

Calcium and Vitamin D Supplementation – Health Plans’ Collaborative Performance Improvement Project: Pharmacist’s Participation Is Needed

Approximately 10 million Americans over age 50 currently have osteoporosis and another 34 million are at risk for the condition (U.S. Department of Health and Human Services, 2004). Osteoporosis is responsible for nearly 1 million vertebral and hip fractures annually which in 1995 resulted in 2.5 million physician visits, 432,000 hospitalizations and 180,000 nursing home admissions. The simplest and least expensive way to prevent bone loss is by taking Calcium supplements (Shea, 2005). There is mounting evidence that Vitamin D insufficiency and deficiency in elderly people is a silent epidemic that results in bone loss and fractures (Holick MF, 1994).

Health plans (BlueCross BlueShield, First Plan Blue, HealthPartners, Medica, Metropolitan Health Plan, and UCare) are working as a collaborative on the Calcium Vitamin D Supplementation Performance Improvement Project (PIP) focusing on Calcium and Vitamin D intake and the impact it can have on osteoporosis. The PIP is in partial fulfillment of Minnesota Department of Human Services (DHS) requirements to improve member health.

This Calcium and Vitamin D PIP is aimed at increasing knowledge of osteoporosis and related preventive health measures, particularly Calcium and Vitamin D supplementation. The PIP is also working to improve the rate of Minnesota Senior Health Options/Minnesota Care (MSHO/MNC) community members’ filling Calcium and Vitamin D prescriptions through a monitored prescription and claims process.

The aggregate health plans’ claims data showed that only 5% of the Minnesota Senior Health Options/Minnesota Care member population have taken Calcium and Vitamin D (Ca/VitD) supplements during the past year, and **many are unaware that they can use their benefits to obtain Ca/VitD for free or at minimal cost when they get a prescription.**

As part of the PIP the above health plans have mailed educational postcards to these members encouraging them to request a Ca/VitD prescription from their physician or pharmacist. The members’ care coordinators (individuals who monitor the care and service received by the seniors) are also encouraging the members to discuss Ca/VitD supplementation with their physician or pharmacist.

Pharmacists can help ensure these members receive optimal, cost-effective preventive care by determining the necessity of receiving Ca/VitD and prescribing this supplement, in accordance with the governing regulations of Minnesota Statute § 256B.0625, subd.13(c).) A Pharmacist, nurse, or physician may prescribe OTC medications to fee-for-service MA, GAMC and PDP recipients for the purpose of receiving payment from DHS. Managed care plans under contract to DHS may allow this but are not required to do so. The pharmacist should use the pharmacy’s provider number as the prescriber number. Individual pharmacists will not be enrolled as providers. Generally, Calcium carbonate and calcium citrate supplements are covered. Bone meal, oyster shell, and dolomite types of calcium supplements are also covered. Calcium Phosphate, calcium gluconate, and calcium citrate are not covered calcium supplements.

The Institute for Clinical Systems Improvement (ICSI) 2006 guideline on Osteoporosis Diagnosis and Treatment recommends 1,200 mg of elemental calcium and 800 to 1000 IU of vitamin D daily for persons over the age of 50. For persons over the age of 65 (even those not diagnosed with Osteoporosis), 1,500 milligrams of calcium may be more appropriate. Adequate vitamin D intake supports calcium absorption and bone metabolism. Due to the lack of daylight hours and direct sunlight during the winter months, many adults in northern climates are deficient in vitamin D, and need supplements to meet their daily requirements (ICSI, 2006).

The health plans appreciate your support and assistance in increasing the use of Calcium Vitamin D for prevention of Osteoporosis.