



# Fracture Alliance

Making the first break the last

## Newsletter #4 - January 2019

### SOS Fracture Alliance submits proposal to Federal Government

In 2017, the SOS Fracture Alliance and the Sax Institute initiated a program development project to determine the feasibility of designing, evaluating and translating into practice an Australian secondary osteoporotic fracture prevention program. Since then, the two organisations have worked together gathering information from all relevant stakeholders with the aim to develop an evidence-based, pragmatic model of care that is integrated across tertiary, secondary and primary sectors and robust to health service variation among states and territories.

Central to the model's function is a case-worker ('SFPP Coordinator') who uses routinely collected health data to actively identify people with probable minimal trauma fractures and facilitates their entry into the appropriate healthcare pathway. From then on, all patient care decisions will lie in the hands of health professionals with whom the patient has an existing link. In addition to ensuring referral for the care needed, the SFPP Coordinator follows-up each patient after an agreed interval to determine whether necessary investigation and management steps have been taken. Where a gap in investigation or management is identified, the SFPP Coordinator reminds the service provider to whom they referred the patient of any outstanding actions. (A more detailed description of the model can be found in our recent "Member Update" of December 2018.

In a next step, a fully costed proposal for 4 Demonstrator Sites was developed. The proposal incorporates both primary care and the hospital sector, with an emphasis on general practice.

Following ratification at the Q4 Governing Committee Meeting, the proposal was submitted to the Health Minister, The Hon Greg Hunt, on 10 December 2018, with copies sent to the Federal Shadow Health Minister, as well as Health and Shadow Health ministers of all Australian States and Territories.

### Other Alliance Activities

In the second half of 2018, members of the Alliance Governing Committee have been advancing the projects outlined in our Strategic Plan, corresponding with numerous key organisations and meeting with relevant groups and individuals to advocate for improved secondary fracture prevention. Some of the highlights include:

#### CWAA National Conference – August 2018

SOS Alliance Chair Prof Markus Seibel was invited to speak at the National Conference of the Country Women's Association of Australia (CWAA) in Canberra in late August. He introduced the Alliance and its aims to the CWAA delegates and outlined our plan to improve secondary fracture prevention in Australia. Prof Seibel then spoke as part of a panel on improving rural health with representatives from the National Rural Health Alliance and the Australian Communications Consumer Action Network.



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## **GP Focus Group – August 2018**

Supported by the Central & Eastern Sydney Primary Health Network, members of the SOS Alliance met with General Practitioners (GPs) to identify pathways that could enhance the role of primary care in secondary fracture prevention. There was general agreement that GPs play a central role in the identification and management of patients with osteoporotic fractures. However, there was also agreement that GPs could be doing more in this area, in particular through active case finding.

Potential models of care were discussed, covering the spectrum from ‘GP does everything’ to a ‘case worker’ taking responsibility for patient identification and care coordination. There was consensus that models involving either incentive payments or a dedicated case worker would work best for primary care. In contrast, a model where patients would be referred to certain GPs skilled in osteoporosis management was considered unsuitable for the purpose of secondary fracture prevention in primary care.

## **NLP Project – August - December 2018**

The NLP project aims to utilise information technologies, including natural language processing (NLP) to improve the identification of patients with fragility fractures. In close collaboration with colleagues from Royal Northshore and Prince of Wales Hospitals, Sydney, and with the support of several IT and NLP specialists, Prof Seibel has progressed the project to a point, where two different electronic tools can be tested side by side and their accuracy in identifying fracture patients from X-ray, CT and MRI reports compared. This part of the project is ready to start in full in late January 2019, with a budget of \$132,000 for 12 months. Prof Seibel noted the critical support of Tim Sinclair (Director Operations) and Teresa Anderson (Chief Executive) from the SLHD for funding parts of the project.

**During the Q3 Committee Meeting, the Alliance Governing Committee resolved to endorse the Fragility Fracture Network’s Global Call to Action to improve the care of people with fragility fractures.**

**The Call to Action can be found on the FFN website at**

**<http://www.fragilityfracturenetwork.org/cta/>**

## **Meetings with NSW and Victorian Government representatives – September 2018**

Alliance Committee members and advisors attended meetings with representatives from the Victorian and NSW government to discuss improvements in fracture prevention.

In NSW, Greg Lyubomirsky and Dr Andreas Loeffler met with the NSW Health Minister, Brad Hazzard, to inform the minister of the effectiveness of secondary fracture prevention and the need for improvements in Fracture Liaison Services in NSW. The Minister was receptive to the message and noted that despite recent political instability health had remained a generally bipartisan issue. He also advised that he would write to his Victorian counterpart to promote action on the issue.

In Victoria, Prof Kerrie Sanders represented the Alliance in a meeting with Gabrielle Williams, an advisor to the Health Minister. The problem of secondary fractures was

emphasised as needing a systematic approach that is not dependent on individual health professionals. It was stressed that the effectiveness of Fracture Liaison Services is not hypothetical but well proven. UK and NZ funding models were briefly discussed as was the state/federal funding split in healthcare. Ms Williams stated that she would recommend further action on the issue to the Health Minister.

## **Membership Update**

During the last year, the Alliance has further grown to 34 member organisations (see list below). Our members include professional and scientific colleges and learned societies, associations representing patients, carers and older Australians, regional and rural organisations active in the health sector, and medical research institutes.

Together, our members represent well in excess of 3 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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## From the Members

### Australian & New Zealand Hip Fracture Registry

The increasing global burden of hip fractures is well-known to readers of this Newsletter. The Asia-Pacific region will constitute half of the world's hip fractures by mid-century. Data is a powerful tool to allow hospital systems to optimise the provision of care to this fragile patient group but collecting data and implementing real change are disparate tasks.

The ANZHFR “Hip Festivals” are an initiative of the Registry to harness the collective knowledge of key stakeholders and to inspire and enable those involved in the provision of care. The first two “Hip Festivals” were held in Australia in the last quarter of 2018. Other states and New Zealand will have opportunities to attend in 2019.

Both Festivals commenced with the Registry Co-Chairs enlightening attendees on the long road travelled in the development of the ANZHFR. In Western Australia, more than 60 attendees gathered at Fiona Stanley Hospital on

the 23<sup>rd</sup> October to share experiences and innovative solutions to improve care in their local context. Presentations from The Royal Flying Doctor Service and clinicians from both regional and city-based services highlighted the challenges, and the many possible solutions, to improve hip fracture care in WA. Mr John Miller reminded all present of the importance of high quality care to the person who has broken their hip.

In NSW, the second “Hip Festival” was held in partnership with the NSW Agency for Clinical Innovation (ACI) in Sydney on the 4<sup>th</sup> of December. This event welcomed over 170 attendees from NSW Local Health Districts, interstate health services, NSW Ambulance and the private health sector, in addition to several community members. Specialist talks focused on shared models of care, pre-operative regional anaesthesia, the role of fracture liaison services, rehabilitation and how the ANZ-HFR can be a driver for change in centres that have identified opportunities to improve their care. Prof Ian Harris led an excellent Q&A session using an innovative system where questions were logged online, voted on, and the most popular questions put to the multidisciplinary panel.

After the morning sessions, ACI's Lea Kirkwood, Director of Innovation and Redesign, facilitated a workshop where areas of hip fracture care needing optimisation were identified. After formulating goals and plans, members from different health districts joined forces to share experiences and innovate solutions to improve care in their local context. These sessions were excellent. Hospitals trying to increase compliance with Hip Fracture Care Guidelines and the ACSQHC Clinical Care Standard found the workshoping invaluable.

The breadth of experience within one room and the ability to network has already led to “post-festival” conversations. The variety of problems facing each service showed that no one solution fits all. Empowering each service with tools to innovate, and demonstrating how data can help audit care provision, is a leap towards improving care. Without question, the inaugural east and west coast “Hip Festivals” were a success. We would encourage all health care providers to attend future events.

### Osteoporosis Australia



The ‘Know Your Bones’ Community Risk Report was launched on 18 October at an event at Parliament House Canberra, by the Minister for Health, The Hon Greg

Hunt MP, and the Minister for Senior Australian and Aged care, the Hon Ken Wyatt AM MP. Special national ambassadors for World Osteoporosis Day, Olympic Gold Medallist Sally Pearson OAM and Former Australian Cricket Captain Michael Clarke, attended the event and encouraged Australians to be aware of their bone health.

Know Your Bones is a joint fracture prevention initiative from Osteoporosis Australia and the Garvan Institute of Medical Research and the report outlines findings from the over 41,000 self-assessments completed.

For further coverage, see:

<https://www.osteoporosis.org.au/sporting-stars-federal-politicians-support-know-your-bones-awareness>



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## Publications of Interest

Mitchell P, & Åkesson K (2018), *How to prevent the next fracture*, Injury, 49(8), doi 10.1016/j.injury.2018.06.031.

An overview of the impact of Orthogeriatric Services (OGS) and Fracture Liaison Services (FLS) on delivery of best practice in secondary fracture prevention.

Majumdar SR et al (2018), *Comparing Strategies Targeting Osteoporosis to Prevent Fractures After an Upper Extremity Fracture (C-STOP Trial): A Randomized Controlled Trial*, J Bone Miner Res, 33(12), doi: 10.1002/jbmr.3557

A study comparing both the effectiveness and costs of different models of case control FLS.

Gamboa et al (2018), *Oral bisphosphonate prescription and non-adherence at 12 months in patients with hip fractures treated in an acute geriatric unit*, Osteoporosis International, 29(10), doi: 10.1007/s00198-018-4622-6

An examination into what factors correspond to low adherence to prescribed treatments following a hip fracture.

Eccles E, Thompson JD & Roddam H (2018), *An evaluation of Fracture Liaison Services in the detection and management of osteoporotic fragility fractures: A narrative review.*, Radiography (Lond), 24(4), doi 10.1016/j.radi.2018.05.003.

A review of the current utilization of FLS in the UK, finding them to be cost effective but not universally available

Naranjo A et al (2018), *Impact of the implementation of a Fracture Liaison Service on pharmaceutical expenses for osteoporosis compared to an area without an FLS.*, Expert Rev Pharmacoecon Outcomes Res, doi: 10.1080/14737167.2018.1513791

A study finding the implementation of FLS services in Gran Canaria finding FLS did not increase osteoporosis pharmaceutical expenditure.

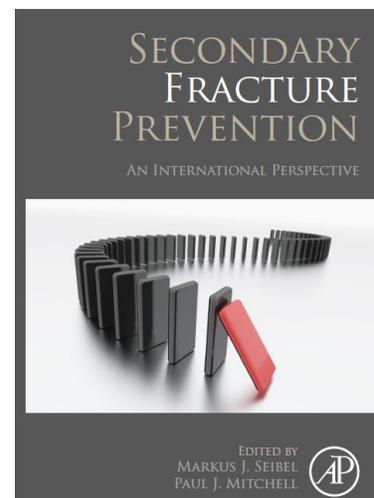
**Does your organization have any news around Secondary Fracture Prevention Services? Have you seen a recent publication in the area that might be of interest?**

**If so, let us know about it! Email the Alliance at [contact@sosfracturealliance.com.au](mailto:contact@sosfracturealliance.com.au) and we'll let all our Members know!**

## First ever book on Secondary Fracture Prevention published

Developing and implementing effective Secondary Fracture Prevention services starts with assessing what works (and what might not work) in a specific health care setting. *Secondary Fracture Prevention – An International Perspective* provides health care professionals with information about models of care for patients who have suffered osteoporotic fractures. Key features include:

- How to establish secondary fracture prevention programs
- Meta-analysis of the existing evidence on secondary fracture prevention
- Models of care for secondary fracture prevention
- Access to international resources



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# SOS FRACTURE ALLIANCE: MEMBER ORGANISATIONS

Representing over 2,900,000 individual members across Australia



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