CAPTURE THE FRACTURE® PARTNERSHIP

ABOUT CAPTURE THE FRACTURE
Acknowledgements

Capture the Fracture Steering Committee:

• Prof Cyrus Cooper, President of IOF, MRC Lifecourse Epidemiology Unit, University of Southampton & University of Oxford, UK
• Dr Kassim Javaid, Co-Chair, CTF Steering Committee, University of Oxford, UK
• Prof Serge Ferrari, Co-Chair, CTF Steering Committee, Vice-Chair, Committee of Scientific Advisors of IOF, Geneva University Hospital, CH
• Prof Kristina Åkesson, Skåne University Hospital, Sweden
• Prof Thierry Thomas, University Hospital of St-Etienne, France
• Prof Willem Lems, VU University Medical Centre, Netherlands
• Prof Stefan Goemaere, Ghent University, Belgium
• Dr Paul Mitchell, Synthesis Medical Limited, New Zealand
• Dr Philippe Halbout, Chief Executive Officer of IOF
Slide Kit Breakdown

This slide kit covers:

• The need for secondary fracture prevention
• Capture the Fracture campaign
• How to get involved
• Evaluation methodology
• Results (initial)
'Over the next 20 years, 450 million people will celebrate their 65th birthday. On account of this, absolute hip fracture incidence will remain high and costly in the West and presents a major threat to financing of health systems in the East.'

Why the First Fracture is so Important

• 1st fracture doubles the risk for future fractures

• 2nd fracture often happens within 6-8 months

• 50% of all hip fractures come from 16% of the postmenopausal women with history of fracture
The Problem

Fragility fractures are common
- 1 in 3 women over 50 years of age
- 1 in 5 men over 50 years of age

Fractures are costly
- Europe: estimated costs of 32 billion EUR per year
- United States: estimated costs of 20 billion USD per year

Fractures affect quality of life
- Mortality
- Functional decline
- Loss of independence

What we Know

Half of all individuals who will suffer hip fractures in the future bring themselves to clinical attention before breaking their hip, by suffering a prior fragility fracture¹²³⁴

What we know

The Fracture cascade + The care gap

One Fracture

More Fractures

Healthcare systems around the world are failing to capture the fracture...and prevent the second fracture.
A Proven Solution

Fracture Liaison Services (FLS): Coordinator-based models of care

• facilitate risk assessment

• facilitate bone mineral density testing and osteoporosis education and care

• have been shown to be cost-saving
Also Known as

- Fracture Liaison Services
  - (UK, Europe and Australia)

- Osteoporosis Coordinator Programmes
  - (Canada)

- Care Manager Programmes
  - (USA)
The Link: A dedicated coordinator

Coordinator links:

• Patient
• Primary care physician
• Orthopaedic team
• Osteoporosis & falls team
The Team

A dedicated team of stakeholders:

- Lead clinician/local champion
- Senior orthopaedic surgeon
- Senior geriatrician
- Primary care physicians
- Nurses specialists
- IT Personnel (fracture database)
- Pharmacists
- Allied Health Professionals
- Public health consultants
Coordinator-based System

Adapted from McLellan et al OI 2003, 14:1028-1034.
Core Objectives of FLS

• Inclusive case finding

• Evidence-based assessment: stratify risk, identify secondary causes of osteoporosis, tailor therapy

• Initiate or recommend treatment in accordance with relevant guideline

• Improve long-term adherence with therapy
Identifying Patients

FLS: effective and cost-saving

• Coordinator-based, post-fracture models of care have successfully closed the secondary fracture prevention care gap in many countries throughout the world and are highly cost-effective¹

• Governments and associated agencies have endorsed coordinator-based post-fracture models of care in national and regional healthcare policy²³⁴⁵⁶

Capture the Fracture

A global campaign for the prevention of secondary fractures by facilitating the implementation of Fracture Liaison Services (FLS)
Capture the Fracture

- An initiative of the *International Osteoporosis Foundation (IOF)*
- Launched in 2012
- www.capturethefracture.org
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Key Objectives

• Set Standards

• Facilitate Change

• Create Awareness

for secondary fracture prevention
Campaign Structure

Set Standards (main programme)

- Best Practice Framework (BPF)
- FLS Evaluation / questionnaire
- Best Practice Recognition/Map

Facilitate Change

- Mentorship programme (planned)
- Implementation guides & toolkits
- Facilitated grant support (planned)

Create Awareness

- Website www.capturethefracture.org
- Resources
- Communication/marketing
- Coalition of partners
Setting the Standards

Setting standards in health care and being measured against standards are powerful tools to improve patient management.

- **Best Practice Framework (BPF)** - sets the standard

- **FLS evaluation/questionnaire** - measures FLS against the standard (BPF)

- **Best Practice Recognition/Map** - recognizes FLS and achievements on website map with a gold, silver or bronze star
Outcome Targets: Reaching for best practice
Purpose of the Best Practice Framework

1. Set the standard for FLS

2. Guidance

3. Benchmarking and fine-tuning
The BPF Standards: Achievable & ambitious

<table>
<thead>
<tr>
<th>STANDARD</th>
<th>LEVEL 1</th>
<th>LEVEL 2</th>
<th>LEVEL 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Patient Identification</td>
<td>Patients ID’d, <em>not</em> tracked</td>
<td>Patients ID’d, <em>are</em> tracked</td>
<td>Patients ID’d, tracked &amp; <em>Independent review</em></td>
</tr>
<tr>
<td>2. Patient Evaluation</td>
<td>50% assessed</td>
<td>70% assessed</td>
<td>90% assessed</td>
</tr>
<tr>
<td>3. Post Fracture Assessment Timing</td>
<td>Within 13-16 weeks</td>
<td>Within 9-12 weeks</td>
<td>Within 8 weeks</td>
</tr>
<tr>
<td>4. Vertebral Fracture (VF) ID</td>
<td><em>Known</em> VF assessed</td>
<td><em>Routinely assesses</em> for VF</td>
<td><em>Radiologists</em> identify VF</td>
</tr>
</tbody>
</table>

*Bold text indicates higher standards.*
The BPF Standards: Achievable & ambitious

<table>
<thead>
<tr>
<th>STANDARD</th>
<th>LEVEL 1</th>
<th>LEVEL 2</th>
<th>LEVEL 3</th>
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</thead>
<tbody>
<tr>
<td>5. Assessment Guidelines</td>
<td>Local</td>
<td>Regional</td>
<td>National</td>
</tr>
<tr>
<td>6. Secondary Causes of OP</td>
<td>50% of patients screened</td>
<td>70% of patients screened</td>
<td>90% of patients screened</td>
</tr>
<tr>
<td>7. Falls Prevention Services</td>
<td>50% of patients evaluated</td>
<td>70% of patients evaluated</td>
<td>90% of patients evaluated</td>
</tr>
<tr>
<td>8. Multifaceted Assessment</td>
<td>50% of patients screened</td>
<td>70% of patients screened</td>
<td>90% of patients screened</td>
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<tr>
<td>9. Medication Initiation</td>
<td>50% of patients initiated</td>
<td>70% of patients initiated</td>
<td>90% of patients initiated</td>
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</tbody>
</table>
## The BPF Standards: Achievable & ambitious

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<tr>
<th>STANDARD</th>
<th>LEVEL 1</th>
<th>LEVEL 2</th>
<th>LEVEL 3</th>
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<tbody>
<tr>
<td>10. Medication Review</td>
<td>50% assessed</td>
<td>70% assessed</td>
<td>90% assessed</td>
</tr>
<tr>
<td>11. Communication Strategy</td>
<td>Communicates to primary and secondary care physicians</td>
<td>Communicates to primary and secondary care physicians w/ %50 criteria</td>
<td>Communicates to primary and secondary care physicians w/ %90 criteria</td>
</tr>
<tr>
<td>12. Long-term Management</td>
<td>1 year follow-up</td>
<td></td>
<td>6 month follow-up &amp; 1 year follow-up</td>
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<tr>
<td>13. Database</td>
<td>Local</td>
<td>Regional</td>
<td>National</td>
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</tbody>
</table>
Getting your FLS Recognized on the Map

➢ Submit your application at www.capturethefracture.org
The Process

Step 1
FLS submits online Application

Step 2
FLS marked in green on the map while being reviewed

Step 3
BPF achievement level assigned

Step 4
FLS is scored and recognized on the map
Participation

Why apply?
• Showcase achievements
• Support FLS implementation worldwide
• Creates visual message of services & opportunities

Who can apply?
• Coordinator-based 'systems' of care
• Inpatient and/or outpatient facility
• At any stage in development, but need enough data
• Worldwide

FLS can submit applications at
www.capturethefracture.org
FLS Evaluation Flow Chart

- FLS submits questionnaire
  - CTF project manager puts FLS on the map with a green star
- Is the info complete?
  - yes → CTF project manager creates summary
  - no → CTF clinician reviews documents
  - CTF clinician agrees with score?
    - yes → FLS recognizes on map with score
    - no → CTF project manager sends summary sheet & score to FLS
  - FLS agrees with score?
    - yes → FLS recognized on map with score
    - no → FLS removed from map
- Was the info provided within 1 year?
  - yes → FLS recognized on map with score
  - no → FLS removed from map
- CTF project manager communicates with FLS for additional info, clarifications &/or answers to questions
Evaluation Methodology

13 standards
5 domains
1 star

<table>
<thead>
<tr>
<th>Fragility fracture domains</th>
<th>Achievement &amp; Valuation</th>
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<tbody>
<tr>
<td>Hip</td>
<td>★ = &gt;90%</td>
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<tr>
<td>Inpatient</td>
<td>★★ = &gt;70%</td>
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<tr>
<td>outpatient</td>
<td>★★☆ = &gt;50%</td>
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<tr>
<td>Vertebral</td>
<td>★★☆☆ = 0-50%</td>
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<tr>
<td>Organizational</td>
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</table>

### FLS Overall Performance

<table>
<thead>
<tr>
<th>Star Grade</th>
<th>Calculation</th>
<th>Score</th>
<th>Map Recognition</th>
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<tbody>
<tr>
<td>Hip</td>
<td>90+90+90+65+80</td>
<td></td>
<td>83%</td>
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<td>Inpt</td>
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# Evaluation Methodology: Example

<table>
<thead>
<tr>
<th>Standard</th>
<th>Best Practices</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<th>12</th>
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<tr>
<td>H.</td>
<td>Standard 1: Patient Identification</td>
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<td>K.</td>
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<td>L.</td>
<td>Standard 5: Assessment Guidelines</td>
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<td>Q.</td>
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<td>R.</td>
<td>Standard 11: Communication Strategy</td>
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<td>S.</td>
<td>Standard 12: Long-term Management</td>
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<td>T.</td>
<td>Standard 13: Database</td>
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<table>
<thead>
<tr>
<th>FLS performance (Gold, Silver, Bronze or No Data) in accordance with each Standard</th>
<th>Capture the Fracture Committee</th>
<th>FLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>hip</td>
<td>inpatient</td>
<td>outpatient</td>
</tr>
<tr>
<td>-----</td>
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<td>------------</td>
</tr>
<tr>
<td>Gold</td>
<td>Silver</td>
<td>Bronze</td>
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<tr>
<td>160</td>
<td>160</td>
<td>96</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall Performance (Gold = 5; Silver = 3; Bronze = 1; Black = 0)</th>
<th>Comments</th>
<th>Global Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLS</td>
<td>Capture the Fracture Committee</td>
<td>84.4</td>
</tr>
</tbody>
</table>

**Colour coding**
- Gold
- Silver
- Bronze
- No data
Results from 438 FLS part of CTF

- 438 FLS from 49 countries across 6 continents
- Mix of private & publicly funded hospitals
- Mix of FLS that identify hip fractures, inpatients, outpatients and/or vertebral fractures

- Total catchment population: >124,136,000
- Total fragility fracture patients identified: > 425,400
- Hip fractures identified: >61,000

Growth of FLS Network

Overall FLS Scores
% reaching blue, bronze, silver, gold
Results According to Stars

IOF-BPF Graded FLS across 438 Hospitals in 6 Continents

Growth of Stars

- Blue
- Bronze
- Silver
- Gold

2013: 6, 14, 30
2014: 5, 8, 17
2015: 21, 27, 37
2016: 19, 28, 42
2017: 27, 37, 54
2018: 56, 64, 61
2019: 56, 80, 78
2020: 70, 97, 107

Recognizing Excellence: Awarding Certificates of Best Practice

- Graded FLS receive certificates and CTF Seals of Recognition reflecting the level of excellence obtained (gold, silver or bronze)
Submit Your Application

GET MAPPED
Submit your FLS and gain visibility on our Map of Best Practice at: www.capturethefracture.org