

Communicate with your patients

“Patients’ yes/no answers to the following questions can be the foundation of a conversation on osteoporosis risk and prevention,” says Dr. Paonessa.

Present your patients with the following yes/no checklist so you can begin talking with them about osteoporosis.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are you over 65? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you taken corticosteroid* tablets for more than three months? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you broken a bone after a minor fall? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you experience menopause before age 45? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you go through an early hysterectomy before age 45? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did your mother break her hip after a fall? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you been diagnosed as having low testosterone levels? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Do you tend to drink more alcohol than is recommended? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you smoke? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Are you underweight for your height? |

*Corticosteroid medications are similar to natural hormones produced in the body that help control many necessary functions, including blood sugar, asthma, and salt (electrolyte) levels, the body's water balance, and immune system function. Corticosteroid medications are often used to treat diseases that cause inflammation, such as lupus and rheumatoid arthritis. Common prescription corticosteroids include prednisone, dexamethasone, and hydrocortisone.



example, while an eight-ounce cup of yogurt has as much as 450 mg of calcium, an ounce of cheese has a maximum of 250 mg of calcium, and a half-cup of ice cream has just 100 mg.

We also know that dietary calcium may save bone in women on the pill, according to the July 5, 2005, issue of the *Journal of Clinical Endocrinology and Metabolism*. Even though oral contraceptives may reduce bone mass and increase the risk of osteoporosis, women can prevent osteoporosis by eating a diet rich in calcium.

Physicians also need to suggest activities that would be most appropriate for their patients—from weight-bearing exercises to walking to gardening. Make a note to follow up with patients about their activity level during their next visit. Also gather some resources that your patients, both young and old, might be able to take advantage of in their communities.

Address the issue of risk.

For example, risk factors for women and men include close family history of osteoporosis, long-term use of high-dose corticosteroid tablets, immobility, Cushing's syndrome, liver and thyroid problems, celiac disease, Crohn's disease, and gastric surgery.

“Risk factors for men include low levels of testosterone, while those for women include missed periods

for six months or more, lack of estrogen, early menopause, and early hysterectomy, including oophorectomy,” says Dr. Paonessa.

Address warning signs.

Too few patients understand that it is the silent nature of osteoporosis that allows it to go undetected for years before the patient presents with a symptomatic fracture, says Dr. Hubka. “Remind patients that the first sign of trouble may come in the form of a broken bone—often in the wrist or hip.

Address testing and treatment methods.

Patients need to know that only a Dual Energy X-ray Absorptiometry (DEXA) scan—not an X-ray—can accurately measure bone density.



Tips for counseling patients

Counseling patients for osteoporosis can be exhaustive. Due to the information superhighway, patients often come to their physicians' offices armed with information from the Internet, often quoting journal articles and firing a battery of questions about alternative therapies. Addressing these questions and touching on all the relevant points of osteoporosis diagnosis and management is difficult to incorporate into a routine visit.

Physicians can easily feel overwhelmed trying to apply the vast number of guidelines and recommendations developed by task forces and interest groups in the time allotted for a follow-up office visit. Trying to address guidelines about immunization, colonoscopies, cholesterol, diabetes, cardiovascular health and hypertension as well as weight loss, smoking cessation, seatbelt usage, and domestic violence, to name a few, is a challenge to carry out and document. Regrettably, disorganized documentation may prevent you from getting reimbursed or recognized for the great job you're doing.

With the aging of America, primary care physicians are seeing more chronic illness. The best approach to chronic care is with self-management and patient empowerment, which is best achieved thru productive communication between physician and patient. One approach to improved communication is to have patients return to your office for a visit focused on the multidisciplinary approach to management of a specific disease.

In the case of osteoporosis, a simple progress sheet can be designed to target all the elements required by The National Committee for Quality Assurance's (NCQAs)

recently released specifications for the 2005 edition of its Health Plan Employer Data and Information Set (HEDIS) and other watchdog groups to ensure compliance.

A detailed history and physical are appropriate to rule out any secondary causes of osteoporosis and to assess for falls. Be sure to consider your patient's visual acuity, thyroid condition, muscle strength, gait and balance, height and weight. A social history and family history is also relevant as is the patient's medication list.

Your treatment plan could potentially include a prescription for medication, calcium and vitamin D, exercise and or physical therapy, a falls reduction plan, home safety and lifestyle changes. Simple handouts available on the Web can be distributed at the time of the visit to support your recommendations. Design a check box to indicate literature was given to support your discussion, and that you addressed the patient's questions. Remember, if more than 50% of the visit is spent on counseling and coordination of care, you can use time as the key factor to qualify for a particular level of E/M services, provided you document the time spent during the encounter and percent of time counseling (See page 20).

The last element in streamlining the management of chronic illness is educating your staff on how to field simple questions that frequently arise, such as dosing of calcium supplements. Be sure to design handouts that support your recommendations and ensure that members of your staff are consistent in delivering those recommendations.

— Jan I. Maby, DO
Guest Editor

Address potential treatments.

Discuss with your patients the treatment you have selected for them and why you believe this is the best approach for them to take. Dr. Hubka suggests discussing with patients the impact of these treatments on maintenance of bone density and reduction of fracture rates. See article on pages 12, 13 "Making intelligent drug choices" for more information.

Address alternative osteoporosis agents.

In response to a patient's preference to treat with non-pharmacological therapies, we must understand the role of vitamins in bone health.

Vitamin D is required for efficient absorption of dietary calcium and mineralization of bone.

Current recommendations from the National Institutes of Health (NIH) recommend 400 IU of Vitamin D daily in adults aged 51-70 and 600 IU for those older than 20.^{ww}

Check out these resources.

American Society of Bone Mineral Research

www.asbmr.org

Bone and Joint Decade

www.boneandjointdecade.org

MedlinePlus: Osteoporosis

www.nlm.nih.gov/medlineplus/osteoporosis.html

National Institute of Arthritis and Musculoskeletal and Skin Diseases

www.niams.nih.gov

National Institutes of Health Osteoporosis and Related Bone Diseases-National Resource Center

www.osteoporosis.org/osteolinks.asp

National Osteoporosis Foundation

www.nof.org

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This is not an official E&M billing guide. It is the responsibility of each treating and billing physician to look up and become familiar with published coding guidelines.