The Value of Fracture Liaison Services: A Focus Group Study

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Disclosure

• Sharon Chow, Healthy Bones Nurse Practitioner Care Manager for Fontana Kaiser Permanente Medical Center, California, United States
• The primary investigator is a Doctor of Nursing Practice graduate of Western University of Health Sciences, California, United States
• This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.
### Learning Objectives

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<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<tbody>
<tr>
<td><strong>1</strong> The learner will be able to identify Fracture Liaison Services as best practice, compared with usual osteoporosis care.</td>
<td>Fracture Liaison Services as best practice to ensure appropriate osteoporosis testing, diagnosis, treatment and ongoing support for patients with fractures.</td>
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<td><strong>2</strong> The learner will be able to list the implementation recommendations of Fracture Liaison Services to promote patient-centered osteoporosis care coordination and positive patient care experience.</td>
<td>Collaborative Fracture Liaison Services promote patient care experience and health outcomes throughout care continuum.</td>
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The 2Million2Many’s Cast Mountain represents 5,500 bone breaks every day due to Osteoporosis in the United States.
Background & Significance

Osteoporosis is a National Concern in US

- Significantly undiagnosed: Only 5% diagnosed and treated
- Expensive cost: >$25 billion by 2025 in the United States

Best Practice Not Widely Implemented

~ International Osteoporosis Foundation advocates Fracture Liaison Services (FLS)
~ Kaiser Permanente Healthy Bones Program achieves FLS Gold Award

Problem Statement

• Significant Osteoporosis Research on:
  Patient knowledge, pharmacological treatment, and education of calcium, vitamin D supplements and exercise

• There is a **Knowledge Gap** about:
  Patients’ care experiences with Fracture Liaison Services/
  Healthy Bones Program.

(Kastner, Li, Lottridge, Marquez, Newton, & Straus, 2010)
Purpose of the Study

• To explore members’ perceived value of Healthy Bones Program
• To elicit members’ self-care management of Osteoporosis
• To elicit members’ knowledge about collaborative osteoporosis care coordination

**Research Questions:**
1. What are members’ care experiences with Healthy Bones Program?
2. What are members’ self-care knowledge of managing Osteoporosis?
3. What do members know about the Healthy Bones Program?
4. What do members know about the collaborative care provided by the Healthy Bones Team?
Theoretical Framework

Fracture Liaison Services Model of Care

• Patient-centered
• Highly collaborative osteoporosis care coordination
• Ensure appropriate osteoporosis testing, diagnosis, treatment and ongoing support

→ Close osteoporosis care gaps
→ Reduce fractures and health care costs
→ Improve health outcomes, treatment compliance and self-care knowledge
→ Improve patient care experiences and quality of life
Fracture Liaison Services Model of Care

Healthy Bones, Healthy Body

Outreach
Complete Care Management
Post fracture osteoporosis screening and treatment

Region Administration
Data collection and follow up post fracture and at risk patients

In Reach
Primary Care and Specialist Clinic
Electronic health record proactive order alert for osteoporosis screening

Osteoporosis Screening
Bone Density Testing
- Women > 65 yo
- Men > 70 yo
- Fracture Patients > 50 yo

Care Delivery Team
Primary Care Providers, Orthopedics, Emergency Department and In-Patient Units

Fracture Liaisons
Care-find and assess post fracture patients to promote bone health and prevent secondary fracture

Specialty Team
Endocrinologist, Nephrologist, Rheumatologist, Oncologist, Radiologist and Gastroenterologist

Multidisciplinary Support Team
Pharmacist, Infusion Center, Social Services, Home Health, Physical Therapy and Long Term Care

Health Promotion Team
Bone Health/Fall Prevention Class and Tai Chi Class

FRACTURE LIAISON SERVICES
Patient-Centered Care Coordination For Osteoporosis & Fracture Prevention
Methodology

- **Ethics:** Obtain Institutional Review Board (IRB) approvals
- **Setting:** A not-for-profit community-based hospital
- **Study Design:** Qualitative research, 2 focus group interviews, 6 participants each group, a total of 12 participants (3 male & 9 female)
- **Participants:** Purposive sampling, English speaking, 65 or older, attended the “Osteoporosis and Your Health” class, have either a bone density test and/or a fracture within the past 12 months (FG1: 75-88yo; FG2: 68-75yo)
Data Collection Procedure

- Participant recruitment letters
- Participants compensation ($10 gift card)
- HIPPA Authorization Form & Informed Consent
- California Experimental Subjects’ Bill of Rights
- Participants’ demographic questionnaire
- Semi-structured, open-ended and prompting questions
- Taking notes of responses and observations
- Interviews recorded with two digital voice recorders
Focus Group Questions

• **Question 1**: Share what you know about the Healthy Bones Program?

• **Question 2**: What are your feelings on how well the program personnel works as a team to take care of you?

• **Question 3**: a) What kinds of diet changes you have made to improve your bones?

• **Question 4**: Share about your experiences with the Healthy Bones Program.
Data Analysis Process

- Recorded interviews transcribed
- The transcripts were carefully reviewed
- The transcript data coded and recoded
- Themes and subthemes categorized
- Participants’ memorable quotes identified
- Qualitative content analysis process
- Interpretive processes
- NVivo software for coding, sorting, and retrieval of the data

(Sandelowski, 2000)
Results

- Successfully explored participants’ understanding of the Healthy Bones Program, and how they would like to be involved in their care
- Word cloud retrieved for visual representation of overlapped themes
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<tr>
<th>Research Question</th>
<th>Themes (8)</th>
<th>Subthemes (10)</th>
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<tbody>
<tr>
<td>Q1</td>
<td>Fragmented Care to Coordinated Care</td>
<td>Improve health care outcomes and patient care experiences</td>
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<td>Health Education to Patient Empowerment</td>
<td>Enhance osteoporosis self-care management</td>
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<td>Q2</td>
<td>Interprofessional Communication and Collaboration</td>
<td>Improve collaborative patient-centered care, health care outcomes and care experiences</td>
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<tr>
<td>Health Information Technology Transforming Osteoporosis Care</td>
<td>Promote proactive, preventive care Advance osteoporosis care coordination</td>
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<td>Q3</td>
<td>Physician Directed Care to Patient Directed Care</td>
<td>Promote healthy bones healthy living Motivate living healthier and longer</td>
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<td>Patient Self Advocacy and Care Involvement</td>
<td>Improve health care outcomes and patient care experiences</td>
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<td>Q4</td>
<td>Enhanced Patient Care Experiences</td>
<td>Facilitate community learning: Learn, practice and share</td>
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<tr>
<td>Care Improvement Advocacy</td>
<td>Advocate and elevate Healthy Bones Program</td>
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Lucy: “My concern is that why doctors wait till we’re 60s to inform us of things that can be mentioned early... at 30, 40s, especially with women, we go through menopause. I think we should be talking about bone health in the doctor’s office, and having classes a lot sooner than waiting till we’re over 65. I think health prevention would be a lot better if we can take care of ourselves at a younger age.”
The Rigor of Qualitative Data

Data Trustworthiness will be enhanced:

• Confirmability
• Credibility
• Dependability
• Transferability
Implications

• Focus group is a valuable qualitative research method to reflect participants’ care experiences.
• Bone health education is effective intervention to prevent osteoporosis, and empower osteoporosis self-care management.
• Health information technology transforms collaborative osteoporosis care coordination, and improves health care outcomes and patient care experiences.
Study Limitations

- Small-scale focus group interviews
- Study conducted in one of thirteen Kaiser Permanente medical centers
- Primary and co-investigator are new DNP and PhD graduates
- Researcher bias

(Van Houdt, Sermeus, Vanhaecht, & De Lepeleire, 2014)
Conclusion

• Patient care experiences trigger evidence-based best practice and health care delivery improvement.
• The patients’ voices promote collaborative FLS care model to elevate quality patient-centered osteoporosis care.
• The study results will be widely disseminated at the local, national and international levels to advocate collaborative FLS practice.
Acknowledgements

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~ Academic Advisor: Dr. Rodney Hicks
~ Community Chair: Dr. Leland Okubo

Primary Investigator email address: sharon.k.chow@kp.org
It Takes a Village to Raise Healthy Bones
References


• Dishman, E. (2013). Health care should be a team sport. TED talk. Retrieved from http://www.ted.com/talks/eric_dishman_health_care_should_be_a_team_sport


Questions
Thank You for Listening