quick guide

PRIMIS
making clinical data work

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Osteoporosis quality improvement tool

This quality improvement tool helps GP practices to assess the quality of care they provide to patients with osteoporosis through interrogation of the coded clinical data. The tool also incorporates a casefinder function, identifying those who may have the disease but where a coded diagnosis is absent.

Practice results are presented quickly within a personalised 'call to action' report. This report separates patients into three distinct groups, highlighting patients that require further investigation:

Group A: patients in age groups 50-74 or 75+ who appear on the QOF register but are currently untreated

Group B: patients in age groups 50-74 or 75+ with a potentially elligible fracture but where other key diagnostic QOF criteria are missing

Group C: patients aged 49+ who may have osteoporosis but other supporting diagnostic criteria are missing

The tool also helps practices to examine the efficacy of treatment regimens by highlighting:

✓ patients with long term bisphosphonate use

✓ patients on treatment but continuing to fracture

✓ patients at risk of fragility fractures who are not on treatment

Patients in each group can then be reviewed to assess the effectiveness of their current treatment
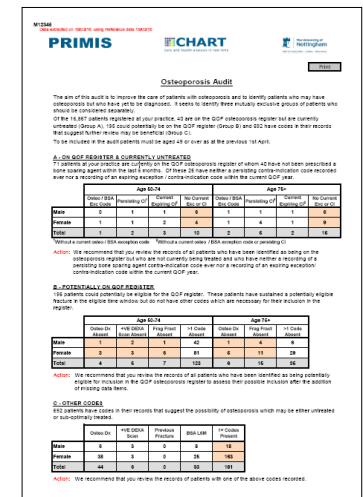
The Osteoporosis quality improvement tool helps practices by:

identifying patients aged 49+ (on 1st April) who have a diagnosis of osteoporosis and facilitating a clinical audit

assessing the treatment of patients with osteoporosis, highlighting where prescribing might be absent or where the patient requires a review

highlighting areas of poor recording or absent coding particularly in relation to key diagnostic criteria

generating a list of patients who may have osteoporosis but do not have a coded diagnosis, helping to ensure that patients receive appropriate treatment

potentially improving the prevalence rate for osteoporosis within the practice

improving the recording of contra-indications and exceptions in this disease area

contributing to the delivery of the QOF, the NHS Outcomes Framework, the Clinical Commissioning Group Outcomes Indicator Set and the NHS Right Care opportunity indicators

providing data in a format that can be used for appraisal and revalidation and providing a method for GPs to reflect on their own clinical practice

The summary sheet

Practice results are presented within a personalised call to action report. Patients are separated into three distinct groups, each with information on what to do next. The report then examines efficacy of drug treatment in order to direct clinicians to patients whose regime may be sub-optimal.

Osteoporosis uses the CHART software tool and provides practices with a detailed, easy to follow narrative report of the audit results. Users of the audit tool will be able to print off the summary sheet, which gives a clear view of prescribing within the practice.

CHART presents data at both practice and patient levels. Users can quickly drill down to examine detailed patient care within a comprehensive datasheet.
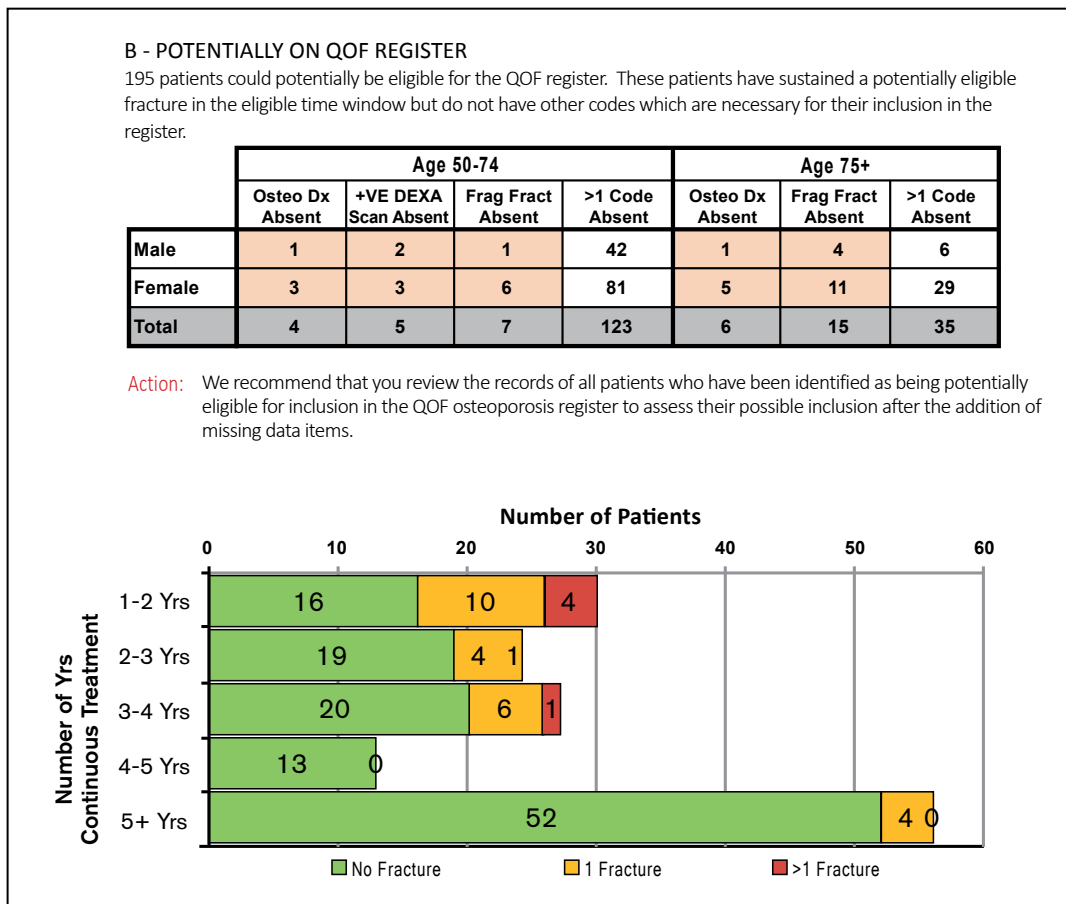
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Osteoporosis quality improvement tool
CHART individual call to action report

The osteoporosis quality improvement tool benefits from the summary being presented as a narrative report. This has been designed to guide practices through their results in an easy-to-follow format. it clearly describes what action practices need to take. This format also facilitates reflection on clinical practice and supports GP appraisal and revalidation processes.

The summary sheet also includes a range of data tables and graphs offering an instant view of practice level clinical data (such as these examples):

B - POTENTIALLY ON QOF REGISTER

195 patients could potentially be eligible for the QOF register. These patients have sustained a potentially eligible fracture in the eligible time window but do not have other codes which are necessary for their inclusion in the register.

	Age 50-74				Age 75+		
	Osteo Dx Absent	+VE DEXA Scan Absent	Frag Fract Absent	>1 Code Absent	Osteo Dx Absent	Frag Fract Absent	>1 Code Absent
Male	1	2	1	42	1	4	6
Female	3	3	6	81	5	11	29
Total	4	5	7	123	6	15	35

Action: We recommend that you review the records of all patients who have been identified as being potentially eligible for inclusion in the QOF osteoporosis register to assess their possible inclusion after the addition of missing data items.

Number of Patients

PRIMIS tools are designed to signpost practices to patients who may be of interest and/or concern and not to replace clinical decision making.

Five key actions following use of the osteoporosis quality improvement tool

Review patients identified as being on the QOF osteoporosis register but are not receiving treatment/ not contraindicated (Group A)

Review these patients to determine why they have not been prescribed a bone sparing agent in the last six months. Ensure that any relevant allergies, contra-indications or other exceptions are correctly coded

Review patients identified as having a potentially elligible fracture but who have other key diagnostic QOF criteria missing (Group B)

Review the records of all patients who have been identified as being potentially elligible for inclusion in the QOF osteoporosis register to assess their elligibility after the addition of any missing data items

Review patients who may have osteoporosis but have supporting diagnostic information missing (Group C)

These patients are identified as being of interest due to the presence of data items that suggest osteoporosis. They are not elligible for inclusion in the QOF register, due to the absence of specific qualifying criteria, but they may be receiving sub-optimal treatment. Review these patients in order to add any missing data and to ensure they are receiving the right care

Assess the efficacy of current treatment regimens

The call to action report identifies the following groups of patients who are worthy of review to assess efficacy of their treatment: patients with long term bisphosphonate use, patients on treatment but continuing to fracture and patients at risk of fragility fractures who are not on treatment

Review coding standards within the practice

Use the information provided within the report to assess the accuracy of coding particularly in relation to confirming osteoporosis diagnoses, drug allergies and contra-indications and use of QOF exception codes. Consider the reasons why any data items are missing and how to prevent recurrence for other patients