

Osteoporosis Management in Women Who Had a Fracture (OMW)

Learn how to improve your Healthcare Effectiveness Data and Information Set (HEDIS®) rates by using this tip sheet about the Osteoporosis Management in Women Who Had a Fracture (OMW) measure, best practices and more resources.

Assesses women 67–85 years of age who suffered a fracture and who had either a bone mineral density test or a prescription for a drug to treat osteoporosis in the six months after the fracture.

LOB
Medicare

CMS Weight
1x

HEDIS
2023

Compliance

A BMD test within 6 months/180 days of the fracture date or discharge (if hospitalized for fracture) Osteoporosis therapy or a dispensed prescription to treat osteoporosis that’s filled within 6 months/180 days of the fracture.

Exclusions

- Patient who had a BMD test within 24 months preceding the fracture.
- Patients with a fracture of a finger, toe, face, or skull.
- Patients who received a dispensed prescription or had an active prescription to treat osteoporosis within the 12 months preceding the fracture.
- Patients who had a fracture within 60 days preceding the fracture.
- Patients enrolled in an institutional SNP (I-SNP) or living long-term in an institution from July 1 of the prior year through the end of the measurement year.
- Patients with advanced illness and frailty from July 1 of the prior year through the end of the measurement year.
- Patients in hospice.

Description	Prescription
Bisphosphonates	Alendronate Alendronate-cholecalciferol Ibandronate Risedronate Zoledronic acid
Other agents	Abaloparatide Denosumab Raloxifene Romosozumab Teriparatide

Best Practices

- If the patient has an upcoming visit, add appointment notes to address the fracture
- If a follow up appointment has not been scheduled, please consider scheduling a discussion
- Place an order for a BMD screening and follow up to ensure the patient completes it. A referral for a BMD screening alone will not close this care gap; the service must be performed.
- Provide pharmacological therapy
- Increase communication with patients about their fracture risk
- Assess the patient’s risk of falling

Learn more about EPIC workflow by following:

<https://uhcommunity.uhhospitals.org/UHAccountableCareOrganization/EPIC%20%20Quick%20Tips/Forms/AllItems.aspx>

Osteoporotic fractures, particularly hip fractures, are associated with chronic pain and disability, loss of independence, decreased quality of life and increased mortality.

Look out for Population Health Efforts:

- Providing OMW gaps in care lists to providers

EPIC In-Basket message to providers and patients will notify of:

- Date of fracture
- Last Dexa Scan
- Recommendations & patient education



Best Practice: Osteoporosis ICD-10 Documentation

When documenting osteoporosis fracture, the provider should define:

The type of osteoporosis (e.g. Age-related osteoporosis, post-traumatic osteoporosis) specify location and laterality (e.g., left or right) episode of care (e.g., initial, routine, or delayed , healing nonunion, or malunion)

EXAMPLE:

Age-related osteoporosis with current pathological fracture left ankle and foot with delayed healing
Code: M80.072G

Osteoporosis without current pathological fracture:

If the patient does not have current pathological fracture, you should select a code from the M81 series (even if the patient had pathological fracture in the past).

For additional best practices regarding Osteoporosis please visit:

<https://www.bones.nih.gov/>

<https://www.ncqa.org/hedis/measures/osteoporosis-management-in-women-who-had-a-fracture/>

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/osteoporosis-screening>

<https://www.womenshealth.gov/a-z-topics/osteoporosis>

References

Preventive Services Task Force. 2018. Final Recommendation Statement: Osteoporosis to Prevent Fractures: Screening.

Osteoporosis management in women who had a fracture. NCQA. (2023, February 2).

<https://www.ncqa.org/hedis/measures/osteoporosis-management-in-women-who-had-a-fracture/>