Integrating Fall Prevention into Osteoporosis Management
Kate T. Queen, MD

Background: Programs designed to prevent fractures require a focus on both fall prevention and the management of osteoporosis.Traditionally, in the medical setting, the emphasis of such programs has been primarily on bone health. Their focus has been on identifying individuals at risk for low bone mass; referring those individuals for bone density testing; and then providing recommendations regarding calcium, Vitamin D, and pharmacologic therapy. Fall prevention is a critical component of fracture prevention that is not routinely addressed. Reliable tools are now available to identify community dwelling adults who are at high risk of falling, and interventions are available to help those individuals acquire the skills needed to reduce that risk.

Project Goals: The project entails (1) evaluating the ability of the Haywood Regional Medical Center Osteoporosis Center to identify from the cohort of individuals referred for bone density testing those at increased risk for falls and fractures, (2) measuring its success at enrolling those at risk in a focused outpatient training program and (3) following their performance over time. This effort includes developing a validated, self sustaining model that can be implemented with resources available in a community outpatient setting.

Proposed Tools:

- Assessment of fall risk in all ambulatory individuals seen for bone density testing using the "Timed Up and Go", a validated tool to assess fall risk in community dwelling adults.
- Development of a physician-specific care path for each referring MD, allowing direct referral of patients who meet criteria for inclusion. This process would be preceded by an assessment of the physician's baseline knowledge and education about the services available.
- Development of a database that will abstract relevant information from other electronic formats including patient demographics; bone density testing results; and detailed follow-up information on program participants including measures of physical performance, osteoporosis knowledge, quality of life measures, interval falls and fractures. Participants would be assessed at enrollment; on follow-up at 3, 6 and 12 months; and then annually.

Sustainability: The success of this service will require demonstrating that those at risk can be successfully identified and enrolled, that they achieve clinical benefit from participation, and that the program can be offered with an adequate return on investment.

Please email Kate with any questions or comments regarding this project.