HEALTH CARE GAP:

In the United States, it has been estimated that 10.3% of adults have osteoporosis and an additional 43.4 million older adults have low bone mass.\(^1\) Osteoporosis is a risk for fracture just as hypertension is for stroke. It is estimated that 50% of women older than 50 years will have an osteoporotic fracture during her lifetime.\(^2,3\)

While osteoporosis can be a silent disease, its impact is not. In the U.S., an estimated 2 million (75-80% in women) osteoporotic fractures occur each year, resulting in more than 500,000 hospitalizations, more than 800,000 emergency room encounters, more than 2,600,000 physician office visits, and the placement of nearly 180,000 individuals into nursing homes.\(^4,5\) Importantly, osteoporotic fractures are associated with a decreased quality of life including chronic pain and disability.\(^6,7\)

Recently, a publication from the ASBMR-NOF Working Group has proposed a goal directed treatment for osteoporosis. This group has proposed a strategy that is goal-directed that is individually established for an individual patient, the initial choice of treatment is based on the probability of the patient achieving the goal, and requires periodic evaluation to assess and allow for treatment modification.\(^8\) In 2016, the American Association of Clinical Endocrinologists (AACE) presented a new treatment algorithm for the treatment of postmenopausal osteoporosis. In it, AACE recommends for patients with prior fragility fractures or indications of higher fracture risk, HCPs could select either an antiresorptive or an anabolic as first line choice.\(^9\) Finally, a recent publication by (Cosman, et.al.), has proposed, for treatment naïve patients, the concept of sequential therapy.\(^10\) It is clear, there is an unmet need to improve the gaps in the diagnosis of patients with osteoporosis and treatment strategies including the need to individualize treatment and to consider sequencing the available medications currently available when appropriate for higher risk patients with postmenopausal osteoporosis.

Radius Health is seeking proposals to close this independently defined healthcare gap to improve clinician knowledge of how to evaluate, diagnose, and treat patients with postmenopausal...
osteoporosis through independent medical education designed per well-referenced learner preferences.

Single supported proposals for a dinner program at ASBMR 2017 will be considered with a maximum request not to exceed $100,000 (for the program, not including congress fees).

*Please note that proposals are expected to include an analysis of the barriers and root causes for this gap and how educational intervention would address this gap.*

**PROPOSAL FOR PROGRAM SHOULD INCLUDE THE FOLLOWING INFORMATION:**

- **Needs Assessment/Gaps/Barriers:** Include a comprehensive needs assessment that is well referenced and demonstrates an understanding of the specific gaps and barriers of the target audiences (http://www.accme.org/requirements/accreditationrequirements-cme-providers/accreditation-criteria. Accreditation Criteria. Accessed 8 April 2016).11 The needs assessment must be independently developed and validated by the accredited provider.

- **Target Audience and Audience Generation:** Proposal should describe the target audience(s) and provide a rationale for how and why this target audience is important to closing the identified healthcare gap. In addition, please describe methods for reaching the target audience(s) including description of and rationale for recruitment and placement strategies to maximize participation according to need. Any unique recruitment efforts specific to the target audience should be highlighted.

- **Learning Objectives and Content Accuracy:** Provide clearly defined and measurable learning objectives framed as expected practice improvements in relation to the identified gaps and barriers. Include an overview of program content and explanation of criteria that will guide content selection, considering level of evidence and other variables. RADIUS HEALTH is committed to the highest standards in ensuring patient safety; the applicant should describe methods to ensure complete, accurate, evidence based review of key safety data for any therapeutic entities discussed in the activity. Explain how content will be updated if necessary throughout the program period, and how accuracy will be ensured.

- **Educational Methods:** The ACCME calls for educational methods that are clearly designed to address the knowledge, competence and/or performance gaps that may underlie an identified healthcare gap. Your proposal should demonstrate an understanding of instructional design issues as they relate to the gaps in the knowledge, competence, or performance of the targeted audience. Education methods and design should be based on current literature in continuing education best practice and consistent with ACCME accreditation elements (http://www.accme.org/requirements/accreditation-requirements-cme-providers/accreditation-criteria. Accreditation Criteria. Accessed 8 April 2016).11 For example, systematic reviews have suggested that the most effective continuing education is clearly linked to clinical practice, uses methods including interaction, reflection, strategies that ensure reinforcement through use of multiple educational interventions, and more.12-15 Preference will be given to applications that utilize methods that have been shown to result in practice improvements, and/or with data on
the effectiveness of other programs of the same type. ACCME criteria recognize that barriers may be related to systems, lack of resources, or tools etc. and these may be included if relevant in your discussion of the gap and the educational methods you propose. In addition, the educational preferences of the target audience(s) may be considered to maximize attendance/participation and lead to practice improvements.

barriers may be related to systems, lack of resources, or tools etc. and these may be included if relevant in your discussion of the gap and the educational methods you propose. In addition, the educational preferences of the target audience(s) may be considered to maximize attendance/participation and lead to practice improvements.

- **Faculty Recruitment and Development**: Provide Information on the expected qualifications of contributors and description of methods to ensure recruitment of course directors and faculty who meet the qualifications. Explain any methods that will be used to ensure that faculty are fully trained in the program expectations and any skills that may be needed to ensure effective delivery of intended education.

- **Program Evaluation and Outcomes**: Provide a description of the approach to evaluate the reach and quality of program delivery; methods for monitoring individual activities and for ensuring ongoing quality improvements (http://www.accme.org/requirements/accreditation-requirements-cmeproviders/accreditation-criteria. Accreditation Criteria. Accessed 8 April 2016). Describe methods that will be used to determine the extent to which the activity has served to close the identified healthcare gap. (http://www.accme.org/requirements/accreditation-requirements-cmeproviders/accreditation-criteria. Accreditation Criteria. Accessed 8 April 2016), and the qualifications of those involved in the design and analysis of the outcomes. Preference will be given to programs with Objectives and Outcomes Plans of Moore level 4-6.

- **Budget**: Include a detailed budget with rationale including breakdown of costs, clear explanation of the units, and calculations of:
  - Content cost per activity
  - Out-of-pocket cost per activity
  - Management cost per activity

- **Accreditation**: Programs must be accredited by the appropriate accrediting bodies and fully compliant with all ACCME criteria and Standards for Commercial Support™. If you are a non-accredited provider, the accredited provider must be involved from the concept origin, fully knowledgeable of the grant submission and documentation should be provided on the website grant application section entitled, “Other Information”

• **Communication and Publication Plan:** Provide a description of how the provider will keep the supporter informed of progress. Include description of how the results of this educational intervention will be presented, published or disseminated.

**References:**