**Objective**
- Osteoporosis is defined as a T-score ≤ -2.5 on DEXA or history of fragility fracture
- Affects a significant proportion of our population over 65 with an estimated annual cost burden of $22 billion
- Only 46% of females over 65 years of age had been screened for osteoporosis at JHAP
- Our study aims to increase that percentage between July 2019 and July 2020 from 46% to 60%

**Methods**
An algorithm was established that screens patient charts for appropriateness criteria. If appropriate, the EMR would prompt the healthcare provider to order a DEXA scan during their next PCP encounter.

**Results**
Data were collected over a 6-month period from 12/2019 to 5/2020. We collected reports of who had completed DEXA scans vs who were due and did not have one ordered. Reports were run every 2 weeks.

**Discussion**
After completing only one PDSA cycle we did not reach our smart aim of improving osteoporosis screening rates to 60 percent. However, the trend and numbers do suggest a mild improvement.

**Limitations**
- JHAP patient population typically has complex social disadvantages making acquisition of imaging studies more difficult than other studies
- Did not include patients who had DEXA ordered but not performed
- On busy days, medical assistants may miss the eligibility notification
- COVID pandemic limiting JHAP office visits and non-urgent imaging/procedures

**Future Directions**
- Including osteoporosis screening rates in My Panel Metrics to be reviewed biannually with clinic faculty
- Developing an algorithm through Epic to automatically pendent a DEXA order for patients who are due
- Informative session/packets around the clinic