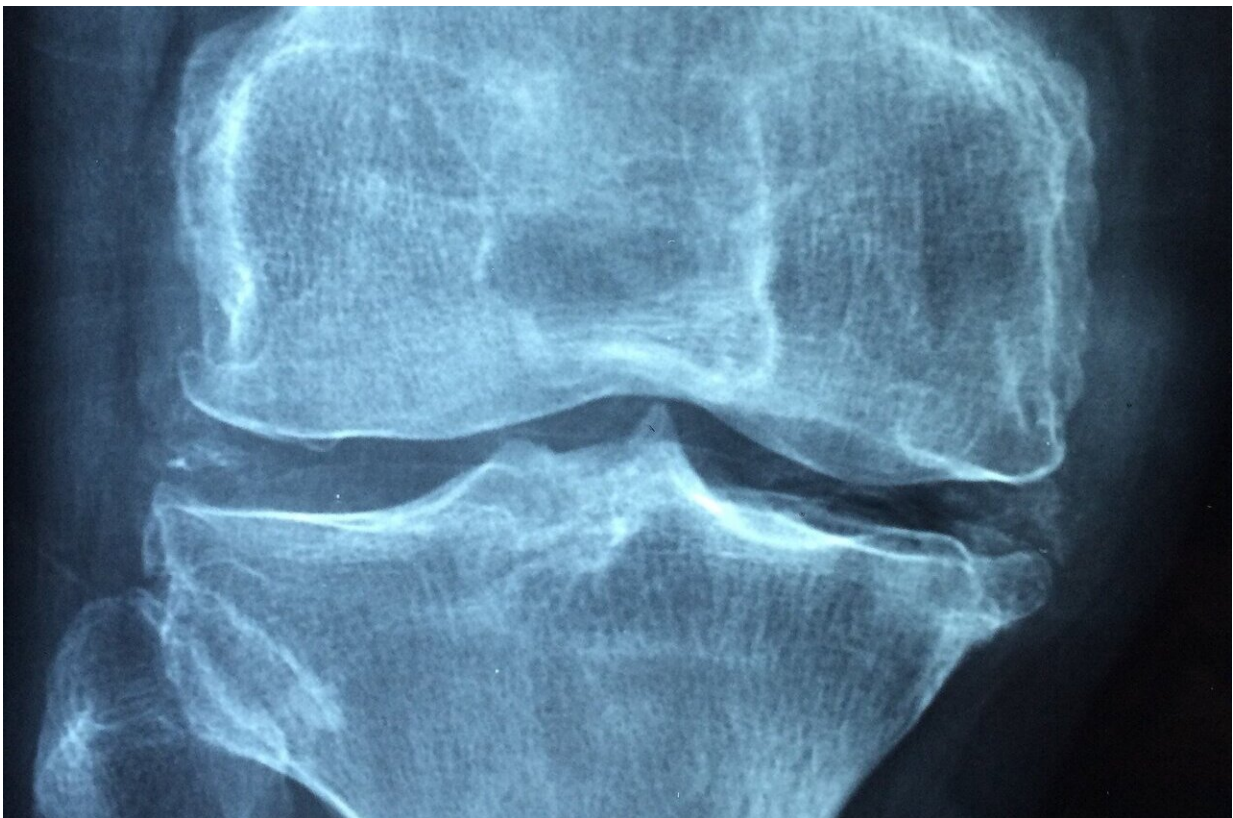


A review of performance measures for osteoporosis finds gap in measuring early treatment

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A review of current performance measures that are applied to evaluate quality of osteoporosis care found that of the six osteoporosis

performance measures relevant to internal medicine physicians, only one was found to be valid.

According to the authors from the American College of Physicians (ACP), these findings suggest that new performance measures should be developed that could improve [osteoporosis](#) diagnosis, treatment, and care. "[Quality Indicators for Osteoporosis in Adults: A Review of Performance Measures by the American College of Physicians](#)" was published in *Annals of Internal Medicine*.

Primary osteoporosis is characterized by decreasing bone mass and density and reduced bone strength that leads to a higher risk for fracture. The prevalence of osteoporosis in the United States is estimated at 12.6% for adults over the age of 50. Osteoporosis is considered a major health issue, which has prompted the development and use of several performance measures to assess and improve the effectiveness of screening, diagnosis, and treatment.

The ACP Performance Measurement Committee (PMC) believes performance measures must demonstrate a methodologically sound basis with appropriate statistical analysis to evaluate [quality of care](#) and apply them to physicians and support their use in accountability, public reporting, or payment programs. The analysis of these performance measures looks to assess and eliminate performance measures that do not meet the necessary reliability, validity, evidence, and attribution standards.

"These performance measure reviews are important in evidence-based management of osteoporosis in our patients," said Omar T. Atiq, M.D., MACP, president, ACP. "We must ensure their validity in order to optimize treatment."

As part of the PMC's effort to ensure performance measures are aligned

with clinical quality guidelines, an algorithm was developed to categorize ACP's guideline recommendations and determine if there is enough to support a performance measure concept. The algorithm considers strength and certainty of evidence, performance gaps, feasibility, and applicability.

Currently, there is no performance measure that addresses the initial approach to therapy of patients with a new diagnosis of osteoporosis. The closest performance measure evaluates whether a patient with a fracture received a dual-energy X-ray absorptiometry scan or a prescription for any pharmacotherapy to treat osteoporosis, even though there is clear guidance around using bisphosphonates for initial pharmacologic management.

The PMC used its algorithm to validate a performance measure concept from ACP's clinical guideline to fill this gap in currently available performance measures.

The PMC suggestions in this paper, if adopted, will help improve development of reliable and valid performance measures that can move the quality needle and reduce the burden of performance measurement on physicians, group practices and health systems.

The paper includes a detailed [algorithm](#) for translating clinical guidelines to [performance measures](#) and a table, "ACP Median Rating by Domain and Level of Attribution."

More information: Amir Qaseem et al, Quality Indicators for Osteoporosis in Adults: A Review of Performance Measures by the American College of Physicians, *Annals of Internal Medicine* (2023). [DOI: 10.7326/M23-1291](https://doi.org/10.7326/M23-1291)

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