Yinghui Xu, MS Carver College of Medicine Iowa City, IA

Department of Family Medicine University of Iowa

References

- 1. Cox LA. Re: Interventions to improving osteoporosis screening: an Iowa Research Network (IRENE) study. J Am Board Fam Med 2010;23:131.
- 2. Levy BT, Hartz A, Woodworth G, Xu Y, Sinift S. Interventions to improving osteoporosis screening: an Iowa Research Network (IRENE) study. J Am Board Fam Med 2009;22:360-7.

doi: 10.3122/jabfm.2010.01.090216

Re: Interventions to Improving Osteoporosis Screening: An Iowa Research Network (IRENE) Study

To the Editor: I read with great interest the original research article, "Interventions to Improving Osteoporosis Screening: An Iowa Research Network (IRENE) Study" in the July/August 2009 edition of the *Journal of* the American Board of Family Medicine. Nationally, the current screening rate for osteoporosis is unacceptably low, and Dr. Levy and her colleagues conducted a welldesigned study to evaluate the effect of 2 simple strategies to improve screening rates. This is a timely issue given the current political debate about the most costeffective way to improve health care delivery. Their study found that chart reminders to physicians did not significantly increase the rate of bone mineral density testing when compared with usual care but that combining chart reminders with a patient-directed mail campaign did significantly increase the rate.

Given that the National Osteoporosis Foundation guidelines recommend bone mineral density testing for all women over the age of 65, I am curious about one element of Dr. Levy's study design.² In the study, chart reminders were placed on the charts of women older than 65 only when they were being seen for an annual examination. Why not place the chart reminder on the charts of all women older than 65 regardless of the reason for their visit?

By limiting preventive care interventions to scheduled annual exams, family physicians miss opportunities to improve the care of their patients. "Max-packing" is a relatively new concept which refers to the practice of doing as much as possible for patients every time they are in the office.³ One way to do this is to identify and address preventive care needs at every office visit. To excel at providing preventive care, family physicians must develop systems that assess needs and prompt delivery of care at every opportunity, not just during annual exams.

Elisa Payne, MD Area Health Education Center-Fort Smith Family Medicine Residency Program University of Arkansas for Medical Sciences Fort Smith, AR EMPayne@uams.edu

References

- 1. Levy BT, Hartz A, Woodworth G, Xu Y, Sinift S. Interventions to improving osteoporosis screening: an Iowa Research Network (IRENE) study. J Am Board Fam Med 2009;22:360-7.
- 2. National Osteoporosis Foundation. Clinician's Guide to Prevention and Treatment of Osteoporosis. Washington, DC: National Osteoporosis Foundation; 2008.
- 3. Institute for Healthcare Improvement website. Available at www.ihi.org/IHI/Topics?OfficePractices/Access/Changes/ IndividualChanges/UseMaxPackingDuringtheVisit.html. Accessed September 23, 2009.

doi: 10.3122/jabfm.2010.01.090224

The above letter was referred to the authors of the article in question, who offer the following reply.

Response: Re: Interventions to Improving Osteoporosis Screening: an Iowa Research **Network (IRENE) Study**

To the Editor: Dr. Payne¹ asked why we did not place reminders on the charts of all women over the age of 65, regardless of the reason for their visit.² We chose to only recruit women who had an upcoming visit for an annual examination because the annual examination allows extra time to systematically review and address multiple preventive issues.³⁻⁵ Providing all preventive services and counseling for all patients would take an average of 7.4 hours per working day,6 and thus would be impractical. Asking physicians to discuss osteoporosis screening and to provide counseling about bone health at times other than a scheduled preventive visit would place an unfair burden on the busy physicians who volunteered for this study. Even if reminders on all charts would increase response rates for osteoporosis testing, they would probably interfere with other care the patients should receive. A key aspect of a medical home is the systematic tracking and registry function that organize clinical information and remind physicians and patients of services needed.^{7,8} It is clear that the nation needs fundamental payment reforms in primary care to achieve population health.9

Barcey T. Levy, PhD, MD Department of Family Medicine University of Iowa Carver College of Medicine Iowa City, IA barcey-levy@uiowa.edu

Arthur J. Hartz, MD, PhD Department of Internal Medicine University of Utah School of Medicine Salt Lake City, UT

> Yinghui Xu, MS Department of Family Medicine University of Iowa Carver College of Medicine Iowa City, IA

References

- 1. Payne E. Re: Interventions to improving osteoporosis screening: An Iowa Research Network (IRENE) study. J Am Board Fam Med 2010;23:132.
- 2. Levy BT, Hartz A, Woodworth G, Xu Y, Sinift S. Interventions to improving osteoporosis screening: an Iowa Research Network (IRENE) study. J Am Board Fam Med 2009;22:
- 3. Boulware LE, Barnes GJ, Wilson RF, et al. Value of the periodic health evaluation. Evid Rep Technol Assess (Full Rep) 2006;(136):1-134.
- 4. Boulware LE, Marinopoulos S, Phillips KA, et al. Systematic

- review: the value of the periodic health evaluation. Ann Intern Med 2007;146:289-300.
- 5. Fenton JJ, Cai Y, Weiss NS, et al. Delivery of cancer screening: how important is the preventive health examination? Arch Intern Med 2007;167:580-5.
- 6. Yarnall KS, Pollak KI, Ostbye T, Krause KM, Michener JL. Primary care: is there enough time for prevention? Am J Public Health 2003;93:635-41.
- 7. Rosenthal TC. The medical home: growing evidence to support a new approach to primary care. J Am Board Fam Med 2008;21:427-40.
- 8. National Committee for Quality Assurance. 2008. Standards and guidelines for physician practice connections-Patientcentered medical home (PPC-PCMH). Washington, DC: National Committee for Quality Assurance; 2008:68. Available at http://www.bethesda.med.navy.mil/Patient/Health_ Care/Medical_Services/Internal_Medicine/MeasuresSuccess/ Medical%20Home(NCQA%20Stnds%20and%20Guidelines). pdf. Accessed 16 October 2009.
- 9. Sandy LG, Bodenheimer T, Pawlson LG, Starfield B. The political economy of US primary care. Health Aff 2009;28: 1136 - 45.

doi: 10.3122/jabfm.2010.01.090245