



## A Program Using Health Educators as Advocates to Assist Fracture Patients with their Discharge Plan

To close the care gap for fracture patients after discharge so they take bone healthy steps and reduce secondary fractures.

## The Care Gap for Fracture Patients

### Patients...

- focus on pain and disability during healing process and then get on with their lives.
- do not remember much beyond the rehab process.
- believe advocates – whether family, friends or professionals - could help.

Feedback from  
Fracture Patient  
Focus Groups in  
2014

*"I gave up my bike after the last break - I used to dream I was riding my bike – but it was too unpleasant to break bones and I didn't want to do it anymore."*

*"I couldn't think well enough to read - I had a hard time with that."*

*"I don't remember any specific instructions until I got to physical therapy."*

*"I asked my doctor since this was such a serious break and he said 'oh you have a little osteoporosis, but this break is a very common thing if you step a certain way - it happens'"*

*"Essentially he told me I would be immobilized for 6 weeks, I think he gave me pain pills and a sling."*

*"I still say there should be something in the information that makes you act as your own advocate so if you are not feeling comfortable you can get help."*



# Health Educator Intervention Logic Model

## Inputs

Low Trauma Fracture  
Patients >Age 50 not  
admitted to hospital

Health Educators

Primary Care  
Community

Tools and Resources

## Strategies

Extend protocols post discharge.

Provide follow-up phone calls to  
fracture patients 3-4 weeks post fracture  
to review discharge instructions and  
encourage compliance by removing  
barriers.

Provide link back to hospital.

Provide link to primary care provider.

## Outcomes

Improve bone health

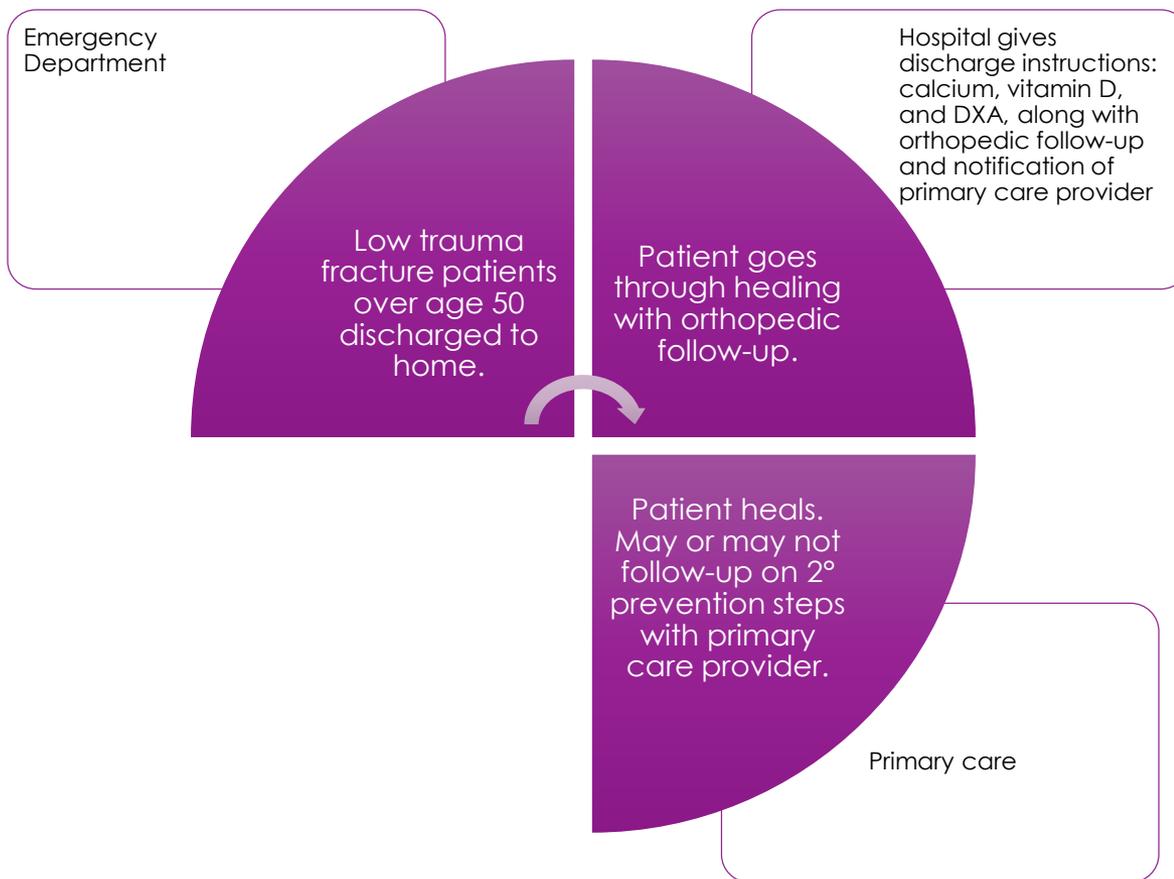
Improve quality of life

Reduce secondary  
fractures

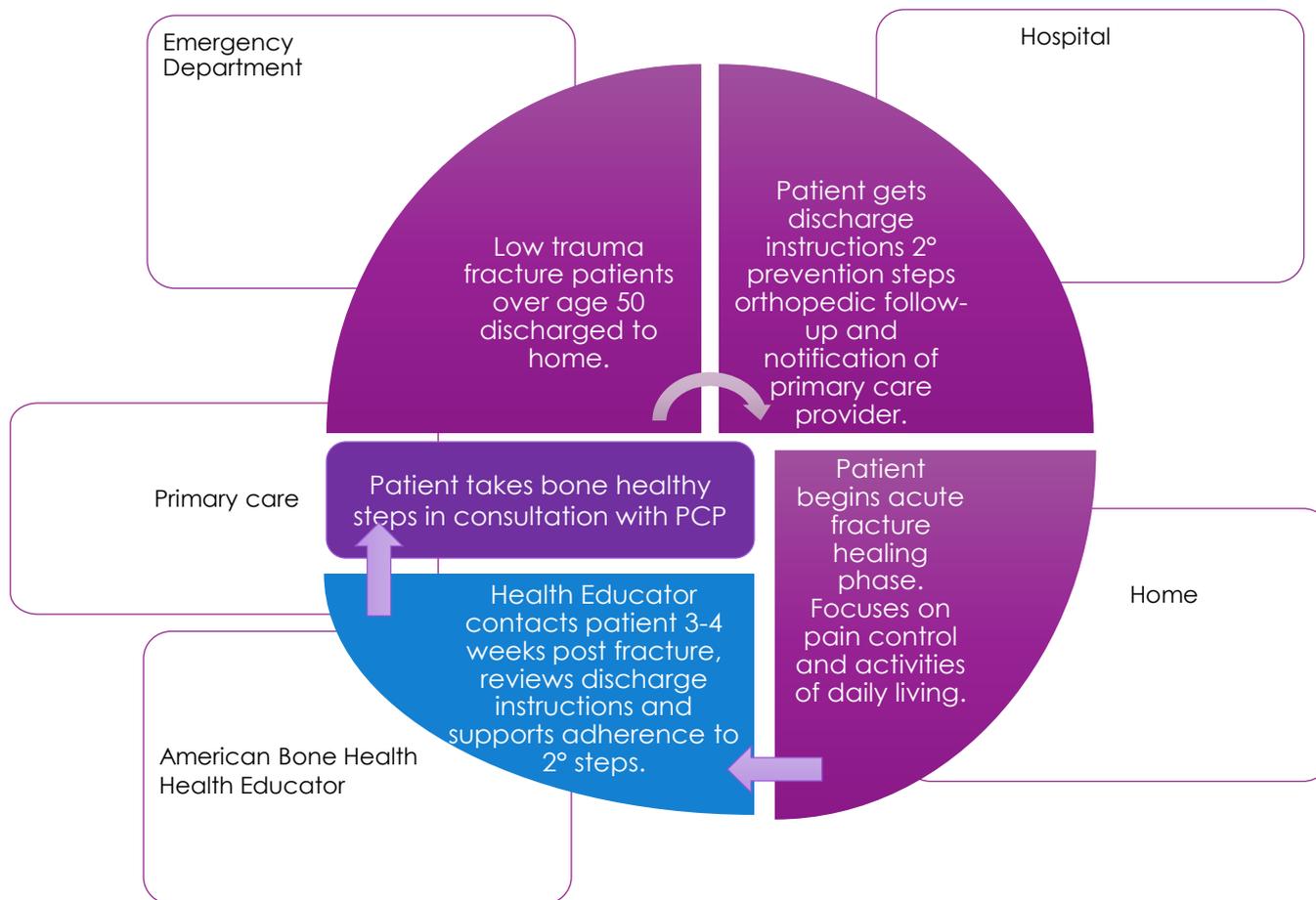
Reduce readmissions

Improved Joint  
Commission measures

# Current Journey for Fracture Patients



# Proposed Patient Journey



# Patient Journey

Patient >50 years old has low trauma fracture

Emergency department identifies patient and discharges

Discharge instructions include notification that patient will be contacted by a bone health advocate.

Patient signs discharge instructions.

Hospital provides list of fracture patients discharged from ED.

Patient information given to American Bone Health.

Hospital

Health Educator contacts patient 3-4 weeks post fracture

Health Educator reviews discharge, assists with questions, helps create action plan

American Bone Health

Patient connects to PCP to act on information about diagnostics, prevention, treatment

Patient gets DXA, PT, OT, nutrition support, treatment

Primary care

## Questions

- How do fracture patients get into program?

*The Hospital includes information on the discharge instructions notifying the fracture patients that they will receive follow-up and provides contact information. A Health Educator calls the patient to answer questions, encourage compliance with discharge instructions and provide a sounding board during their recovery.*

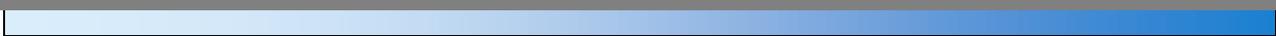
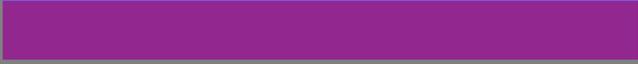
- How are the American Bone Health Educators trained?

*Health Educators are vetted and receive 8 hours of on-line training about osteoporosis and bone health as well as instruction on how to interact with the public.*

### How do we know that it's working?

*American Bone Health provides information on number of participants, their demographics and outcomes measures on all patients back to the hospital.*





Appendix

*Educating people to build strong bones, prevent bone loss, and reduce their risk of future fractures so they can live a long and healthy life.*

American Bone Health is a leading voice for millions of Americans living with, or at risk for bone loss and fractures.

Through our national network of trained Health Educators, we provide practical tools and timely information to encourage people to take action to improve their bone health.

We engage, educate, and empower.

- *Studies show that face-to-face education and support have a positive influence on a range of health outcomes and behaviors.*



## *American Bone Health promotes*

- Independence and mobility for a long, healthy life
- Awareness of the risks for bone loss and fractures
- Optimizing bone building in children age 9-14
- Bone healthy nutrition
- Strength and balance exercise – done safely
- Proper posture and body mechanics
- Fall prevention steps to reduce fractures
- Effective diagnosis and disease management
- Treatment when appropriate
- Access for all people



# American Bone Health Leadership

## Board of Directors

- Brenda Davis, President
- Shelley Powers, Vice President
- Julie Pantiskas, Treasurer
- Kathy Williams EdD RN, Secretary
- Paul Cline
- Evan Davis
- Eric Hall
- Kathy Sharp, PhD
- Kathleen Cody, MBA Executive Director

## Medical & Scientific Advisory Board

- David Karpf, MD  
Endocrinologist, Stanford University Medical Center
- Joan McGowan, PhD  
National Institute of Arthritis and Musculoskeletal and Skin Diseases (retired)
- Shirin Hooshmand, PhD, RD  
Professor of Nutrition, San Diego State University
- Risa Kagan, MD, CCD  
Professor of Gynecologist, UC San Francisco
- Wendy Kohrt, PhD  
Professor of Exercise Physiology, University of Colorado
- Delores Shoback, MD  
Endocrinologist, VA Medical Center – San Francisco
- Frederick Singer, MD  
Endocrinologist, John Wayne Cancer Institute – Santa Monica
- Laura L. Tosi, MD  
Pediatric Orthopedist, Children's Hospital – Washington DC
- Sally Warner, PhD  
Exercise and Imaging Specialist, Parexel
- Nancy Fugate Woods, PhD, RN, FAAN  
Professor of Nursing, University of Washington

