



# Fracture Alliance

Making the first break the last

## Newsletter #10 – September 2023

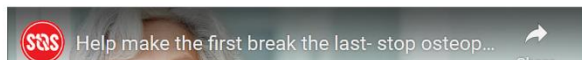
### Write to your Member campaign - add your voice to the campaign!

The Alliance has launched a new campaign that lets ordinary Australians call on their local Members of Parliament to demand better treatment for people with osteoporosis. To share their own story or that of a loved one showing how critical it is to fix this gap in the healthcare system.

The campaign can be found on our website at [sosfracturealliance.org.au/getinvolved](https://sosfracturealliance.org.au/getinvolved)

Osteoporosis is a disease that affects nearly 5 million older Australians and results in weakened bones that break easily (“fragility fractures”). Last year, 180,000 Australians suffered a fracture due to osteoporosis – that’s one fracture every 3 minutes. However, despite the availability of effective treatments, the majority of people who suffered such breaks are neither investigated nor do they receive appropriate treatment following this event. This is the “osteoporosis care gap”. Consequently, many people experience further breaks which lead to unnecessary suffering and premature death.

Our 37 member organisations on behalf of more than 3 million Australians are unified in a single aim: To ensure that all Australians with osteoporosis are appropriately treated to prevent further breaks. We ask everyone to please share the campaign with your networks and encourage people to write to their local member. And please also consider contributing a letter yourselves. It is designed to be easy and straightforward.



#### Write to your local Member

Osteoporotic fractures have devastating effects on many Australians across the country, even though these fractures can be easily and cheaply prevented.

As such the SOS Fracture Alliance asks for all Australians to join our call for action to improve fracture prevention by writing to their local Members in both Federal and State Parliament, raising this issue with them and urging them to make the simple but much needed changes to save countless Australian lives and prevent needless suffering and disability.

Use the box below to compose a personal message to send to



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Alternatively email the Alliance at [contact@sosfracturealliance.org.au](mailto:contact@sosfracturealliance.org.au).

## SOS Fracture Alliance Activities

### Secondary Fracture Prevention in Primary Care - Project Update

It is well known that in Australia, only 20-30% of people who have experienced an osteoporotic fracture receive the care they require to prevent the next fracture. This “osteoporosis care gap” is caused by the disjointed nature of the identification and management of osteoporotic fractures, with different sectors of the health system working in isolation.

Funded by the NHMRC and supported by SOSFA, the *Secondary Fracture Prevention in Primary Care* Project brings together researchers from several universities and research institutes in New South Wales, with the aim of developing, implementing and evaluating a new integrated model of osteoporosis management where primary care is the hub of osteoporosis management, while hospital-based fracture liaison services (FLS) and community-based private radiology practices are mechanisms of identification and referral to and from primary care.

Within this model, most patients will be seen and managed by their General Practitioner (GP) and only complex cases that require specialist management will be referred to and looked after by a hospital-based FLS. Using Natural Language Processing of radiology reports, the study will identify patients who have been diagnosed with a fracture, either as a primary or (more often) incidental finding during an imaging study. The patient’s GP will then be notified of this finding and encouraged to investigate whether the fracture was due to osteoporosis. Actions taken by the GP in response to this notification will be captured in several follow-up surveys, and through data linkage.

Following 2 years of testing the feasibility of the various processes involved, the actual study, a cluster-randomised controlled trial, has commenced on 1st September 2023, and is expected to run for the next 14-15 months, recruiting up to 1200 patients and up to 500 primary care physicians. Addressing the unacceptable osteoporosis care gap, the researchers hope to improve osteoporosis management in Australia.

### Fracture Coding Project Update

This is a new project that SOSFA has begun working on this year. It is well known that the official statistics for osteoporotic fractures as per Government data are an underestimate by around an order of magnitude compared to that derived from other data sources. This apparent underestimate is not just a statistical error but a major barrier to securing government support and action to prevent secondary fractures, as the scale and thus impact of the problem is not correctly understood.

Following some initial inquiries from SOSFA GC Member Ann Robinson, it has been identified that the discrepancy with the official statistics appears to be due to the way patient data is ‘coded’. At discharge from hospital, every patient’s file is analysed by trained staff and all diagnoses are being ‘translated’ into specific codes that form the basis of our health statistics, which are used to direct health funding. Internationally, these codes are managed through the International Classification of Diseases (ICD).

Initial analysis of coded data in Queensland and New South Wales show that most osteoporotic fractures are being coded incorrectly as traumatic fractures. In one instance, less than 1% of all fractures in older patients were coded as in the context of osteoporosis. The underlying issue seems to be the terminology used by clinicians, who use different, partly ill-defined terms such as ‘insufficiency fracture’ to describe fractures in older patients without, however, linking the diagnosis of a fracture to that of the underlying condition, osteoporosis.

In this new project, SOSFA aims to better understand how the coding process can be improved to better reflect the true incidence and prevalence of osteoporotic fractures across Australia. This involves working with several facilities across the country, PHNs and professional clinical coders. If you are interested in finding out more, please contact us at [contact@sosfracturealliance.org.au](mailto:contact@sosfracturealliance.org.au)



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### **CESPHN Fracture Prevention Project concluded**

The Central and Eastern Sydney Primary Health Network (CESPHN) funded SFP project tested a model to improve the management of patients with an osteoporotic fracture.

Patients with fractures potentially due to osteoporosis were identified from imaging reports using near natural language processing. A coordinator then notified the referring GP about the finding and provided follow-up to remind GPs of the need for management. This provided an opportunity to assess action taken by the GP.

As shown in previous studies, natural language processing efficiently detected patients who were diagnosed with a potentially osteoporotic fracture.

In this study GPs reported that they are managing osteoporosis in over 40% of patients identified. This is a higher percentage than expected from prior population-based studies and may be due to the socioeconomic demographics of eastern areas of Sydney where the project was conducted. However, the study was significantly hampered by the event of the COVID-19 pandemic, which slowed case recruitment and communication with busy primary care physicians. In the end, the study did not have sufficient numbers to allow any valid conclusions in

regards to the efficacy of the intervention to change osteoporosis management by GPs. While the study had no control group, it did demonstrate that information technology can help to identify patient populations with clinically important risks such as fractures, however, methods to engage GPs to optimally address this risk have yet to be developed.

### **Electronic Case Finding Tool - Project Update**

This project is continuing, with facilities in Victoria and the Victorian Agency for Health Information expressing interest in using the NSW eHealth Electronic Case Finding Tool. However, we currently are encountering difficulties in establishing clear communication with NSW eHealth in order to get permission and approval for non-NSW facilities to use the tool. We will continue to work on this project and welcome any Members who may have contacts in their networks who could help to reach out to NSW eHealth.

Additionally, if you are in a health facility interested in having access to the tool to more efficiently identify patients with potential fragility fractures, please contact us at [contact@sosfracturealliance.org.au](mailto:contact@sosfracturealliance.org.au)

### **NOTICE- Proposed Updates to SOSFA “Memorandum of Understanding”**

As part of the SOSFA Governing Committees responsibility of providing oversight of the Alliance is conducting a review of the current Memorandum of Understanding (MOU) to consider proposed updates.

The MOU is the document that organisations must endorse in order to become Members of the Alliance. However, it has largely been unchanged since initially being drafted in 2017. While the principles of the Alliance remain the same, in the intervening years other details require updating. Additionally, as a principles-based document, the Governing Committee is considering removing some of the specific detail around the 2015 structure of the Alliance as it is no longer relevant.

More detail, including a line-by-line review and rationale for proposed changes, can be found on our website at [sosfracturealliance.org.au/mouupdate](http://sosfracturealliance.org.au/mouupdate)

Should Members have any thoughts or feedback to these changes, please contact the Governing Committee via [contact@sosfracturealliance.org.au](mailto:contact@sosfracturealliance.org.au)



## Governing Committee Updates

### **Prof. Jacqui Close and Dr Bianaca Wong step down from SOSFA Governing Committee**

The SOSFA Governing Committee extends its thanks to Professor Jacqui Close (ANZHFR Elected Member) and Dr Bianca Wong (Appointed Geriatrician Member) who have stepped down from their positions on the Committee due to other commitments. Their contributions to the Committee have been extremely valuable and we wish them well in their future endeavors.



We would like to take this opportunity to acknowledge Jacqui's immense contributions to the Alliance since its very inception in 2016. Without her, the Alliance would not be what it is today. Thank you, Jacqui!



### **Mrs Beryl Logie joins the SOSFA Governing Committee**

The SOSFA Governing Committee welcomes Mrs Beryl Logie who has been appointed to fill the vacancy left by Prof Jacqui Close to act as a consumer representative, filling a gap of expertise and insight that was previously identified.



Beryl was diagnosed with osteoporosis in 1995. With the support of Arthritis/Osteoporosis Victoria, she started the Melbourne Osteoporosis Support Group Inc. in 1996 and held the position of President from then until 2021. She has been a community speaker on the subject of osteoporosis for over 20 years.

Welcome Beryl!

### **Casual Vacancy on SOSFA Governing Committee**

The Governing Committee would like to invite SOSFA Members to consider potential nominations for the casual vacancy on the Committee.

The Committee's current term is due to expire in August 2024, so this is a good opportunity for a person to get some experience being on such a Committee before nominating in the upcoming election for a full term.

If you are interested in nominating or would like to nominate someone else, please contact the SOSFA Executive Office James at [james.ansell@sosfracturealliance.org.au](mailto:james.ansell@sosfracturealliance.org.au)

### **Reminder- SOSFA Election in 2024**

The term of the current SOSFA Governing Committee is due to expire in August 2024 as per the SOSFA Constitution.

As such an election for the six Member Organisation Representatives will be held in the first half of 2024. More information will be circulated early in 2024 for the exact timing and election process.

The Governing Committee would like to encourage Members to consider now potential candidates to nominate for election the next term of the Committee.

Should potential candidates have any questions about the Committee, its role and its activities; please reach out via [contact@sosfracturealliance.org.au](mailto:contact@sosfracturealliance.org.au)



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## From the Members

### **ANZFFR Project Update**

The Australian and New Zealand Fragility Fracture Registry continues to progress well under the stewardship of the AFFF in Australian and ONZ in New Zealand.

In Australia the registry has gained HREC approval in December 2022 for collecting patient level data and currently has one facility (Concord Hospital, NSW) submitting data while another (Western Health, Victoria) is finalising local site approval for registry participation. The AFFF is currently in talks with other facilities across Australia about potential participation and encourages any facilities who would like to learn more to reach out to [admin@fragilityfracture.com.au](mailto:admin@fragilityfracture.com.au).

The AFFF has put together some online resources to promote the registry- firstly a general overview of the Registry Project and secondly a user demonstration which highlights the speed and ease of using the registry for patient management.

Additionally the AFFF conducted a Facility Level Survey to better understand the nature of fracture treatment across Australia, with results expected to be published as part of the first Annual Report of the ANZFFR project later in 2023. And recently they held a Stakeholder Roundtable with Healthy Bones Australia, the ANZHFR and Amgen Australia to discuss next steps for expanding the Registry. A chief priority in the next year is further advocacy to the ACSQHC around establishing a National Clinical Standard for Secondary Fracture Prevention.

In New Zealand the registry has passed over 11,000 patient records in its first year and has 19 facilities participating, with only two more facilities to be onboarded. This is fantastic work by our NZ colleagues and shows the importance of having both nationwide Clinical Standards for facilities to work within and government support & funding to enable widespread facility participation. This project is continuing to happen, with facilities in Victoria and the Victorian Agency for Health

### **ANZHFR 2023 Annual Report released**

The ANZHFR are proud to release their 2023 annual report which highlights all the Hip Fracture Care work undertaken from Jan- Dec 2022.

Please see links below for both the printed report (covering the Hip Fracture clinical care standard data variables) and e-report covering all HFR data variables.

[Print Version here](#)

[Online Version here](#)

Please note a mortality report is not present in these reports but will come later as an extra supplement.

Additionally the ANZHFR has produced an animation video to highlight key points from the report which can be found online at <https://youtu.be/Dp4LP5nnDbQ>

### **10th Biennial Australia and New Zealand Falls Prevention Conference (ANZFP)**

The 10th Biennial Australia and New Zealand Falls Prevention Conference (ANZFP) will for the first time be run as a joint conference with the World Congress on Falls and Postural Stability at the Perth Convention Centre, from the 26-28 November 2023.

[Registrations are open now!](#)

ANZFP is an initiative of Australia and New Zealand Falls Prevention Society (ANZFPS). The 1st World Congress on Falls and Postural Stability was held in Kuala Lumpur, Malaysia in December 2019-joint initiative of the Malaysian Society of Geriatric Medicine and the British Geriatrics Society. The conference will showcase the latest research outcomes, program implementation, training, and policy and planning innovations in falls prevention in Australia, New Zealand and internationally. The conference will be complemented with practical pre-conference workshops to support skill development and implementation of key aspects of falls prevention. [The full program is available on the ANZFP Conference website.](#)



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## Projects and Publications of Interest

### *Updated Hip Fracture Clinical Care Standard released.*

At the ANZHFR Hip Fest conference on Monday 11<sup>th</sup> September 2023 the latest update to the ACSQHC Clinical Standard for Hip Fracture Clinical Care was published. The most notable change being the expectation of surgery within 36 hours, down from 48 hours in the previous version.

The Standard [can be found here on the ACSQHC website](#), along with useful supporting resources.

You can read this guidance, as well as other clinical publications and resources [on the ROS website](#).

### *Establishing consensus on osteoporosis care across the acute-to-primary care interface following an interaction with an Osteoporosis Refracture Prevention service (The Post-ORP Consensus Study). IRISH FRACTURE LIAISON SERVICE DATABASE*

Researchers at UNSW are conducting a project to develop a list of consensus statements designed to be used to standardise clinical practice and improve the coordination of care for patients as they transition from an Osteoporosis Refracture Prevention (ORP) clinic to primary care following a fragility fracture.

Many ANZSGM members are experts working in osteoporosis clinics and their voice and experience are critical to the success of the research and to improving current service processes for patients with osteoporosis.

Participation in this research entails completing a series of up to four online questionnaires. The first questionnaire will take approximately 20-30 minutes to complete. Subsequent questionnaires will take approximately 5-10 minutes to complete. If you would like to participate or learn more about this research and what participation entails, you can do so by clicking the following link.

[Read more about the study here.](#)

### *Irish FLS Database First Report published*

The Fracture Liaison Service Database (FLS-DB) established in 2020 is an online portal which collects and monitors data on what care fragility fracture patients are currently receiving, which areas of the country have/haven't a FLS and how successful each FLS is at delivering secondary fracture prevention when compared against global best practice standards as outlined by the International Osteoporosis Foundation.

The first full report of the FLS-DB can be downloaded [from the Royal College of Surgeons in Ireland \(RCSI\) website](#). Additionally [a Summary Report is available](#).

### *Improving care for hip fracture patients*

The use of national registries to track the management of hip fracture patients has been shown to improve care in healthcare systems in an increasing number of countries around the world.

A project undertaken by the Hip Fracture Audit Special Interest Group of the Fragility Fracture Network (FFN) has examined which questions are consistently used in the ten best established national registries.

A global consensus method was then used to establish a revised minimum common dataset (MCD), which sets out just 22 key questions which any audit needs to ask, along with additional optional questions that might be useful depending on the specific needs of different countries.

The revised MCDs help to profile the whole patient pathway: pre-surgery, surgical, post-surgical care and rehabilitation, and can be used as a clinical audit by clinicians and policy-makers to compare actual performance with best practice and to drive improvement of hip fracture services within their organization or country.

The work and the datasets are described [in a paper released in the Bone and Joint Journal](#).

For additional information please contact [contact@sosfracturealliance.org.au](mailto:contact@sosfracturealliance.org.au)



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***A micro-costing analysis of post-fracture care pathways: results from the International Costs and Utilities Related to Osteoporotic Fractures Study (ICUROS)***

This study, published in *Osteoporosis International*, identified the costs and health-related quality of life (HRQoL) impacts of several post-fracture multidisciplinary care pathways specific to individual skeletal site (hip, distal forearm, vertebrae, humerus).

The total direct cost of fractures were estimated at \$89564, \$38926, \$18333, and \$38461AUD per patient for hip, vertebral, wrist, and humeral participants, respectively. Of the 20 care pathways investigated, those associated with recovery of HRQoL had lower mean costs per patient across each fracture site.

Understanding the difference between different care pathways may assist healthcare providers in allocating resources for osteoporotic fractures in more effective and cost-efficient ways.

[Read the full paper here.](#)

***Expected Benefits and Budget Impact from a Microsimulation Model Support the Prioritization and Implementation of Fracture Liaison Services***

This study, published in the *Journal of Bone and Mineral Research*, aimed to develop an economic model to estimate the benefits and budget impact of FLSs and support their wider international implementation. A state-based microsimulation model was developed to estimate the impact of FLSs compared with current practice for men and women aged 50 years or older with a fragility fracture. The model was run for an exemplar country the size of the United Kingdom and estimated that FLSs lead to a reduction of 13,149 subsequent fractures and a gain of 11,709 QALYs. Further work is now underway to develop country-specific models to deliver crucial national level data to inform the prioritization of FLSs by policy makers.

[Read the full paper here.](#)

***Integrated Care Pathways for Bone Health: An Overview of Global Policies is a report by The Economist Intelligence Unit***

This report aims to provide a global scan of the current environment for bone health and present best practices of relevance for the creation of an integrated care pathway for bone health. Including an integrated care pathway for bone health in a country's health system enables a multidisciplinary response that allows the right health professionals to practice the right care at the right time, providing continuity of care for an individual throughout his or her life course.

The policy scan was conducted in alignment with the World Health Organization (WHO) Decade of Healthy Ageing 2021-2030. This initiative is a global collaboration forging alliances between a wide array of stakeholders such as governments, academia, the private sector and civil society to improve the lives of older people, their families and the communities in which they live. This work fits into the priorities of the Decade of Healthy Ageing by offering a platform for innovation and change. An integrated care pathway is an important tool for unifying the disparate aspects of care for bone health.

The report found that equipping primary care providers with knowledge and tools to address bone health is critical, building multidisciplinary teams in secondary care is crucial, all fractures need to be investigated as matter bone health instead of trauma and that experiencing poor bone health later in life is *not* inevitable.

[Read the full report here](#)

Does your organization have any news around Secondary Fracture Prevention?  
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!



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# SOS FRACTURE ALLIANCE: MEMBER ORGANISATIONS

Representing over 3,000,000 individual people across Australia



The Royal Australian  
College of General  
Practitioners



ROYAL AUSTRALASIAN  
COLLEGE OF SURGEONS



The Royal Australasian  
College of Physicians



The Royal Australian  
and New Zealand  
College of  
Obstetricians  
and Gynaecologists



The Royal Australian and New Zealand  
College of Radiologists



Australian College of  
Rural & Remote Medicine  
WORLD LEADERS IN RURAL PRACTICE

HEALTHY **BONES**  
AUSTRALIA

Carers  
Australia



Public Health Association  
AUSTRALIA

Endocrine Nurses' Society  
of Australasia Inc.



acnp  
australian college of  
nurse practitioners

Australian & New Zealand Society for  
Geriatric  
Medicine



Australian  
Rheumatology  
Association

NSW  
NURSES &  
MIDWIVES'  
ASSOCIATION

ANZAC  
RESEARCH INSTITUTE



Dietitians  
Association  
of Australia



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Australian and New Zealand Society for Sarcopenia and Frailty Research



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