Fracture Alliance
Making the first break the last

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INTRODUCTION

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Question 3 Organization National Alliance for Secondary Fracture Prevention (SOSFA), Canberra

VISION
Question 4 Do you agree with the vision of the Strategy? (Page 8) Please explain your selection.
Box selected- Strongly agree.
Additional text response: (1000 word limit)
As the lead organisation for secondary fracture prevention (SFP) in Australia we strongly support the Vision as articulated on pages 7+8, amongst other places. Specifically effective SFP will be an important contributor to achieving Aim 2 of the NPHS "Australians live as long as possible in good health".

In particular, we support the components of "early intervention" and "targeting risk factors". In the area of secondary fracture prevention these are key pillars of an effective program: targeting the risk factor of "sentinel fractures" (i.e. the first fragility fracture) and intervening early to improve bone health and prevent further fractures.

AIMS
Question 5 Do you agree with the aims and their associated targets for the strategy please explain. (page 8)
Box ticked- Strongly Agree
Additional text response (1000 word limit):
As the lead organisation for secondary fracture prevention in Australia we support the four Aims and their associated targets (as articulated on page 8, amongst other places).

We strongly support the specific Aims of "Australians living as long as possible in good health", "Health equity for target populations" and "Investment in prevention is increased". These strongly align with the shared mission of our 3 million members – making the first break the last break.

Secondary fractures, in particular hip fractures, can have devastating effects on the life expectancy and quality of life of Australians- especially older Australians, women and those living in rural/remote areas. In 2018, approximately 180,000 Australians suffered a fragility (osteoporotic) fracture. Without preventative intervention for the first such fracture, the majority of these will fracture again. However increased and sustained investments in preventative health initiatives such as Fracture Liaison Services (FLS), integration of FLS with primary care, and a National Registry for fracture prevention programs will have major

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impact on improving the equity of access to effective treatments across Australia and improving both life expectancy and quality of life for hundreds of thousands of Australians. In regard to the Targets, we enthusiastically support the Targets to extend, by 2030, the years of live lived by Australians by two years, those in the two lowest SEIGA quintiles by three years and those in regional/rural communities by three years. Secondary fractures (in particular hip fractures) can have devastating effects on the quality of life and life expectancy of women, older Australians and rural/remote Australians. While we know that secondary fracture prevention programs are effective, we do not know how many facilities across Australia offer them. Of the facilities that we know do run these programs the overwhelming majority of such services are located in the major cities along the south-east coast of Australia. Simply by virtue of geography, these preventative services are being denied to those living *anywhere else in the country*. As a consequence, Australians living in rural and remote areas suffer disproportionately negative health and quality of life outcomes through avoidable secondary fractures. Similarly, it is known that Osteoporosis, the underlying cause of secondary fractures, is disproportionally linked with low socioeconomic status, meaning that those with the least capacity to adapt to these health issues are the most affected and the least helped.

The Targets strongly align with the Alliance's vision of improving secondary fractures prevention in Australia. Specifically, a model of secondary fracture prevention that engages primary care will not only allow more Australians to get treatment they need to have improved and healthier lives, but also reduce the inequity for those living in rural/remote areas and those who fall into lower SEIFA quintiles.

We also strongly support the Target of increasing the proportion of health expenditure on preventative health to 5% of the health budget. Targeted investment is the only means of achieving these aims of the Strategy. Without specific funding allocated, it simply will not happen. The cost savings in other areas over the long term will more than compensate for the reallocation of funds now.

PRINCIPLES
Question 6 (page 8)- Do you agree with the Principles?
Box ticked- Strongly Agree
Additional text response (1000 word limit):
We strongly support the six Principles as articulated in the Draft Strategy. They outline the broad tenets that are needed to guide programs and investment in this area to have maximum impact on improving the health and lives of all Australians.

From our experience aiming to improve secondary fracture prevention in Australia is clear that is it essential to facilitate "multi-sector collaboration" to integrate solutions to prevention barriers- specifically between Hospitals & Emergency Departments, Radiology and General Practitioners. It is essential to "enable the workforce" to embed prevention- for example enabling Radiologists to identify sentinel fractures that present in Hospitals and then engaging GPs in secondary fracture prevention for those patients. And it is critical

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that the health system us "adapting to emerging threats and evidence" and viewing efforts to improve the health system through an "equity lens"- secondary fractures are shown through an increasing body of evidence to be an excessive health system burden with disproportionate effects for women, the elderly, those in rural/remote locations and those with low socioeconomic status.

However, we note that more work needs to be done to identify specific and practical plans to meet these lofty goals. The principles of prevention need clear preventative and measurable strategies to be attainable, such as access to specific Medicare funding and supporting state-based services to develop consistent prevention programs across the nation.

ENABLERS
Question 7- Do you agree with the enablers?
Box ticked- Strongly agree.
Additional text response (1000 word limit):
With regard to the Enablers, we strongly support them as detailed on page 29 of the Strategy.

Given our knowledge of, and experience with improving secondary fracture prevention in Australia, we particularly support the Enablers enhancing "prevention in the health system", "research and evaluation", "monitoring and surveillance" and "preparedness".

All four of these will be needed to effectively reduce the unacceptable gap in preventing secondary osteoporotic fractures in Australians. For example, the creation of a Register for Secondary Fracture Prevention Programs (SFPPs) would be essential to 'monitor and surveil' the whole health system to track the care being provided by our health services and the outcomes of those who suffer a first fragility fracture. Similarly the establishment of programs to 'research and evaluate' new innovations in best practice, such as researching new methods to accurately identify sentinel fractures and evaluating the different pathways by which those with sentinel fractures access preventative interventions, will be crucial in comprehensively preventing secondary fractures.

We also note that the biggest enabler of all is funding. None of the Enablers will be successful without a strong and targeted funding model.

Question 8- Do you agree with the policy achievements for the enablers?
Box ticked- Strongly agree.
Additional text response (1000 word limit):
We support all the policy achievement and goals as articulated in the draft Strategy.

We strongly support the policy achievement of an "ongoing, long-term Prevention Fund" as articulated on page 33. While preventative health initiatives have economic benefits

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that far exceed their costs it is difficult in the current health funding model to secure funding for such preventative health projects. For example the Alliance developed a secondary fracture prevention model based in primary care that would cost only $5.3 million per year nationally and significantly reduce the estimated $3 billion in direct and indirect costs osteoporosis related secondary fractures inflict upon Australia annually. A purpose built and well-resourced Fund specifically for identifying and funding projects such as the SOSFA model is perhaps the most critical component of the Strategy in order to have success in the area of preventative health.

We strongly support the policy goals on page 35 of better supporting and integrating the "inherent preventative health capabilities of primary health care professionals" and "enhancing the continuity of care of patients through the system". This is currently the critical failing of secondary fracture prevention in Australia: There is limited or no continuity of care for those who suffer a sentinel fracture; the fracture gets 'fixed' in Hospital and the patient is discharged back to primary care without further investigation into the causes of the fracture. As the fracture has been 'repaired", the GP also sees no reason to investigate further whether the patient might suffer from osteoporosis. However, as primary health care providers, GPs are best placed to initiate health interventions to prevent debilitating secondary fractures. In order to stem the tsunami of first and subsequent fractures in an ageing population it is of utmost importance to make use of the "inherent preventative health capabilities of primary health care professionals". The Alliance has developed and currently is testing a model of secondary fracture prevention that puts primary care at the centre of fracture prevention.

We strongly support the policy goals on page 38 of "developing, testing and evaluating preventative health interventions in Australia", "developing bidirectional partnerships between policy makers and researchers", "developing national guidelines" and "increased evaluation of local initiatives". The evidence for the effectiveness and value of secondary fracture prevention programs has been established for many years, indicating a failure within the current system for researchers and policy makers to effectively partner and develop the most effective policy programs in Australia. This means that there is currently little testing and evaluation for how effectively local health services are treating fractures across the whole Australian healthcare system, nor is there any research into the best way to adapt secondary fracture prevention services into the nuance of the Australian healthcare system.

Concurrently there is much work to be done on the scope of our *enforceable* national guidelines and standards (i.e. those linked to funding) to improve preventative health in Australia. For example, we only have an Australian Commission on Safety and Quality in Health Care (ACSQHC) Standard for hip fractures (the 'Hip Fracture Care Clinical Care Standard') but none for fragility fractures more broadly. This is despite the International Osteoporosis Foundation (IOF) having developed an international standard for fracture care in 2017 and both the Royal Australian College of General Practitioners (RACGP) and the Australian and New Zealand Bone Mineral Society (ANZBMS) having released

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guidelines and position papers in this area. Given the IOF updated their Key Performance Indicator Set in 2020 and New Zealand is *currently* developing their own fracture standards based on the IOF International standard, this is an area where Australia is rapidly falling behind and should be taking action *right now* through the development of an ACSQHC National Fracture Care Clinical Care Standard.

FOCUS AREAS
Question 9- Do you agree with the seven focus areas?
Box ticked- Agree
Additional text response (1000 word limit):
While we do support all of the noted Focus Areas on page 29 as important health areas to work on; we feel that for a 10-year plan around the entire health system they are too narrow and/or too few.

From our knowledge of secondary fractures and their prevention, we know that being able to identify and prevent such events through early interventions by primary care physicians has enormous benefits over treating subsequent fractures in the secondary health system (hospitals) on every measure: from costs to the health system to economic benefits to the wider community to the health status of individuals. As such we believe that an additional Focus Area needs to be articulating that is about "Shifting the burden of illness from secondary care to primary care'. We note that such a focus area would have strong resonance with many of the other Focus Areas as they could have components that prevent their specific health issues through primary health systems to avoid treatment in hospitals.

More specifically we believe there is a strong argument to be made for the development of a Focus Area around osteoporosis and osteoporotic fracture prevention. While the draft Strategy notes on page 9 that Falls are the main cause of hospitalised admissions and that 27% of people aged 65+ don't participate in physical activity, there are no initiatives to target these issues. A common reason for hospitalisation following a fall is a fracture and fractures are often a major factor contributing to limited physical activity in the elderly. As such we believe that a Focus Area specifically in this field should be adopted and included with Targets and Priorities relating to falls, injury and fracture prevention which will significantly improve the well-being of all Australians.

Question 10- Do you agree with the targets for the focus areas?
Box ticked- No opinion
Additional text response (1000 word limit):
Given our area of expertise, i.e. secondary fracture prevention, does not generally fall within scope of the current Focus Areas we are not able to give specific advice about their appropriateness.

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Question 11 Do you agree with the policy achievements for the focus area?
Box ticked- No opinion
Additional text response (1000 word limit):
Given our area of expertise, i.e. secondary fracture prevention, does not generally fall within scope of the current Focus Areas we are not able to give specific advice about their appropriateness.

CONTINUING STRONG FOUNDATIONS
Question 12 Do you agree with this section of the strategy?
Box ticked- Strongly agree.
Additional text response (1000 word limit):
We agree with the concepts described in this section of the Strategy.

However, while we note our support for the capacity to develop and add additional Focus Areas, as mentioned on page 66, before the Strategy is finalised we would like to see further detail as to the process by which this would happen.

Should the Focus Areas not be modified as this stage to encompass fractures as noted in our response to question 9, despite it being a strong preventive intervention by all measures in the Strategy and an intervention that is relatively easy and straightforward to implement, we would appreciate clarity on the pathway to adding future Focus Areas into the Strategy.

FEEDBACK
Question 13 Please provide any additional comments you have on the draft strategy.

We congratulate the authors of the Strategy for the development of a significant initiative for the future health of all Australians. We have examples of significant preventative health success such as smoking cessation and skin cancer prevention. Now we need to ensure we have an effective plan to expand on these successes in preventative health across a much broader range of health issues.

We strongly support the immediate Priorities as detailed on page 42- in particular increasing investment, embedding prevention in primary health care and implementation of ongoing national datasets.

Our reasons for supporting the first two have been detailed in depth in our answers to previous questions, but on the third we would emphasise the importance of developing national Registries to collect, analyse and report on both the healthcare being delivered in Australia and the subsequent health outcomes of Australians. This is essential to effectively understand how health initiatives (including but not limited to preventive health) are working and how they can be improved to allow Australians to live healthier and happier lives.

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As expressed on page 39 of the Strategy, it is essential to build on existing data infrastructure to generate comprehensive and valuable National datasets. In the area of fractures, Australia already has one of the most successful hip fracture registries in the world with the ANZHFR. Building on this expertise and experience development of a broader Fracture Registry that records what secondary fracture prevention practices are followed, along with other key indicators, would be a straightforward process that could provide enormous benefits in implementing best practice care guidelines and to reduce debilitating fractures before they occur.

We note that while we support the Strategy's Priority of "embedding prevention in primary care", *only* embedding prevention in primary care fails to recognise that patients moves across primary, secondary and tertiary care and that all must play a part in prevention. To ensure success Focus Areas and Priorities need to identify areas that can be measured and reported across the whole system. An example that demonstrates why this is important is a55-year-old post-menopausal woman who presents to the emergency department with a wrist fracture after a simple fall. Currently, she will be given an X-ray, plaster and pain relief with no investigation whether this fracture may be due to poor bone health and osteoporosis. This practice puts the patient at *extremely high risk* of suffering another major fracture a few years later. Alternatively, the woman could undergo screening for bone health, and if osteoporosis is found to be the underlying cause of her fracture, could commence on a safe and cheap preventative treatment protocol to reduce the risk of suffering a future hip fracture. Her data is entered in the secondary fracture prevention data base and she is followed up to ensure she goes back to her GP for targeted follow up care. Thus while primary care is the preferred location for delivering preventative care, there must be prevention embedded across all areas of the health system to ensure the opportunities for preventative care are identified.

We would also like to note support for the importance placed on addressing the structural barriers as noted on page 14, in particular "service provision", "systemic attitudes and practises" and "geographic location". Current fracture prevention and treatment is highly fragmented and geographically limited, with much work need to improve the system links between Hospitals, Radiology and Primary Care in order to ensure that people are being provided with the critical care they need regardless of their individual circumstances e.g. geographic location.

Finally, given our response to the consultation has been driven so heavily driven by our experience in Osteoporosis and secondary fracture prevention we believe we should give a brief explanation of this issue.

Osteoporosis, or bone failure, is a chronic disease where the bones are slowly weakened over time. As a result, bones become fragile and are more likely to break even after minimal injury, such as a simple trip and fall. If left untreated, osteoporosis can have serious consequences for overall health and quality of life. In fact, many people die after suffering an osteoporotic fracture. In 2018, 165,000 Australians broke bones because of

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osteoporosis, costing our health system almost $3 billion dollars. However, the overwhelming majority of people who suffer osteoporotic fragility fractures are neither investigated for osteoporosis, nor do they receive appropriate treatment for their disease.

Secondary fracture prevention is predicated on the fact that if we are able to identify these initial 'minimal injuries', also known as 'sentinel fractures', we can then investigate for osteoporotic fragility and if found begin easy, safe and affordable preventative health measures to prevent any further fractures (or 'secondary fractures').

Secondary fracture prevention aligns incredibly well with their definition of secondary prevention programs as written on page 19 on the Strategy. It is about intervention to 'reduce deterioration and long-term effects', uses an effective 'screening program' that is in particular focused on finding sentinel fractures which are an identifiable 'complication or co-morbidity'. It also ties into the failure of older people to meet the physical activity guidelines as noted on page 70 of the Strategy, as people often experience these fractures when aged over 50 and have massively reduced physical capabilities. Similarly, it relates to the information noted on page 68 of the Strategy of the discrepancy between 'life expectancy' and 'years of quality life'; as those who suffer secondary fractures can have a massively impaired quality of life through their reduced physical capabilities. This impacts on capacity to stay in their own home and live independently.