 180 days (6 months) after the fracture.

Exclusions

- Fractures of the finger, toe, face, and skull are not included in this measure.
- Patients who had a bone mineral density test within 24 months prior to the fracture.
- Patients who had a claim/encounter for osteoporosis therapy, OR who had an active or dispensed prescription within 12 months prior to the fracture.
- See HEDIS specification for further exclusions.

Relevant Codes

Item	Description
77080	Dxa bone density axial
77081	Dxa bone density/peripheral

Osteoporosis Medications

Medication Category	Medications
Bisphosphonates	Alendronate (Binosto, Fosamax) Alendronate-cholecalciferol (Fosamax Plus D) Ibandronate (Boniva) Risedronate (Actonel, Atelvia) Zoledronic acid (Reclast)
Other agents	Abaloparatide (Tymlos) Denosumab (Prolia, Xgeva) Raloxifene (Evista) Romosozumab (Evenity) Teriparatide (Forteo)

Documentation Requirements

Documentation must include the date and result of a completed bone mineral density test or prescription for a drug to treat osteoporosis (i.e., medication name with date prescribed) within the 6 months following the fracture.

- Fractures from July 1 of the year prior to the measurement year through June 30 of the measurement year are included in performance.

Best Practices

- Upload BMD test results into your EMR and label clearly for easy identification.
- Ensure workflows are in place to notify providers of patient eligibility for this measure; monitor HIE systems and/ or ADT feeds for notification of ED or inpatient visits, and ask patients if they have experienced a fracture or a fall. Utilize Innovaccer Dashboards and/or InNote when chart prepping.
- Complete fall risk assessments and osteoporosis screenings for women 65-75 years of age.
- Make follow-up phone calls to patients who have experienced fractures. Utilize care gap lists to identify non-compliant patients.
- Educate patients on the risks of osteoporosis, fall prevention strategies, and to notify your office if they experience a fracture.

Common Documentation Insufficiencies

- Treatment with Calcium or Vitamin D does not meet the intent of the measure.
- Documentation that osteoporosis medications are not tolerated is not considered an exclusion.
- Referral for a bone mineral density test will not close this quality measure; results should be available in the EMR.