Integrating Osteoporosis in Primary Care: The Osteoporosis Risk and Management (ORMA) Project

The Australian Institute of Musculoskeletal Science (AIMSS) in partnership with the Melbourne Academic Centre for Health, University of Melbourne and North Western Melbourne Primary Health Network (NWMPHN) are inviting 16 general practices to be part of the **O**steoporosis **R**isk and **Ma**nagement (ORMA) Project. This is a quality improvement activity designed to enhance detection and improve osteoporosis disease management in older adults.

This document provides an overview of the project as well as the quality improvement activities for interested applicants.

Study aims

- Increase the proportion of patients identified with osteoporosis risk factors (primary prevention).
- Increase the proportion of patients tested for osteoporosis.
- Increase the proportion of patients with a documented diagnosis of osteoporosis.
- Increase the proportion of patients meeting the recommended guidelines for disease treatment (secondary prevention).

Your practice will receive

- Access to a novel tool (CAT – Osteoporosis) by PenCS to facilitate detection of patients at risk and improve disease management during participation in the study.
- Continuous education and training including access to a hotline, website, webinars and written material (by Osteoporosis Australia).
- Access to CPD workshops.
- Access to clinical and QI mentors to support implementation of your quality improvement activities.
- Opportunities to share your practice improvement strategies, successes and barriers of the project with other practices.
- Report at the completion of the project demonstrating the changes between pre and post implementation.

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Overview of osteoporosis in Australia

The publication of new data on the prevalence of osteoporosis in Australia (23% of women and 6% of men older than 60), and the health and economic impacts of this disease has also highlighted the need to clarify and reinforce clinical guidance for health professionals at the front line of osteoporosis management[1]. The total direct and indirect costs of osteoporosis and osteopenia in Australia were $2.75 billion in 2012. This total annual cost is predicted to reach $3.84 billion by 2022. Hip fractures constitute the major burden, costing nearly $800 million in 2012[2].

Evidence shows that timely diagnosis and appropriate pharmacological management reduces fracture rates[3]. Indeed, pharmacotherapy is very effective (reducing fracture risk by more than 50%), has a low incidence of adverse effects, and can easily be administered by general practitioners[4]. However, despite the availability of very effective pharmacotherapy, osteoporosis remains significantly underdiagnosed and even if a diagnosis is made, it remains inadequately treated. Thus, it is clear that an alarming detection and treatment gaps exists, which, we hypothesise, could be addressed in a simple, pragmatic, and yet very effective way.

What is Quality improvement?

Quality improvement (QI) involves undertaking activities intended to monitor, evaluate or improve the quality of service delivered. Therefore, in general practice it constitutes the activities leading to increased quality of health care delivered to practice patients. As defined by the Department of Health, quality improvement activities include team-based approaches, peer review, reflective practice, best practice and data analysis. It is an opportunity to change as a result of learning. For more information on quality improvement see the NWMPHN QI Guide and Tools.

Practice eligibility criteria

To be eligible for the ORMA Project general practices must:

1. **Be located within the NWMPH catchment area.**

2. **Have PenCS pre-installed and allow the activation of CAT-Osteoporosis module on your practice computers for 10 months.**

   As CAT-Osteoporosis is a module of Pen CS, it is required that participating general practices have Pen CS pre-installed on your practice computers with the latest version of the software. Once your practice is randomised to start the intervention CAT-Osteoporosis module will be activated by Pen CS. Technical support in regard to the software will be provided by Pen CS with no extra costs. Furthermore, the clinical software used needs to remain updated in order to avoid compatibility issues.

3. **Not be currently engaged in other projects to improve osteoporosis management or using other software tools to assist.**

   CAT can also support the REFRAME osteoporosis program. Therefore, your practice will not be eligible to participate in the ORMA project if are currently using REFRAME for osteoporosis management.

4. **Have not undertaken a quality improvement activity for your patients with osteoporosis in the last 12 months.**

   In order to analyse the effectiveness of the ORMA Project in quality improvement, it is important that the general practice has not have the opportunity to work on other quality improvement process as this can condition the response to the program.

5. **Are not currently participating with the CD-IMPACT activities**

   General practices that were part of a previous research project by Western Health (CD-IMPACT) evaluating similar e-technology in the identification and treatment of Chronic Kidney Disease (CKD), Cardiovascular Disease (CVD) and Type 2 Diabetes Mellitus (T2DM will be considered for the study only if they are not currently partaking in the CD-IMPACT study.

6. **Have a clinical system that is compatible with PEN CAT**

   Practices will need to operate medical software compatible with PEN CAT Clinical Systems.

7. **Provide protected time for staff to participate in project activities:**

   As part of the ORMA Project and the continuous quality improvement is it expected that the practice participates actively in the scheduled activities. Activities can be tailored with the general practice with one activity allocated in a monthly basis.

(a) One-hour project introduction session.

The study team in partnership with NWMPHN will deliver an introductory session where all details of the project will be explained. During the session successful general practices will sign the Memorandum of Understanding (MoU) between the general practice and the University of Melbourne where the practice agrees to the participation requirements. This session is also important in order to establish the particular goals and responsibilities for your general practice.

(b) Participate in Quality Improvement Cycles.

It is anticipated that practices will be able to plan and undertake improvement activities using the Quality Improvement model to help set aims and track progress. Over the course of the project, three to six quality improvement cycles will be undertaken.

(c) Allow the extraction of the non-identifiable data by the project officer every four weeks during the six months participation.

Data extracted will be collected by the study team in a monthly basis. Once your general practice has signed the MoU, two baseline data sets will be extracted by PenCS, four weeks apart. After the activation of CAT-Osteoporosis is conducted, four data sets will be collected during the four months post-implementation phase. While this extraction does not require any GP or administrative time, these data sets have to be manually collected by the study team. Arranging the data collection remotely will imply setting up a secure repository for the data to be sent to. Therefore, for privacy reasons the data has to be collected manually.

(d) Completion of the post – implementation survey by general practitioners.

After the last data set is collected (four months post-implementation) a short post-implementation survey will be conducted to assess the educational component delivered to GPs. Whilst data collected is de-identified, due to the nature of the responses, a Consent Form (PICF) has to be signed by participating GPs. This survey is likely to take less than 10 minutes and responses will be collected by the study team.

(e) Completion of reporting and evaluation requirements to NWMPHN

Participating practices in the project will be required to complete selected qualitative and quantitative evaluation tools to inform project outcomes. These will include qualitative surveys reflecting on the adopted changes, logistics and most effective strategies to ensure the implementation of the study.

8. Share learnings, achievements, successes and barriers with other practices.

General practices will be required to share their experiences of the ORMA Project in order to improve the process for other general practices in future studies. This may occur at education events, general practice visits, online and/or through NWMPHN media publications.

Timelines

Activity	Date
Applications open	**Upon ethics approval**
Applications close	24 January 2020
Practices selected by project selection panel	30 January 2020
General practices applicants notified	February 2020
Orientation session with practices	February 2020
Practices enrolled/pre-implementation	February – March 2020
Baseline data collection	February – March 2020
CAT – Osteoporosis activation by PenCS/Implementation	March – April 2020
Training workshops	March – April 2020
Monthly data extractions	February – September 2020
Quality Improvement Activity	February – September 2020
Project evaluation period	October – December 2020

Contact for enquiries

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We acknowledge the peoples of the Kulin nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to their Elders past and present.

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