



# Improving Osteoporosis Screening in Men >50 with Risk Factors



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## BACKGROUND

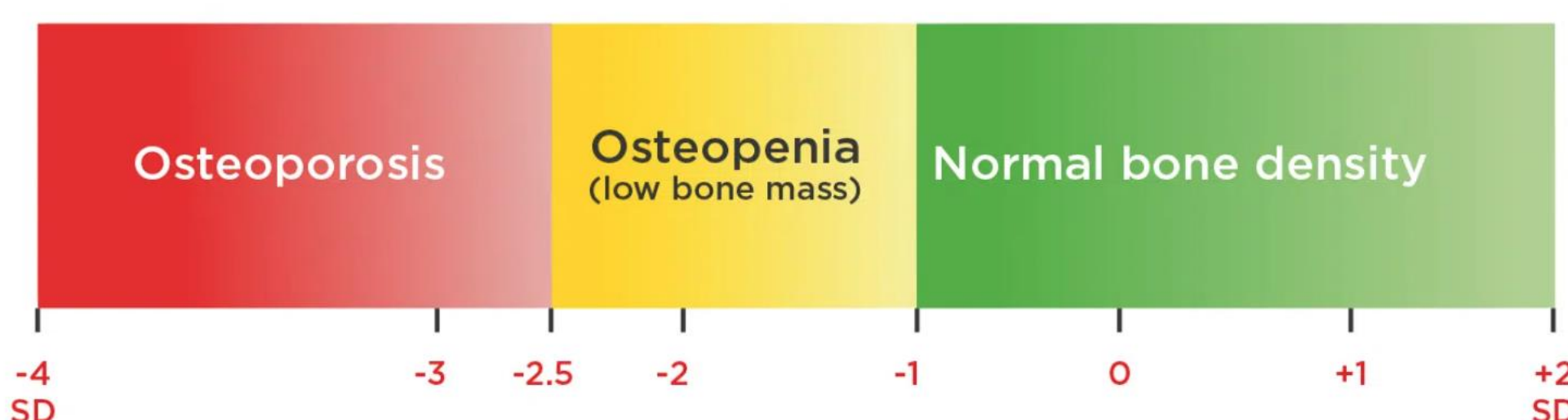
- USPSTF: evidence inconclusive for osteoporosis screening in men
- Endocrine Society: all men >70 years and men >50 years with risk factors should be screened via DEXA scan
- Due to lack of universal support for screening in men, many go without screening which may lead to higher rates of major osteoporotic fracture

## OBJECTIVE

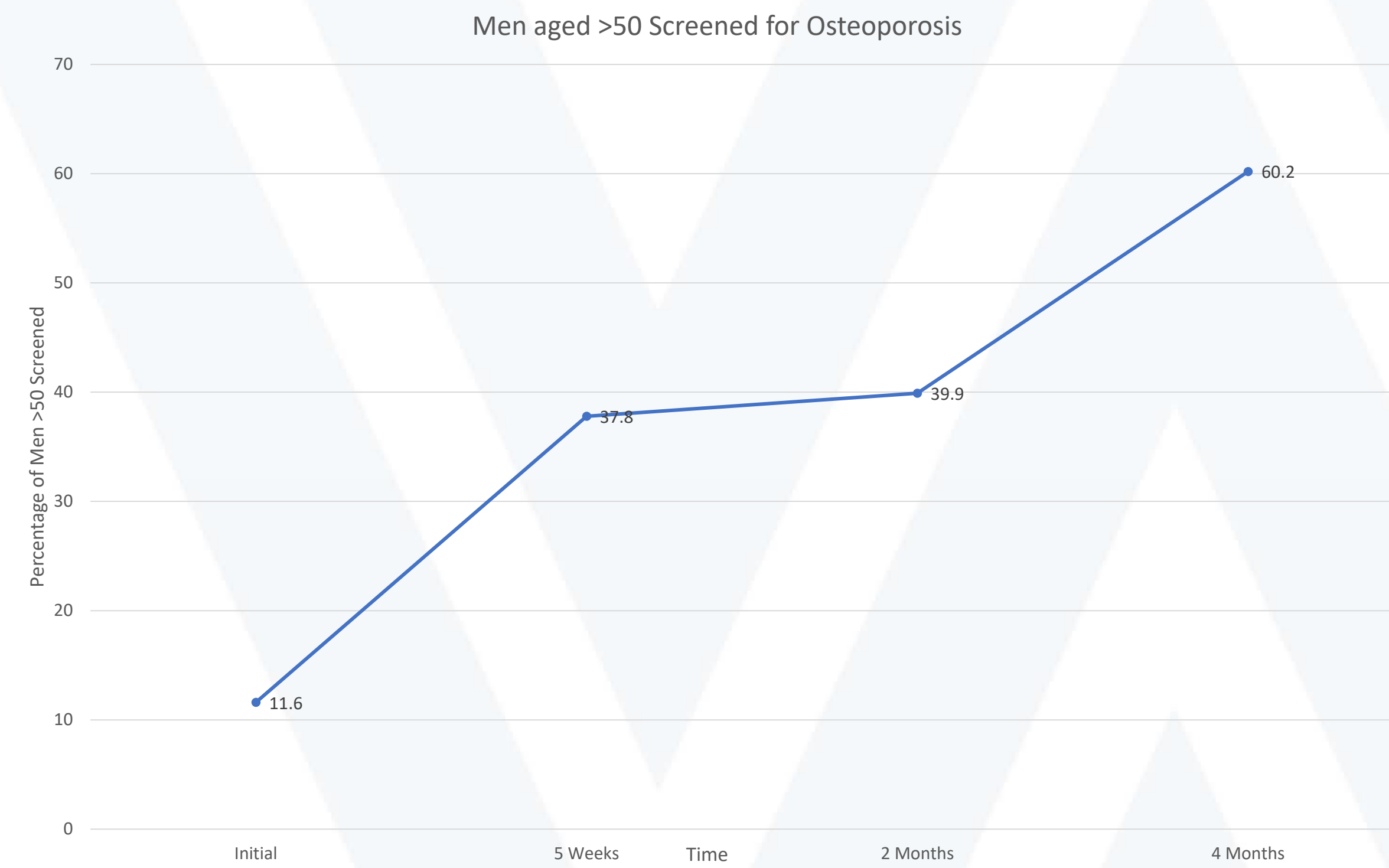
Increase proportion men aged 50 years or older with risk factors being screened for osteoporosis

## METHODS

- EMR used to determine proportion of eligible men that have had screening
- Risk factors: androgen deprivation therapy, hypogonadism, frailty, primary hyperparathyroidism
- Osteoporosis screening (DEXA) included in Medicare Annual Well Visit workflow
- Reminder implemented in EPIC HCM tab
- Provider education on Endocrine Society recommendations via email
- Intervention: 3/27/2024– 7/31/2024



## RESULTS



- 254 out of 422 eligible males have been screened after intervention
- 84 new males screened since start of intervention
- Screening rates were increased by 48.6% in our target population

## Secondary outcomes

- Of men screened, 47% had osteopenia and 19% had osteoporosis
- Only 9.42% of this population currently on therapy
- Risk factors: hypogonadism (33%), hyperparathyroidism (10%), androgen deprivation therapy (4%), frailty (2%)

## Discussion

- Osteoporosis screening increased from 11.6% to 60.2% after intervention, greatly exceeding our goal of 20%
- Limitations: rate of increase affected by baseline rate which may vary between clinics, interventions may be limited with other EMR systems

## Future Directions

### Phase 1: Pilot Evaluation (3-6 months)

- Analyze pilot results, identify barriers, and refine intervention
- Identify secondary outcomes including osteoporosis diagnoses, medications started, fracture rates

### Phase 2: Implementation in Additional Sites (6-12 months)

- Expand screening to other WVU Family Medicine sites
- Implement EHR-based CDS tools and provider training

### Phase 3: Regional and National Expansion (12-24 months)

- Share results at conferences and through partnerships
- Collaborate with professional societies for broader adoption

## Sustainability Plan

### Institutional Support

- Integrate screening as a permanent part of clinical workflows
- Provide ongoing provider training and CME modules

### Continuous Monitoring

- Establish long-term EHR data tracking and quarterly performance reviews

### Patient Engagement

- Use digital health tools to educate patients and raise awareness
- Collaborate with community partners for outreach

## References

- Guidelines based on the Endocrine Society 2012
- Images: hospitalCMG.com, OSGPC.com
- No conflicts of Interest
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