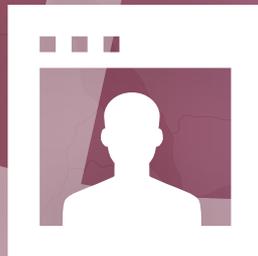


WORLD CONGRESS  
ON OSTEOPOROSIS,  
OSTEOARTHRITIS AND  
MUSCULOSKELETAL  
DISEASES

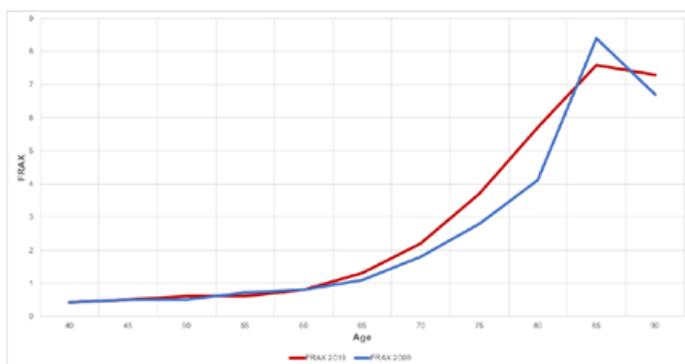
# VIRTUAL CONGRESS

August 20-22, 2020



[VIRTUAL.WCO-IOF-ESCEO.org](https://VIRTUAL.WCO-IOF-ESCEO.org)

AbstractBook



## P540

### THE ROLE OF THE TRAUMATOLOGIST IN THE WORK OF SECONDARY FRACTURE PREVENTION SERVICE

V. Polyakov<sup>1</sup>, S. Finageev<sup>1</sup>, L. Sivordova<sup>2</sup>, Y. Akhverdyan<sup>2</sup>, E. Papichev<sup>2</sup>, J. Polyakova<sup>2</sup>, B. Zavodovsky<sup>1</sup>

<sup>1</sup>Volgograd State Medical University of the Ministry of Health of the Russian Federation, <sup>2</sup>Research Institute of Clinical and Experimental Rheumatology, Volgograd, Russia

**Objective:** The involvement of a traumatologist to identify patients with a high risk of falls and low-energy fractures in their history increases the likelihood of getting into the target group of the service for the prevention of repeated fractures (SPPF). We aimed to evaluate the best identification of patients who need to prevent recurring fractures.

**Methods:** According to the journal, patients of group I with low energy fractures were selected, on the recommendation of a traumatologist, patients of group II were selected with a high energy fracture, but with a history of low injury fractures.

**Results:** I group - 69 patients (44-95 years old; 69.66±12.06, M±σ) and 10 (70-81 years old, 75.4±4.005) - group II. High risk of fractures for FRAX in group I: serious fractures - 28 patients, 18 - require a more accurate risk assessment for DXA, femoral risk of fracture-36, in group II - for all major fractures and femur - high. Anamnesis of low energy fractures in group I was in 42 patients, in group II - in all. Relatives of the femoral neck in relatives in group I were observed in 38 patients, in group II - in 8 people. Diseases that lead to fractures are taken into account.

**Conclusion:** A large percentage of patients have many risk factors for developing fractures. 12.7% do not pay attention to the SPPF coordinator due to hospitalization with a high-energy fracture. The involvement of a specialist traumatologist of the department in the work of SPPF allows increasing the frequency of detection of patients at risk of recurring fractures not included in the SPPF monitoring group.

## P541

### ELECTRIC MEDICAL RECORD DASHBOARD INITIATIVE FOR QUALITY IMPROVEMENT IN THE MANAGEMENT OF PATIENTS WITH OSTEOPOROSIS (ADVANTAGE OP)

A. Papaioannou<sup>1</sup>, E. McCloskey<sup>2</sup>, M. Tan<sup>3</sup>, A. Bell<sup>4</sup>, D. Ngui<sup>5</sup>, U. Mehan<sup>1</sup>, L. Goldin<sup>3</sup>, A. Langer<sup>3</sup>

<sup>1</sup>McMaster University, Hamilton, Canada, <sup>2</sup>University of Sheffield, Sheffield, UK, <sup>3</sup>Canadian Centre for Professional Development in Health and Medicine, Toronto, Canada, <sup>4</sup>University of Toronto, Toronto, Canada, <sup>5</sup>University of British Columbia, Vancouver, Canada

**Objective:** To identify gaps in osteoporosis management and improve fracture risk assessment and osteoporosis management in primary care settings across Canada with the use of an electronic medical record (EMR)-based intervention.

**Methods:** Physicians utilizing the TELUS PS Suite and MedAccess EMRs were invited to participate and share their practice and specifically their management of patients with osteoporosis (OP) as compared to the Canadian osteoporosis clinical practice guidelines (CPG). The ADVANTAGE OP dashboard, which provides practical EMR change management tools focused on 1) performance of bone densitometry measurement (BMD) in patients at high risk for OP according to CPG, 2) calculation of 10-year risk of fracture in those with BMD result, and 3) treatment of patients with high 10-year risk. Practice level data were collected; no patient level data were shared.

**Results:** 81 (53%) of 154 physicians who agreed to participate shared their practice assessment. In total there were 174,580 adult patients across all practices and 17,628 (10%) were at high risk for osteoporosis based on CPG identified risk factors. Of these patients, 32% had BMD completed, 65% did not and 3% had a reason for not performing the BMD. Patient refusal (20%), physician belief BMD was not required (19%) and intentions to order BMD later (44%) were the most frequent reason for BMD non-performance. Of those with BMD completed, fracture risk was calculated in 31% and of these 33% were at low risk, 46% at moderate risk and 21% at high risk. Of those at high risk, 67% were not treated with osteoporosis medications recommended by CPG.

**Conclusion:** There continue to be significant gaps in screening, risk calculation and management among high risk patients. Additional knowledge translation strategies are needed to improve osteoporosis care.