

SCORECARD Questionnaire – September 2012

Introduction

The Osteoporosis Advisory Panel is an independent project chaired by our president Professor John Kanis, supported by a multi-stakeholder group of experts and by an unrestricted grant from Amgen and GlaxoSmithKline. The panel's objectives and deliverables are to research, draft and communicate a 'scorecard' enabling a comparison of the quality of care in osteoporosis across the 27 EU member states. The panel has already met twice (December 2011 and May 2012) to jointly define the common indicators of the scorecard, and to assess the availability of the required data for the scorecard across the EU.

The panel identified a number of important data gaps that are essential for the completion of the scorecard. The panel has therefore drafted the following questionnaire for IOF national societies and other stakeholders across the EU to complete. We have endeavoured to construct the questionnaire in the easiest possible way for you to fill in. The information that the panel is looking for pertain to the following categories:

1. Fracture Registries
2. Specialists responsible for OP
3. Osteoporosis as a documented National Health Priority (NHP)
4. Reimbursement of medication
5. Fracture Liaison Services
6. Guidelines
7. Access to DXA
8. Waiting time for hip surgery
9. Quality indicators

Your input will be vital to the success of this exciting project which is designed to provide an important and unique communication tool to raise awareness for osteoporosis at national and EU level. The scorecard should be finalised by early 2013, and as such we would need the information completed by the **15 October 2012**.

Country your association represents: _____

Name of person completing this form: _____ **email:** _____

1. Fracture Registries

A fracture registry is a centralized database collecting the number of individual fractures per person, per year within a population and is used for research and resource allocation. The data collected can also be used to identify high-risk patients in need of further prevention programs.

A. Do you have a fracture registry in your country?

Yes	
No	

If, Yes, please answer the questions below:

B. How is the fracture registry organized?

National level	
Regional level	
City level	
Local level	
Hospital level	
Other	

Please give additional information that you feel would be useful about the registry organization:

C. Does the fracture registry collect data on:

	Yes	No
Hip fractures		
All fractures		
Other:		

If Other, please describe:

D. Which age groups are included in data?

	Women	Men
40-50 years		
51-60 years		
61-75 years		
75+ years		

Comments:

2. Specialists responsible for OP

Osteoporosis is a common disease and as such is best managed at the primary health care level by general practitioners (i.e. family doctors, primary care physicians) with specialists reserved for difficult cases.

A. Is osteoporosis primarily devolved to primary care physicians (GPs, family doctors)?

Yes	
No	

B. If no, which single specialty looks after most cases of osteoporosis? Give only one specialty. In case there is near equality between two specialties, please indicate both.

Rheumatology Orthopaedic surgery Gynaecology Endocrinology Geriatrics Rehabilitation medicine Internal medicine Other (Specify)	
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C. Please tick which other healthcare professionals are responsible for osteoporosis care in your Member State:

GPs/ family doctors	
Rheumatology	
Orthopaedic surgery	
Gynaecology	
Endocrinology	
Geriatrics	
Rehabilitation medicine	
Internal medicine	
Other (Specify)	

If Other, please describe:

D. Is osteoporosis and/or metabolic bone disease a recognised medical specialty?

Yes	
No	

E. Is osteoporosis and/or metabolic bone disease a recognised component of specialty medical training?

Yes	
No	

F. If yes, complete the table below (A few examples are given from previous audits).

Table: Specialty training

Country	OP recognised as a component of specialty training?	Relevant specialties
Austria	Yes	Osteology, Orthopaedics, Gynaecology, Rehabilitation medicine
Bulgaria	No	
Czech Republic	Yes	Internal medicine, Orthopaedics, Gynaecology, Endocrinology, Rheumatology
(Your country)		

3. Osteoporosis as a documented National Health Priority (NHP)

When a disease becomes a National Health Priority (NHP), it is usually mandated by a government body/MOH or another official institution. Osteoporosis may be a designated NHP on its own, or it may be included as part of a musculoskeletal (MSK) diseases NHP. The development of a national action plan, clear objectives and support for education and awareness programs also often result from a NHP mandate.

A. Is osteoporosis or MSK diseases officially documented as a NHP in your country?

Yes	
No	

B. If 'Yes' please provide details and references such as a link to the website, or attach the relevant document.

Further comments:
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If, Yes, please answer the questions below:

C. Is the NHP mandated by:

	Yes	No
Government (Ministry of Health)		
Other governing body		

If Other, please describe:

D. In which year was osteoporosis designated as a NHP?

Date:

E. Is there an action plan linked to the NHP?

Yes	
No	

Comments:

F. If yes, are there public health programs associated with this action plan?

Yes	
No	

If yes, please describe:

G. Do public health programs focus on:

	Yes	No
Nutrition (Vitamin- D/Calcium)		
Exercise		
Falls Prevention		
Other		

If Other, please specify:

4. Reimbursement of medication

A. Which treatments are currently reimbursed (please check all that apply):

	Yes	No	If Yes, what % is reimbursed?
Risedronate			
Alendronate			
Ibandronate			
Zoledronic acid			
Clodronate			
Pamidronate			
Raloxifene			
Bazedoxifene			
Denosumab			
Stontium Ranelate			
Teriparatide			
PTH (1-84)			
Vitamin D/Ca supplements			
Calcitonin			
Hormone Replacement Therapy			
Testosterone			
Alfacalcidol			
Calcitriol			

If Other, please list:

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B. Are there designated first line treatments?

Yes	
No	

If yes, specify the treatment(s):

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C. How is treatment reimbursed?

National health system (in full/ in part)/ private insurance

	In full	In part
National health system		
Private insurance		
Copayment¹		
Other		

Comments:

¹ Copayment or copay is a type of shared insurance policy whereby the insured person pays a nominal fee each time a medical service is accessed.

D. Are there any conditions associated with reimbursement?

Primary prevention = pre first-fracture. Secondary prevention = post fracture.

Yes No

Prior fracture

Age

BMD (e.g. T<-2.5SD)

Primary prevention

Secondary prevention

First line treatment

Second line treatment

Authorization required

Other

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E. Does the reimbursement policy interfere with what physicians in your country would normally recommend to patients?

Yes	
No	

If yes, please provide examples where this is the case:
(e.g. certain medication is only reimbursed after a fracture;
only bisphosphonates are reimbursed)

5. Fracture Liaison Services

A fracture liaison service is defined as a systematic approach whereby patients are referred to an assessment for future fracture risk after sustaining a fracture.

A. What percentage of the hospitals in your country have a scheme in place that refers fracture patients over 50 years old to a fracture liaison service?

% of hospitals with a fracture liaison service available	
>50%	
25-50%	
10-25%	
1-10%	
0%	

6. Guidelines

A. Are National Guidelines on prevention or treatment of osteoporosis available in your country?

Yes	
No	
Don't know	

B. If yes, please provide details (examples provided for Austria and Ireland)

Country	Organisation	Year	Publication	Supporting papers
Austria	Pharmig, Verband der pharmazeutischen Industrie Österreichs	2010	Arznei & Vernunft (2010) Osteoporose. Knochenbruch- Krankheit. Pharmig, Verband der pharmazeutischen Industrie Österreichs.	
Ireland	Irish Osteoporosis Society	2011	Irish Osteoporosis Society (2011) Osteoporosis guidelines for health professionals. Pp1-78. Accessible www.irishosteoporosis.ie	None
(Your country)				

C. A commonly used criterion to score guidelines is provided by AGREE which uses elements in the table below.

Please provide the following details of the guideline documents in your country (an example is given for the UK)

Country	Scope ²	Systematic search (Yes/ No) ³	Recommendations? ⁴	Stakeholder involvement ⁵	External review ⁶	Procedure for update ⁷	Economic analysis (Yes/ No)	Editorial independence (Yes/ No) ⁸
UK (NICE)	PMW	Yes	Yes	Yes	Yes	Yes	Yes	Yes
UK (NOGG)	PMW, men, GIOP	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Your country								

D. Do the guidelines address the following elements? Please specify.

² Scope of guidelines: Does it relate to Postmenopausal women (PMW), Men, GIOP (Glucocorticoid-induced osteoporosis), other?

³ How thorough is this evidence base? Were the guidelines based on a systematic literature review conducted at the time of the guideline development (or on a previously conducted review that was updated).

⁴ Were recommendations graded (e.g. A, B, C) according to the levels of evidence provided by the systematic review?

⁵ Has there been involvement from patient organisations, primary care physicians, national/EU societies in the consultation process for the guidelines?

⁶ Have the guidelines been reviewed by OP experts? i.e. have they undergone a more rigorous external review in addition to consultation.

⁷ Are the guidelines updated as and when necessary? i.e. Is there explicit mention of a provision to update the guidelines in the future?

⁸ Do the guidelines explicitly state that there was editorial independence of the writing group from any funding body?

Population-based screening	
If yes, please give further details	

Fracture risk assessment	
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If yes, does fracture risk assessment include the following?

Prior fracture	
Age	
BMD	
FRAX or equivalent	
Other (please specify)	

E. Are assessment guidelines compatible with reimbursement policy?

Yes	
No (give examples)	

F. Are criteria for treatment given?

Yes	
No	

If so, criteria for treatment include:

Prior fracture	
Age	
BMD	
FRAX or equivalent	

G. Are criteria for treatment compatible with reimbursement policies

Yes	
No (give examples)	

7. Access to DXA

A. Please update previous estimates for the cost, waiting time and reimbursement for DXA (some examples from previous audits are given)

Country	Waiting time (d) ^a	Cost (€) ^a	Is DXA reimbursed?	Is reimbursement a barrier to access to treatment?
Austria	14	35	For some indications	For some indications
Bulgaria	0	40-60	Only where OP is shown or 2o OP	Where OP is not shown but fracture risk is high
Cyprus	90-120	70	Yes, depending on income	
(Your country)				

^a Give a range or median estimate

8. Waiting time for hip surgery

A. What is the average waiting time for hip surgery after hip fracture?

>3 days	
2-3 days	
1-2 days	
<1 day	

B. What % of hip fractures are managed surgically?

>90%	
75-90%	
50-75%	
25-50%	
10-25%	
<10%	

9. Quality indicators

The use of indicators to systematically measure the quality of care provided to people with osteoporosis or associated fractures provides a means to track care quality. Changes in a given indicator reflect a change in the underlying healthcare delivery and in quality of care.

For example, in the United Kingdom, osteoporosis/ secondary prevention of fragility fractures has been included in the Quality and Outcomes Framework as part of the general practitioner contract. 'Achievement points' are given for adhering to procedural and treatment guidelines and meeting intermediate outcome targets. There is also a system of clinical audits in place, seeking to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. These include the National Audit of Falls and Bone Health in Older People.

Systems may be National or Regional that systematically collect data on the quality of care provided to people with osteoporosis, falls or fragility fractures

- and measure (quality indicators or standards) that are documented on a regular basis (eg annually)*
- and use a set of explicit criteria the measures are assessed against*

The table below gives the example of the UK and Germany (incomplete). If there are quality indicators in your country that are relevant to osteoporosis, fractures or falls, please provide details

Audit and quality indicator systems tracking the quality of care for osteoporosis or the secondary prevention of fragility fractures

Country	National level system			Regional/local system		
	Title	Topics covered	Frequency of reporting	Title	Topics covered	Use standards/QI for regular reporting
Germany	Cross-sectoral quality in health care (SQG) programme	Femoral fractures near hip joint	Annually	Integrated care contracts	Tbd	some
UK	GP contract/ Quality and Outcomes Framework	Osteoporosis and secondary prevention of fragile fracture	Annually			
	National Audit of Falls and Bone Health	Falls, fracture risk	?			
	National Hip Fracture Database	Hip fracture	Annually	NHFD reports on a range of local initiatives to improve quality of care, eg care pathway redesign, use of fracture liaison services, etc		
(Your country)						