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needs and prompt delivery of care at every opportunity, not just during annual exams.

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References

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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”¹ 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 well-designed 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 cost-effective 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

References

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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

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