

## Clinical Practice Initiatives

# Osteoporosis Management

NaviCare® HMO SNP, a Medicare Advantage Special Needs Plan and NaviCare® SCO, a Senior Care Options program, both from Fallon Health, have endorsed the Massachusetts Health Quality Partners' (MHQP) Adult Preventive Care Guidelines for Osteoporosis. The guidelines can be found at <http://fallonhealth.org/providers/medical-management/health-care-guidelines.aspx>. Under **Preventive Care**, click **Adult preventive care guidelines**.

### Preventive patient education

NaviCare may provide the following educational information to your patients and their caregivers:

- Reinforcement of healthy lifestyle changes including a healthy diet for weight management, following exercise recommendations, smoking cessation and avoidance of secondhand smoke, limiting alcohol consumption, having routine follow-up visits and taking medication as prescribed
- Talk with your doctor about having a Bone Mineral Density (BMD) test any time after age 65 or especially if there has been a recent fracture.
- Talk with your doctor about preventive measures, such as dietary calcium and vitamin D intake and weight-bearing exercises.
- Fall prevention: Wear properly fitting shoes with non-skid soles, remove or secure loose rugs, use non-slip mats in bath or shower, keep walking paths clear of clutter and well lit, promote assessment for proper use of assistive devices for ambulation and transfers as needed, correct deficits in vision as indicated.

### Clinical indicators

When evaluating your performance, Fallon will utilize the following:

- The percentage of your female patients, 65 years of age and older, who had a bone mineral density (BMD) test
- The percentage of your female patients, 67 to 85 years of age as of December 31<sup>st</sup> of the calendar year, who suffered a fracture and had:
  - A BMD test in the two years prior to or six months after the fracture
  - or**
  - A prescription for a drug to treat or prevent osteoporosis in the six months after the fracture\*

\*See the chart on the next page.

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Description	Prescription
Biphosphonates	Alendronate Zoledronic acid Ibandronate Risedronate
Other agents	Albaloparatide** Teriparatide* Denosumab*

\*Prior authorization required

\*\*Non-formulary prior authorization required

**Note:** *A comprehensive list of medications can be found at [ncqa.org](http://ncqa.org).*

**1-866-275-3247**

Monday through Friday from 8:30 a.m. to 5:00 p.m.

**[fallonhealth.org](http://fallonhealth.org)**

