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## **NEWSLETTER #2**

September 2017

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### **Welcome to the second newsletter of the SOS Fracture Alliance**

You will see by the list of member organisations below that the Alliance has further grown from 22 last year to 31 today. Our members include professional and scientific colleges and societies, associations representing patients, carers and older Australians, regional and rural organisations, and medical research institutes. Together, our members represent more than 2.9 million Australians, meaning that the SOS Fracture Alliance is supported by a comprehensive segment of relevant professions and the Australian public. As the national peak body for secondary fracture prevention, uniting all key stakeholders, the SOS Fracture Alliance will speak with one voice and act to close the unacceptable gap in the care of people who suffer fragility fractures.

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*In the words of Nelson Mandela: "We know it well that none of us acting alone can achieve success. We must therefore act together."*

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### **Current member organisations**

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- 1. Australia New Zealand Bone & Mineral Society**
  - 2. Australia and New Zealand Orthopaedic Research Society**
  - 3. Australian and New Zealand Society for Geriatric Medicine**
  - 4. Australian College of Nurse Practitioners**
  - 5. Australian College of Rural and Remote Medicine**
  - 6. Australian Orthopaedic Association**
  - 7. Australian Physiotherapy Association**
  - 8. Australian Rheumatology Association**
  - 9. Carers Australia**
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**10. Carers New South Wales**

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**11. COTA**

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**12. Country Women's Association of Australia**

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**13. Country Women's Association, NSW Branch**

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**14. Dietitian Association of Australia**

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**15. Endocrine Nurses Society of Australia**

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**16. Endocrine Society of Australia**

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**17. Exercise and Sports Science Australia**

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**18. Internal Medicine Society of Australia and New Zealand**

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**19. MOVE, muscle, bone & joint health**

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**20. National Hip Fracture Registry**

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**21. Osteoporosis Australia**

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**22. Public Health Associate of Australia**

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**23. Rehabilitation Medicine Society of Australia and New Zealand**

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**24. Royal Australian and New Zealand College of Gynaecologists and  
Obstetricians**

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**25. Royal Australian College of General Practitioners**

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**26. Royal Australian College of Physicians**

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**27. Royal Australasian College of Surgeons**

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**28. Royal Australian and New Zealand College of Radiologists**

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**29. The Garvan Institute of Medical Research, Sydney**

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**30. The Institute for Health and Ageing, Melbourne**

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**31. The ANZAC Research Institute, Sydney**

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## **Result of the Election of the new Executive Committee**

Since its inception, the SOS Fracture Alliance has been run by a Steering Committee of nine members, supported by a number of highly competent advisors. The MOU accepted by all Alliance Members states that “once fully established, a Board will govern the National Alliance. The Board will:

- ◆ Develop a strategic plan
- ◆ Ensure all members views are taking into account
- ◆ Ensure all members are kept informed.”

Consistently with this statement (except for the fact that the term “Board” has now been replaced with the term “Governing Committee”), all Alliance members were invited to participate in a democratic election process to determine the new Governing Committee. Here are the election results:

### **Governing Committee (in alphabetical order, 2017 – 2019 term):**

**Professor Bruce Armstrong** is a public health physician and retired public health academic with experience in health service management and operations, and good connections with senior officers in the Commonwealth Department of Health, NSW Ministry of Health and WA Health Department. He has substantial epidemiological and health services research experience and is contributing to the design of the national secondary fracture prevention program and to establishing what key areas of government are likely to give their support.



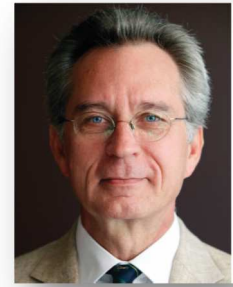
**Professor Jacqui Close** is a clinician and academic in the field of geriatric medicine. Her particular area of interest is in surgery for older people and she has worked in the field of orthogeriatrics for almost 20 years. She is the President of the Australian and New Zealand Society for Geriatric Medicine and Co-Chairs the ANZ Hip Fracture Registry.



**Ms Colleen Langron** is a Physiotherapist with over 20 years clinical and research experience. She has worked in all areas of gerontology and assists the National and NSW Gerontology Committees of the Australian Physiotherapy Association with the translation of research into clinical practice. Colleen is the Alliance’s secretary.



**Dr Andreas Loeffler** is an orthopaedic surgeon and Head of the Department of Orthopaedics the Prince of Wales Public Hospital. He has a strong interest in joint replacement, spinal surgery, trauma and fracture prevention. He is the Immediate Past-President of the Australian Orthopaedic Association.



**Dr Greg Lyubomirsky** is the Chief Executive of Osteoporosis Australia. Greg has decades of experience in the healthcare industry and in chronic disease management. He is passionate about achieving better outcomes for patients.



**Dr Gabor Major** is the Director of Rheumatology at Hunter New England Health Service, Co-Chair of the Musculoskeletal Network, NSW Agency for Clinical Innovation, and Conjoint Senior Lecturer at the School of Medicine and Public Health, Faculty of Health and Medicine, Newcastle University. He has a long standing interest in fragility fracture prevention, and was instrumental in setting up a service at the John Hunter Hospital.



**Ann Robinson** is an endorsed Nurse Practitioner (NP) having graduated from James Cook University with a Masters of Nursing, Nurse Practitioner in 2012. Ann is Past President of the Endocrine Nurses Society of Australasia (ENSA) and has worked across both public and private health systems with a special interest in bone health and fracture prevention. Ann currently works at Gold Coast Health as a Nurse Practitioner collaborating between hospital and community services to improve osteoporosis awareness and care.



**Professor Markus Seibel** is an Endocrinologist at the University of Sydney and heads the Department of Endocrinology & Metabolism at Concord Hospital, Sydney. He is an active clinician in the field of bone and mineral metabolism and passionate about improving fracture prevention for all Australians. Markus has many years of experience in running and analysing secondary fracture prevention programs. He currently chairs the Alliance's Governing Committee.



**Trish Stabback** taught at MacKillop College for 27 years, finishing as Assistant Principal. She is the President/Executive Representative of the CWA NSW and in 2016 was elected as State Vice President and appointed by the State Officers Bearers to chair the newly re-formed Social Issues Committee. In 2017 Trish was appointed as a moderator for the CWA Closed members Facebook page, and also to membership of the Executive Sub-Committee reviewing the CWA's structure.



**Professor Tania Winzenberg** is an academic general practitioner and epidemiologist with a longstanding research focus on the betterment of bone health. She is an active member of the Australia New Zealand Bone and Mineral Society and the Royal Australian College of General Practitioners (RACGP). Through the RACGP, she has been involved in writing both preventive and treatment guidelines for osteoporosis. Tania is also osteoporosis editor of the Cochrane Musculoskeletal Group for the Cochrane Database of Systematic Reviews.



### Advisors

**Dr Peter MacIsaac** works in Clinical and Research Informatics, Innovation and change management. His health background is in rural and urban General Practice. Peter is supporting the Alliance with input on primary care prevention of fractures and liaison with Primary Healthcare Networks.



**Paul Mitchell** has spent the last 16 years working on programs to improve fragility fracture care and prevention throughout the world. Paul has served as an advisor to government organisations in New Zealand and the UK. He is Chairman of the Board of Trustees, Osteoporosis New Zealand, Adjunct Senior Lecturer at the University of Notre Dame Australia and Managing Director of Synthesis Medical NZ Ltd.



**Professor Kerrie Sanders** has been working in clinical research of osteoporosis for more than 20 years and combines this experience with her interest in health economics. In collaboration with Jenny Watts and Julie Abimanyi-Ochom, Kerrie has produced Australian and individual state reports on Burden of Disease analyses for osteoporosis and related fracture 2012 to 2022. Kerrie is a member of several editorial boards and national and international scientific advisory committees including Osteoporosis Australia and the International Osteoporosis Foundation.





**The Alliance is led by the following Executive Committee (2017-2019 term):**

Markus Seibel (Chair)

Bruce Armstrong (Deputy Chair)

Colleen Langron (Secretary)

Ann Robinson (Treasurer)

We are also delighted to introduce our new **Executive Officer, Angie Roddick.**

*Angie's background is mainly in the area of Marketing and she obtained a Masters degree in Economics, of which much of the content was Health Economics. From her previous work she has ample and relevant experience in the development of Fracture Liaison Service in New Zealand.*



## **Activities and Progress**

During the past 7 months the members of the Alliance Steering Committee have been corresponding and meeting with numerous key organisations and people to discuss the best way forward. As a result of these activities, the Alliance has developed a detailed Strategic Plan (to be published soon) and initiated several concrete projects to take forward. Below is a summary of specific activities:

**7 February** - First meeting with senior officials at the Department of Health, Canberra.

**10 February** – Meeting of the SOS Fracture Alliance Steering Committee

**13 February, 20 March and 28 April** - Meetings with members of the SLHD Performance Group to discuss the ACI model of care and its base parameters.

**15 February** - Meeting with members of the Agency for Clinical Innovation (ACI) to discuss the NSW model of care for secondary fracture prevention.

**24 February** - Meeting with Prof Jon Patrick to discuss use of Natural Language Processing (NLP) for the identification of fracture patients from radiology reports

**3 March and 1 May** – Meetings with Michael Moore, CEO, Central and Eastern Sydney Primary Health Network (CESPHN) to discuss secondary fracture prevention in primary care. Markus presented to the CESPHN Clinical Council to introduce the SOS Fracture Alliance.

**7 April** - Meeting with Karen Kaye and Bernie Mullin, National Prescribing Service (NPS), to discuss the role of MedicineInsight and the NPS in secondary fracture prevention.

**10 April** - Meeting with T Anderson (CEO, Sydney Local Health District) to introduce the SOS Fracture Alliance and the role of the LHD in supporting secondary fracture prevention services in collaboration with primary care.

**10 May** - Meeting of the SOS Fracture Alliance Steering Committee

**June / July** - Elections to Governing Council

**21 June** – Second meeting with senior officials at the Department of Health, Canberra

**23 June** – Meeting with Rick Dell (Kaiser Permanente, CA, USA) to discuss secondary fracture prevention in the US and its applicability to the Australian Health System.

**27 to 30 June** - SOS Alliance launch (see below for more detail)

**3 July** - Meeting with radiologists from public hospitals & private practice, physicians, NLP experts and representatives of the CESPHN to discuss the use of NLP of radiology reports to identify patients with vertebral fractures. See below for more detail.

**18 July** - Teleconference with Mr Chris Bedford and colleagues, DoH, Canberra, to discuss the role of primary care and PHNs in secondary fracture prevention.

**1 August** – Bruce Armstrong met with Hon Ken Wyatt AM MP, Commonwealth Minister for Aged Care and Minister for Indigenous Health, at his electorate office in Perth. He gave Mr Wyatt a brief account of the background to the Alliance, its objectives and the work it has done to date. Mr Wyatt understood the need for a nationwide secondary fracture prevention program and was very supportive of the Alliance's work. He will be able to assist the Alliance in gaining Commonwealth support for its proposals.

**4 August** – First Meeting of the new SOS Fracture Alliance Governing Committee

## Launch of National SOS Fracture Alliance

June 27, 2017



# Fracture Alliance

Making the first break the last

Today Tuesday 27 June marks the launch of the SOS Fracture Alliance - Australian's only national alliance of 30 medical, allied health, patient and consumer organisations focusing on the prevention of osteoporotic fractures. The more than 2.91 million individual members have a common goal – to 'make the first break the last' by improving nation-wide care for patients presenting with minimal trauma fracture.

The SOS Fracture Alliance is working to close this gap in osteoporosis care by addressing the fact that the overwhelming majority of patients who sustain an osteoporotic fracture receive no investigation, nor treatment to prevent further fractures.

Chair of the national SOS Alliance Steering Committee Professor Markus Seibel said "More often than not, people are sent home after their fracture has been 'fixed' and miss out on essential investigation and care which in many cases would prevent fractures."

"The SOS Alliance is seeking to increase the recognition nation-wide of first fractures in people with undiagnosed osteoporosis, to make their first break the last. This is why the SOS Fracture Alliance strongly advocates the implementation, across the nation, of routine services that identify, investigate and treat patients with osteoporotic fractures. These secondary fracture prevention services will integrate all sectors of the health system, in particular, primary care and hospital-based services." said Professor Seibel.

The launch of the SOS Fracture Alliance coincides with the first [state and territory reports](#) analysing the costs and burden of osteoporosis and related fractures across Australia, released today by Osteoporosis Australia. The reports show the total cost of fractures, over 10 years, will reach \$21.9 billion by 2022.

If you're interested in the full media kit provided by the Alliance, click here <https://www.fracturepreventionmediakit.org/>



## Coming up

### *Primary Health Care engagement projects*

Concurrently, a number of smaller projects are being carried out to facilitate engagement of primary healthcare in secondary fracture prevention. One of those is a collaborative project between Sydney's Central Local Health District (SLHD) and the Sydney Central and Eastern Primary Health Network (CESPHN) which aims to establish the feasibility of using electronic records of hospital and private radiology services to enable early identification of patients with vertebral fractures and their referral to a secondary fracture prevention service directly or by way of their GP.



On 3 July, the following members met with Radiologists and other interested parties at the CES PHN in Ashfield:

Prof Kathy Gibson, Liverpool Hospital  
Dr Virek Thakker, Liverpool Hospital  
Prof John Patrick, HLA  
Dr Savitha Chandrasekara, RPA Hospital  
Dr Bernard Ng, Alfred Imaging and RPA Hospital  
Julia Kerwand, Alfred Imaging  
Michael Moore, CESPHN  
Prof Rory Clifton-Bligh RNS Hospital  
Prof Chris White, Prince of Wales Hospital  
Dr Shane Brown, Pacific Knowledge Systems  
Dr Jay Pandya, Westmead Hospital  
Dr Kirtan Ganda, Concord Hospital  
Dr Lloyd Ridley, Concord Hospital  
Prof Markus Seibel, SOS Alliance and Concord Hospital



Another project with the same collaborators will examine the feasibility of recruiting and training general practitioners to undertake the initial assessment for osteoporosis of patients who have had sentinel fractures and to initiate treatment for and ongoing care for osteoporosis if they are required.

### *Meeting with the NSW Agency for Clinical Innovation (ACI)*

On October 13, the representatives of the Alliance will meet with senior members from the ACI including the SHLG Performance Group to discuss the ACI model of care and the parameters upon which it is based.

### *Sax Institute to commence feasibility and design project*

The Alliance has initiated a 6-9mth program development project, to be conducted by the Sax Institute ([www.saxinstitute.org.au](http://www.saxinstitute.org.au)). The purpose of this project is to determine the feasibility of designing, evaluating and translating into practice an Australian secondary osteoporotic fracture prevention program (SFPP) that has the:

- capacity to systematically identify, investigate and initiate management to prevent future fractures in people with osteoporosis who experience a sentinel fracture, and
- potential to engage quickly with more than 80% of all such people.

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## From our member organisations

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### ***Australia & New Zealand Hip Fracture Registry Annual Report 2017***

## **EXECUTIVE SUMMARY**

The Australian and New Zealand Hip Fracture Registry (ANZHFR) is a web-based audit of hip fracture care and secondary fracture prevention. Clinicians from across the spectrum of hip fracture care lead its development and implementation. The aim of the ANZHFR is to use patient and facility level data to improve hip fracture care.

The ANZHFR standardised dataset is collected and submitted by hospitals across Australia and New Zealand. The data held by the Registry are used to generate real-time feedback that sites can use to improve the hip fracture care they provide. The ANZHFR is a mechanism that enables clinicians and health service managers to review the care provided and identify areas for improvement.

In 2016, the Australian Commission on Safety and Quality in Health Care released a national Hip Fracture Care Clinical Care Standard. Importantly, the Hip Fracture Care Clinical Care Standard has been adopted by the Health Quality & Safety Commission New Zealand continuing the bi-national collaboration commenced in 2012 to improve hip fracture care. The ANZHFR ensures its minimum data set is aligned to the Hip Fracture Care Clinical Care Standard.

The ANZHFR has two components: 1) data collection at the level of the patient, an audit of all people aged 50 years and over admitted to a participating hospital with

a minimal trauma fracture of the hip and 2) an annual audit of facility level services and processes for hip fracture care, the facility level audit.

For the first time, the ANZHFR is reporting health outcomes for hip fracture patients. Hip fractures are associated with significant loss of function and independence in daily living activities. Returning home and to similar levels of pre-injury mobility are primary goals of hip fracture treatment and rehabilitation. The data should be interpreted with caution as rates of follow-up are variable and numbers are low for some sites.

This 2017 ANZHFR Annual Report shows the progress being made in hip fracture care by highlighting performance against the Hip Fracture Care Clinical Care Standard. The ANZHFR provides opportunities for health services to identify areas they do well, and other areas of hip fracture care that may need review and redesign.

Some excellent media coverage followed the publication of this Report including this article featuring Professor Jacqui Close:

<http://www.smh.com.au/national/health/discharged-from-hospital-admitted-to-aged-care-how-hip-fractures-strip-australians-of-independent-20170915-gyi4vo.html>



Professor Jaqueline Close and hip fracture patient Rhonda Wilson. Photo: Louise Kennerley

A few key take-outs from this article were that 50 percent of hip fracture patients who came into hospital had already sustained a low-trauma fracture, yet only 20 per cent had been offered osteoporosis treatment, the audit found.

It was a monumental missed opportunity, Professor Close said. *“If we managed people who already had low-trauma fracture more efficiently we would make significant*

*reductions in the rate of hip fracture in Australia, cutting fracture risk in the order of 30-60 percent”*, Professor Close said. *“Australian hasn’t woken up to this yet,”* she said. Just 16 per cent of hip fracture patients in Australia receive osteoporosis treatment compared to 60 percent in the United Kingdom, a recent UK audit showed.

## **Osteoporosis Australia News**

### **State Report Launch**

Osteoporosis Australia released the first state and territory reports on 27 June detailing the prevalence and cost of osteoporosis and related fractures around Australia. The reports clearly demonstrate up to 70% of the overall cost of the disease relates to fracture costs. The reports estimated total costs of \$3.1 billion in 2017 and over 160,000 fractures. Each state report looked at fractures defined in 4 main categories - wrist fractures, spine fractures, hip fractures and ‘other’ fractures (including leg, rib, upper and lower arm, foot and hand combined). Hip fractures remain the most expensive

type of fracture and fractures at other sites remain the most prevalent. This reinforces the need to capture patients following any minimal trauma fracture.

The launch received broad media coverage thanks to the many doctors and patients involved. Special thanks to Professor Kerrie Sanders for her extensive work as co-author on the state reports. A summary of each report was sent to relevant state and territory health ministers to highlight the burden on their hospital system and call for intervention strategies.

The state report launch coincided with the successful launch of the independent SOS Fracture Alliance. The new SOS Alliance website was developed by Osteoporosis Australia to complement media materials. Full reports and summaries are available at [www.osteoporosis.org.au/burdenofdisease](http://www.osteoporosis.org.au/burdenofdisease)

### **New Clinical Guidelines for General Practice**

The Royal Australian College of General Practice (RACGP) and Osteoporosis Australia released new clinical guidelines for the management of osteoporosis in May. The guidelines were developed over 2 years by a multi-disciplinary medical committee and reviewed and endorsed by the RACGP.

The guideline summary has been widely distributed by RACGP and Osteoporosis Australia and a series of presentations have featured at GP conferences around Australia. The Guidelines are available at:

<http://www.racgp.org.au/your-practice/guidelines/musculoskeletal/osteoporosis/>

### **Know Your Bones first birthday**

Know Your Bones, introduced with the Garvan Institute of Medical Research, celebrated its first birthday in June. The consumer self-assessment website has now received 100,000 visits and continues to be widely promoted to help raise community awareness.



**Fracture Alliance**  
Making the first break the last

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