

Osteoporosis Intelligence

“The dashboard has helped demonstrate the effectiveness of active patient management to reduce fracture risk in our practice”

Dr Alun Cooper

Clinical lead for Crawley Fracture Liaison Service



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Supporting the delivery of the National Falls and Fractures agenda

Health Intelligence has developed a clinical dashboard, aimed at supporting the delivery of the key strategic objectives in falls and fracture prevention published by The Department of Health.

These objectives include:

1. Improve patient outcomes and improve efficiency of care after hip fractures through compliance with core standards.
2. Respond to a first fracture and prevent the second through fracture liaison services in acute and primary care settings
3. Early intervention to restore independence through falls care pathways, linking acute and urgent care services to secondary prevention of further falls and injuries.
4. Prevent frailty, promote bone health and reduce accidents through encouraging physical activity and healthy lifestyle and reducing unnecessary environmental hazards.

By pulling together the primary care and the SUS data sets, this dashboard supports the integration of information across the primary and secondary care sector. As a web based system accessed over the N3, it can also be accessed and utilised by various support teams including Primary Care Fracture liaison teams.

How can Health Intelligence support your organisation to meet the national targets?

In 2012, the QoF standards for Osteoporosis were brought in to drive improvements in the appropriate coding and monitoring of patients in this high risk group.

1. Producing a register of patients:
 - a) Those aged 50-74 years with a record of a fragility fracture after the 1st April 2012 and a diagnosis of Osteoporosis confirmed by a DXA Scan or
 - b) Those aged >75 years with a record of a fragility fracture

2. Ensuring that patients on the register between the ages of 50-74 years, with a fragility fracture, in where Osteoporosis is confirmed on DXA, are treated with appropriate bone-sparing agents.
3. Ensuring that patients aged 75 years and over with a fragility fracture are treated with an appropriate bone-sparing agent.

The Osteoporosis dashboard will not only support commissioners and GPs to understand if they are indeed tracking toward national standards, it will also clearly list for you the gap's in management down to specific patient level data. This approach supports the ability for commissioners to understand the potential unmet need across the system, and for GPs to have a supportive and efficient tool that delivers targeted intervention profiling. Offering a proactive model of care, that supports a preventative rather than reactive approach to the management of Osteoporosis.

Features of the Reports

Health Intelligence Osteoporosis dashboard provides users with:

- Prevalence and Incidence – This supports the understanding of the current population and the variation across the healthcare organisation.
- Patients Likely to have – This highlights patients whose data suggests that they should be coded as having Osteoporosis, therefore an area of investigation.
- Prevention – These reports will highlight patients that would benefit from additional monitoring, based upon current treatments or risk factors.
- Management of fragility fractures – This enables the healthcare organisation to start identifying potential trends around changes in management, supporting the ability to monitor outcomes where change management has been implemented.
- Fracture Liaison Service Reporting – Bespoke reporting to enable you to understand the shift between primary and secondary interventions. They support the profiling of your at risk population in terms of interventions and gaps in care.

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healthintelligence Saxon House, Moston Road, Sandbach, Cheshire CW11 3HL

t: +44 (0) 1270 765124

f: +44 (0) 1270 765078

e: enquiries@health-intelligence.com

w: health-intelligence.com