Fracture Liaison Service Return on Investment Calculator

Arnie Aldridge & William Dowd
RTI International

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NATIONAL BONE HEALTH ALLIANCE
Debbie Zeldow, MBA
Senior Director, Clinical Programs

Ms. Zeldow is Senior Director, Clinical Programs of the National Bone Health Alliance (NBHA), a public-private partnership launched in late 2010 that brings together the expertise and resources of its 55 organizational participants from the private and non-profit sectors (in addition to government liaisons from the CDC, FDA, NASA and NIH) to collectively promote bone health and prevent disease; improve diagnosis and treatment of bone disease; and enhance bone research, surveillance and evaluation.

NBHA's signature initiatives include Fracture Prevention CENTRAL (www.FracturePreventionCENTRAL.org), a resource which enables the development and implementation of fracture prevention programs and the 2Million2Many (www.2Million2Many.org) osteoporosis awareness campaign.
Overview

• Launched in late 2010 as a public-private partnership that brings together the expertise/resources of its public, private and non-profit sector partners
  o *Managed/housed at NOF and co-convened by NOF/ASBMR*

• 55 organizational participants
  o **30 non-profit members**
  o **20 private sector members**
  o **5 government agency liaisons (CDC, CMS, FDA, NASA, NIH)**

• **Collective reach: over 100,000 health care professionals and 10 million consumers**

• **Vision:** to improve the overall health and quality of life of all Americans by enhancing their bone health

• Addressing the priorities of the Bone Health Summit *National Action Plan*:
  — Promote bone health and prevent disease
  — Improve diagnosis and treatment
  — Enhance research, surveillance and evaluation
NBHA provides a platform for:

• Using its collective voice and diverse membership base to weigh in on subjects important to bone health, particularly:
  o Vitamin D
  o Calcium
  o Bone density testing reimbursement and utilization
  o Benefits/risks of the use of bone health therapies
• Ongoing communication among individuals and organizations interested in bone health
• Shared priorities/projects to become reality through pooled funding
• Working together toward the goals and recommendations of the National Action Plan
55 Organizational Participants (1)
(50 Members / 5 Government Liaisons)

- 4 Bone Health
- AgNovos Healthcare
- Alliance for Aging Research
- American Academy of Physician Assistants
- American Association of Clinical Endocrinologists
- American Academy of Orthopaedic Surgeons
- American Bone Health
- American College of Rheumatology
- Amgen
- American Orthopaedic Association
- American Society for Bone and Mineral Research
- California Hispanic Osteoporosis Foundation
- CECity
- DePuy Synthes
- Eli Lilly and Company
- Endocrine Society
- Fibrous Dysplasia Foundation, Inc.
- Gerontological Society of America
- Global Healthy Living Foundation
- Health Monitor Network
- Hologic, Inc.
- Immunodiagnostic Systems
- Integrated Bone Health
- International Geriatric Fracture Society
- International Society for Clinical Densitometry
- Kaiser Permanente
- Lymphangiomatosis & Gorham's Disease Alliance
- Marian Osteoporosis Center (Santa Maria, California)
- medimaps group
55 Organizational Participants (2)
(50 Members / 5 Government Liaisons)

- Medtronic, Inc.
- Merck and Co., Inc.
- MHE Research Foundation
- National Association of Nurse Practitioners in Women’s Health
- National Council of Women’s Organizations
- National Council on Aging National Falls Prevention Resource Center
- National Osteoporosis Foundation
- Northern California Institute for Bone Health
- Optasia Medical, Inc.
- Osteogenesis Imperfecta Foundation
- Osteoporosis Medical Center (Los Angeles, California)
- The Paget Foundation for Paget’s Disease of Bone and Related Disorders
- Pharmaceutical Research and Manufacturers of America
- Radius Health, Inc.
- Roche Diagnostics Corporation
- Soft Bones, Inc.
- UCB, Inc.
- United States Bone and Joint Initiative
- Washington Osteoporosis Coalition
- XLH Network, Inc.
- Zebra Medical Vision Ltd.
- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- National Aeronautics and Space Administration
- National Institutes of Health
- U.S. Food and Drug Administration
NBHA’s 20/20 VISION

Reducing bone breaks 20% by the year 2020
More than 3,600 individual users have signed up to access these tools since March 2013.
Fracture Prevention CENTRAL, an Online FLS Resource: this publicly-accessible website was launched in March 2013 (available at www.FracturePreventionCENTRAL.org) to help HCPs and administrators implement a coordinator-based, post-fracture FLS model of care to reduce secondary fractures and the associated costs while increasing patient outcomes:

• NBHA compiled materials from a number of successful domestic and international post-fracture care programs
  • highlights the work of leading FLS programs including the American Orthopaedic Association Own the Bone program, Kaiser Permanente and Geisinger Health System

Fracture Prevention CENTRAL enables sites to implement a FLS in support of NBHA’s 20/20 vision to reduce fractures 20% by the year 2020
Webinar Series: Fracture Prevention CENTRAL has hosted over 30 webinars to date that allow participants to interact with experts around the FLS model of care (upcoming webinars below):

- **July 28:** NBHA Fracture Liaison Service Return on Investment Calculator: A New Tool to Help Make the FLS Business Case (faculty: Arnie Aldridge and William Dowd, Research Triangle Institute)
- **August 4:** Billing and Coding Tools for your FLS (faculty: Anne Lake and Leslie Stovall, Wake Forest Baptist Medical Center)
- **August 16 (in collaboration with the International Osteoporosis Foundation):** How to Get Best Practice Recognition for your FLS Program (faculty: Kristina Akesson, International Osteoporosis Foundation)
- **October 11:** Patient Materials for a Diverse Patient Population: Free Materials and Resources (faculty: Kathy Williams, Southern California Kaiser Permanente)

All webinars are available for on-demand access (www.nbha.org/fpc/educational-webinars or www.youtube.com/channel/UC7ou3V8s3lauVYTtwJOeWvng)
NBHA One-on-One FLS Consult Service
(Available at No Cost)
NBHA's One-on-One FLS Consult Service

The NBHA FLS Consult Service connects you with FLS experts one-on-one to answer your questions and provide you with the expertise and resources you need to make your FLS program a success

- implementation
- patient identification
- reimbursement
- and more!

This service debuted in May 2015 during the National Osteoporosis Foundation ISO (which more than 60 people met with our FLS experts face-to-face over the 3 days the FLS consult service was offered)
How to Arrange for a Consult

• Sign into or register for your FREE Fracture Prevention CENTRAL account
• Click on the link to the FLS One-on-One Consult page
  o from the Fracture Prevention CENTRAL front page carousel
• Complete the online request form
• Once the form is submitted, you will be contacted within 3 business days to set a time for a telephonic consult as well as a listing resources related to your question on Fracture Prevention CENTRAL
• The FLS expert will connect with you via email or phone
• After the consult is completed, a survey will be sent to the user of the FLS Consult Service to assess the program, expert and additional questions to help us build and improve upon the program
Webinar Logistics

• All attendees muted
• We will have time for a Q&A at the end of the webinar
• Please type your questions in the GoToWebinar panel
• This webinar is being recorded and will be sent to you next week
• The webinar will also be available on the NBHA YouTube Channel on demand.
Fracture Liaison Service
Return on Investment Calculator

Made possible through a grant provided to NBHA by Amgen, Inc.;
developed through grants with:

RTI International
Turning knowledge into practice

THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
Knowledge that will change your world
Webinar Faculty

Arnie Aldridge & William Dowd
RTI International

Arnie Aldridge & William Dowd are economists in the Behavioral Health Economics Program at the Research Triangle Institute. Their work includes studies of cost, financial sustainability, and return on investment of physical and behavioral health initiatives.
Purpose of the Calculator

- There exists a large care gap in treatment of fractures (see right).
- Patients with prior fractures are at the highest risk for future fractures.
- A Fracture Liaison Service (FLS) ensures fracture patients receive appropriate diagnosis and treatment of their likely osteoporosis; but, decision-makers face budget constraints!

- The calculator provides “vital statistics” on FLS programs to help champions make a business case for implementation.
  - Costs to implement FLS
  - Revenue from FLS services
  - Impact on patient fracture outcomes and treatment costs.

Data and Parameter Sources

FLS Costs
- National average salaries from Bureau of Labor Statistics
  - www.bls.gov/oes/
- User-specified values

FLS Revenue
- CMS Medicare Physician Fee Schedule
- CMS Clinical Laboratory Fee Schedule
  - https://www.cms.gov/Medicare/Medicare-fee-for-service-Payment/clinicallabfeesched/index.html
- User-specified values

Treatment Impact
- Reports and studies of impact of optimal supplementation and common pharmacological treatments on fracture rates (sources in calculator).
- User-specified values
Refracture Rates and Fracture Cost Savings

Medicare 100% female sample and 5% random sample of males (2006 – 2012)

- Initial inclusion criteria:
  - >=12 months of A+B+C+D coverage pre-initial fracture episode
  - >=12 months of A+B+C+D coverage post-initial fracture episode or died within 12 month window

- Exclusions: Paget’s Disease, Hospice, Cancer

These criteria lead to a final sample of 418,381. Created 3 cohorts:

- 24 months of coverage (or death) following fracture (220k)
- 36 months (38k)
- 48 months (26k)

Used diagnosis codes, procedure codes and allowable charges to identify fractures, refractures, and health care costs.
Estimation

Refracture Rates
• By cohort, statistical models of Medicare beneficiaries’ probability of 2nd fractures, by site.
  o Multinomial logit model
  o Two-way interactions of initial fracture site, gender, and age groups as predictors

Costs associated with 2nd Fracture
• Statistical models of Medicare beneficiaries’ health care costs over 2, 3, and 4 years following the initial fracture event.
  o Generalized linear model
  o Estimates excess costs by comparing costs of individuals with a 2nd fracture event to costs of individuals without a 2nd fracture.
  o Two-way interactions of initial fracture site, second fracture site, gender, and age groups; pre-initial fracture costs and combination fracture indicator as predictors
Next Steps for Calculator

Refine Estimates of Cost Associated with Fracture
• Estimate models within, rather than across, 2, 3, and 4 year cohorts.

Expand to Younger Population
• Repeat analyses on commercial claims data.
• Allow estimates on patients as young as 50 (rather than 65+ Medicare population currently).

Account for “Shared Savings” Models
• Quantify the impact of the transition to rewards for care quality, rather than quantity, and incorporate into financial calculations.
### Initial Fractures

**Initial Fracture Data Entry:**
Select your data entry preference and characterize patient population and fragility fractures. Choose simplified to enter demographics and fracture counts separately, or detailed to provide fracture counts by demographic group.

<table>
<thead>
<tr>
<th>Data Entry Type:</th>
<th>Simplified</th>
<th>Detailed</th>
</tr>
</thead>
</table>

**Fragility Fractures by Demographic Group:**
Use the checkboxes below to select the fracture types that would lead to a referral to the FLS. Then, enter the number of fragility fractures cases you've treated over the past year for patients in each demographic group. If an incident involved fractures at multiple sites, count it toward the primary (most severe) fracture site.

**Fracture Sites to include:**
- Ankle
- Clavicle
- Femur
- Hip
- Humerus
- Pelvis
- Radius/Ulna
- Spine
- Tibia/Fibula

<table>
<thead>
<tr>
<th>Fracture Site</th>
<th>Male</th>
<th>Male</th>
<th>Male</th>
<th>Female</th>
<th>Female</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>65-74</td>
<td>75-84</td>
<td>85+</td>
<td>65-74</td>
<td>75-84</td>
<td>85+</td>
</tr>
<tr>
<td>Ankle</td>
<td>14</td>
<td>12</td>
<td>12</td>
<td>9</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>Clavicle</td>
<td>6</td>
<td>7</td>
<td>9</td>
<td>3</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Femur</td>
<td>6</td>
<td>9</td>
<td>14</td>
<td>7</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Hip</td>
<td>12</td>
<td>11</td>
<td>14</td>
<td>11</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Humerus</td>
<td>6</td>
<td>4</td>
<td>7</td>
<td>9</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Pelvis</td>
<td>7</td>
<td>11</td>
<td>3</td>
<td>5</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Radius/Ulna</td>
<td>10</td>
<td>9</td>
<td>8</td>
<td>4</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Spine</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>14</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>Tibia/Fibula</td>
<td>7</td>
<td>5</td>
<td>4</td>
<td>7</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>
### Initial Fractures, cont.

**Data Entry Type:**
- [ ] Simplified
- [ ] Detailed

**Patient Characteristics:**
*Describe the demographic characteristics of your fragility fracture patients (age 65+)*

<table>
<thead>
<tr>
<th>Sex</th>
<th>Male</th>
<th>45%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td>55%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>65-74</th>
<th>38%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>75-84</td>
<td>33%</td>
</tr>
<tr>
<td></td>
<td>85+</td>
<td>29%</td>
</tr>
</tbody>
</table>

**Fragility Fractures:**
*Use the checkboxes below to select the fracture types that would lead to a referral to the FLS. Then, enter the number of cases of those fractures you've treated over the past year for patients age 65+. If an incident involved fractures at multiple sites, count it toward the primary (most severe) fracture site.*

*Fracture sites to include:* [ ] Ankle [ ] Clavicle [ ] Femur [ ] Hip [ ] Humerus [ ] Pelvis [ ] Radius/Ulna [ ] Spine [ ] Tibia/Fibula

<table>
<thead>
<tr>
<th>Fracture Site</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ankle</td>
<td>45</td>
</tr>
<tr>
<td>Clavicle</td>
<td>65</td>
</tr>
<tr>
<td>Femur</td>
<td>51</td>
</tr>
<tr>
<td>Hip</td>
<td>78</td>
</tr>
<tr>
<td>Humerus</td>
<td>49</td>
</tr>
<tr>
<td>Pelvis</td>
<td>52</td>
</tr>
<tr>
<td>Radius/Ulna</td>
<td>51</td>
</tr>
<tr>
<td>Spine</td>
<td>81</td>
</tr>
<tr>
<td>Tibia/Fibula</td>
<td>39</td>
</tr>
</tbody>
</table>
Recruitment Rate

**FLS Recruitment Rate:**
What percentage of patients with initial fractures will be recruited into the FLS protocol.

FLS Recruitment Rate:  80.00%
### FLS Coordinator Costs

**FLS Coordinator:**

*Based on the number of fragility fractures you've treated over the past year, you will need an estimated 0.5 full time equivalents (FTEs) of FLS coordinator support. You may use this value by default or modify it below. To revert to the estimated level of effort, check the box to the right of the FTE input. Note that the estimated level of effort will change as the input number of fractures change.*

*Choose the type of staff that will serve as an FLS coordinator, and the salary box will be populated with a default value. Please adjust this value with local salary data, if available, using FTE salaries. If you choose the ‘other staff’ option, the salary box will remain empty, so be sure to provide a salary value. Please also adjust the fringe benefit rate if your facility’s rate differs from the default of 30%. The fringe benefit rate includes benefits such as paid time off and employer-paid health insurance as well as payroll taxes for Social Security and Medicare.*

**Estimated level of effort for FLS Coordinator:** 0.5 FTEs

<table>
<thead>
<tr>
<th>FLS Coordinator level of effort for calculation (FTEs):</th>
<th>0.50</th>
<th>Use Estimated Level of Effort?</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLS Coordinator Type:</td>
<td>Physician Assistant</td>
<td></td>
</tr>
<tr>
<td>FLS Coordinator FTE Salary¹:</td>
<td>$99,270</td>
<td></td>
</tr>
<tr>
<td>Fringe Benefit Rate:</td>
<td>30.0%</td>
<td></td>
</tr>
</tbody>
</table>
**Other Costs**

Describe other labor and non-labor costs incurred by the FLS program. For labor costs, briefly describe the staff and their level of effort with the FLS program. Enter a full-time salary for an individual in this position, and a fringe benefit rate, if applicable. For non-labor costs, briefly describe and provide the annual cost for each resource. If the FLS program incurs an overhead cost, specify the rate and whether it is applied to labor costs or all costs.

**Labor:**

<table>
<thead>
<tr>
<th>Staff Type (max 25 chars)</th>
<th>FTE</th>
<th>Full FTE Salary</th>
<th>Fringe Benefit Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Non-labor:**

<table>
<thead>
<tr>
<th>Description (max 25 chars)</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Overhead Rate:**

- **Apply to:**
  - [ ] Labor Only
  - [ ] All Costs
**Characterize FLS Protocol:**

In this section, we'll describe how services provided to FLS patients differ from those provided to non-FLS patients. We'll call this the FLS protocol. First, we'll describe the base protocol, which comprises a typical set of FLS office visits. The tool contains default base protocols for convenience. To import a base protocol, enter your ZIP code, select the protocol that best fits your facility type and reimbursement schedule from the drop-down menu, and click "Import Protocol." Freely adjust the base protocol by adding, modifying, or deleting information in the shaded cells. To revert to a default protocol, select the appropriate protocol and click "Import Protocol." To erase the contents of the base protocol field, click the "Clear All" button.

<table>
<thead>
<tr>
<th>Item</th>
<th>Elapsed Months (from FLS initiation)</th>
<th>Anticipated CPT Code</th>
<th>Reimbursement Revenue</th>
<th>Probability of Receipt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial visit</td>
<td>0</td>
<td>99204</td>
<td>$187.38</td>
<td>100.0%</td>
</tr>
<tr>
<td>Three month follow-up</td>
<td>3</td>
<td>99214</td>
<td>$122.29</td>
<td>100.0%</td>
</tr>
<tr>
<td>Six month follow-up</td>
<td>6</td>
<td>99213</td>
<td>$83.29</td>
<td>90.0%</td>
</tr>
<tr>
<td>12 month follow-up</td>
<td>12</td>
<td>99213</td>
<td>$83.29</td>
<td>85.0%</td>
</tr>
<tr>
<td>18 month follow-up</td>
<td>18</td>
<td>99213</td>
<td>$83.29</td>
<td>85.0%</td>
</tr>
<tr>
<td>24 month follow-up</td>
<td>24</td>
<td>99213</td>
<td>$83.29</td>
<td>85.0%</td>
</tr>
<tr>
<td>36 month follow-up</td>
<td>36</td>
<td>99213</td>
<td>$83.29</td>
<td>85.0%</td>
</tr>
<tr>
<td>48 month follow-up</td>
<td>48</td>
<td>99213</td>
<td>$83.29</td>
<td>85.0%</td>
</tr>
</tbody>
</table>
Next, we'll identify procedures in addition to typical FLS office visits listed above. To maximize accuracy, all revenue-generating appointments, labs, etc. that an FLS patient is more or less likely to receive than a non-FLS patient should be included here. The tool is preloaded with services commonly delivered to FLS patients. If a procedure is not included in the list below you may enter it manually in the shaded cells. If a procedure occurs multiple times, enter it once for each instance. The procedures below do not need to be in chronological order. For each row in which you enter data, either manually or by using the preloaded services, be sure to indicate when the procedure is expected to be delivered and the probability that an FLS patient and non-FLS patient will receive a given service. If you do not enter this information, the calculations will be incorrect. If you wish to consider total revenue rather than incremental revenue (vs. usual care), simply enter 0% for Non-FLS probability of receipt for all procedures.

<table>
<thead>
<tr>
<th>Zip Code: 22202</th>
<th>OP visit new patient, level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hospital (facility), 100% Reimbursement Schedule</td>
</tr>
</tbody>
</table>
## Calculator Inputs

### FLS Impact

**Characterize FLS Impact:**

Choose how you would like the calculator to estimate the impact of FLS and enter the relevant information.

- **FLS Impact:**
  - [ ] Direct Estimates of Fractures Prevented
  - [ ] Percentage of Patients Receiving Treatment

### Direct Estimates of Fractures Prevented

*Enter the percentage of fractures at each site that the FLS is expected to prevent.*

<table>
<thead>
<tr>
<th>Fracture Site</th>
<th>% Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ankle</td>
<td>2.20%</td>
</tr>
<tr>
<td>Clavicle</td>
<td>2.20%</td>
</tr>
<tr>
<td>Femur</td>
<td>2.20%</td>
</tr>
<tr>
<td>Hip</td>
<td>7.10%</td>
</tr>
<tr>
<td>Humerus</td>
<td>2.20%</td>
</tr>
<tr>
<td>Pelvis</td>
<td>3.80%</td>
</tr>
<tr>
<td>Radius/Ulna</td>
<td>3.60%</td>
</tr>
<tr>
<td>Spine</td>
<td>4.70%</td>
</tr>
<tr>
<td>Tibia/Fibula</td>
<td>2.50%</td>
</tr>
</tbody>
</table>
### Characterize FLS Impact:

*Choose how you would like the calculator to estimate the impact of FLS and enter the relevant information.*

**FLS Impact:**
- ☐ Direct Estimates of Fractures Prevented
- ☑ Percentage of Patients Receiving Treatment

### Percentage of FLS Patients Receiving Treatment

*Enter the percentage of patients, both FLS and non-FLS, expected to receive each treatment after an initial fragility fracture. Note, treatment options are mutually exclusive.*

*If a patient receives supplements and a pharmacological treatment, enter the patient into the pharmacological treatment field only.* The columns do not need to add to 100%, but they cannot exceed it. Estimates for non-FLS patients are necessary because the estimated impact of FLS must be relative to the status quo, not relative to no treatment at all.

<table>
<thead>
<tr>
<th>Treatment</th>
<th>%FLS Patients Treated</th>
<th>% Non-FLS Patients Treated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimal Calcium and Vitamin D Supplementation</td>
<td>55.00%</td>
<td>45.00%</td>
</tr>
<tr>
<td>(18% fracture reduction rate)$^3$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bisphosphonates (e.g., Alendronate)</td>
<td>20.00%</td>
<td>17.00%</td>
</tr>
<tr>
<td>(50% fracture reduction rate)$^4$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denosumab (Prolia)</td>
<td>12.00%</td>
<td>10.00%</td>
</tr>
<tr>
<td>(39% fracture reduction rate)$^5$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parathyroid Hormone: Teriparatide (Forteo)</td>
<td>8.00%</td>
<td>5.00%</td>
</tr>
<tr>
<td>(59% fracture reduction rate)$^6$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Initial Fractures
• 400 fractures in past-year among patients 65+
• 80% expected to be recruited into FLS

FLS Costs
• FLS Coordinator is 0.5 FTE nurse practitioner
• Administrative assistant, $35,000/yr @ 0.25FTE
• Space costs of $1,000/year; supplies and materials $3,500/year
• 15% overhead rate on total costs.

FLS Protocol (revenue)
• Uses base protocol (85% reimbursement @ facility rates)
• Conducts additional labs at 3m and PT at 6m
• Assumes that FLS will reduce fractures by between 2% and 8%, depending on fracture site.
Thank You!

William Dowd
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(301) 816-4600

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(919) 990-8389