CAPTURE THE FRACTURE® PARTNERSHIP

THE BEST PRACTICE FRAMEWORK

An IOF initiative, supported by Amgen and UCB in collaboration with the University of Oxford

Acknowledgements

Capture the Fracture Steering Committee:

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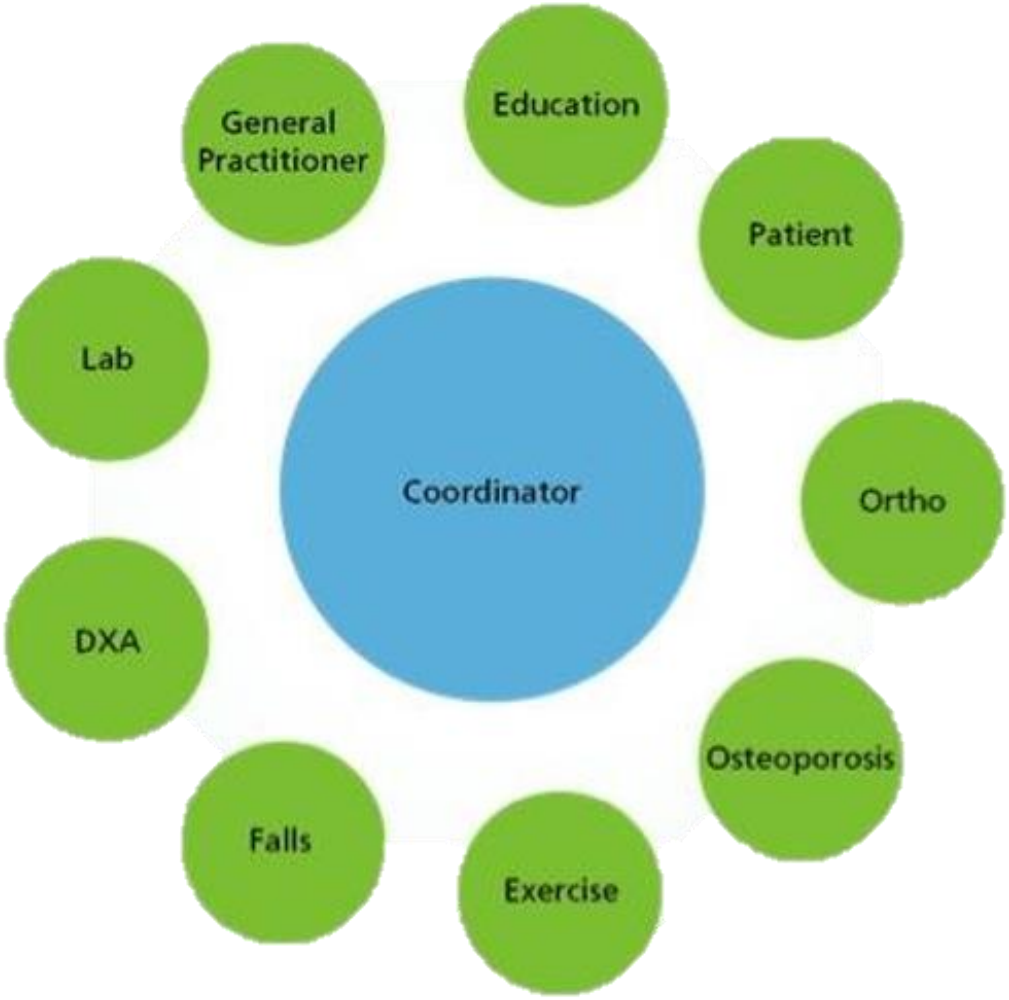
Fracture Liaison Services (FLS)

Coordinator-based, systematic delivery of secondary preventive care for patients presenting with fragility fractures

How can you establish an effective FLS?

Best Practice Framework (BPF)

Fracture Liaison Services (FLS)



A Proven Solution

Coordinator-based, post fracture models of care

- Opportunity to close the care gap
- Proven to result in significantly lower re-fracture rates
- Result in cost savings to healthcare systems

The Best Practice Framework (BPF)

*Establishes **13** internationally recognized & endorsed standards of care for secondary fracture*

The Best Practice Framework (BPF)

Sets standards globally

- Promotes and drives change
- Establishes global best practice for FLS

Serves as a tool for healthcare providers

- Benchmark to measure existing FLS systems
- Model for developing new FLS systems

Functions as the measurement tool for

'Capture the Fracture Best Practice Recognition'

- To celebrate and recognize successful FLS worldwide

Best Practice Framework Standards

1. Patient Identification

Fracture patients within the scope of the institution (inpatient and/or outpatient facility or health-care system) are identified to enable delivery of secondary fracture prevention.

LEVEL 1	LEVEL 2	LEVEL 3
Clinical fracture patients are being identified but **no patient tracking system exists** to evaluate percentage of patients that are identified versus those that are not	Clinical fracture patients are being identified and a **patient tracking system exists** to evaluate percentage of patients that are identified versus those that are not.	Clinical fracture patients are being identified and a **patient tracking system exists** to evaluate percentage of patients that are identified versus those that are not. The quality **of data capture has been subject to independent review.**

Best Practice Framework Standards

2. Patient Evaluation

Identified fracture patients within the scope of the institution are assessed for future fracture risk.

LEVEL 1	LEVEL 2	LEVEL 3
Of those patients identified, in whom progression to immediate treatment is not warranted, **50%** are assessed for subsequent fracture risk.	Of those patients identified, in whom progression to immediate treatment is not warranted, **70%** are assessed for subsequent fracture risk.	Of those patients identified, in whom progression to immediate treatment is not warranted, **90%** or more are assessed for subsequent fracture risk.

Best Practice Framework Standards

3. Post Fracture Assessment Timing

Post -fracture assessment for secondary fracture prevention is conducted in a timely fashion after fracture presentation.

LEVEL 1	LEVEL 2	LEVEL 3
Post-fracture assessment for secondary fracture prevention occurs within **13-16 weeks** of clinical fracture presentation.	Post-fracture assessment for secondary fracture prevention occurs within **9-12 weeks** of clinical fracture presentation	Post-fracture assessment for secondary fracture prevention occurs within **8 weeks** of clinical fracture presentation.

Best Practice Framework Standards

4. Vertebral Fracture Identification

Institution has a system whereby patients with previously unrecognized vertebral fractures are identified and undergo secondary fracture prevention evaluation.

LEVEL 1	LEVEL 2	LEVEL 3
Patients with clinical **vertebral fractures undergo assessment** and/ or receive treatment for prevention of secondary fractures.	Patients with **non vertebral fractures routinely undergo assessment** with lateral vertebral morphometry by DXA (or possibly by plain spine radiology) to assess for vertebral fractures.	Patients **reported by the Institution's Radiologists** to have vertebral fractures on plain X-r ay s, CT & MRI scans (whether these are serendipitous or not) are identified by the FLS in order that they undergo assessment for treatment for prevention of secondary fractures.

Best Practice Framework Standards

5. Assessment Guidelines

The institution's secondary fracture prevention assessment, to determine the need for intervention, is consistent with local/ regional/ national guidelines.

LEVEL 1	LEVEL 2	LEVEL 3
The institution's assessment is consistent with peer reviewed guidance developed by the **local** institution delivering the FLS, or by adaptation of international guidelines.	The institutions' assessment is consistent with **regional** or state guidelines.	The institution's assessment is consistent with **national** guidelines.

Best Practice Framework Standards

6. Secondary Causes of Osteoporosis

Institution can demonstrate what proportion of patients who require treatment for prevention of secondary fractures undergo further investigation (typically blood testing) to assess for underlying causes of low BMD).

LEVEL 1	LEVEL 2	LEVEL 3
Institution can demonstrate that **50%** of patients who need treatment are routinely screened for secondary causes of osteoporosis.	Institution can demonstrate that **70%** of patients who need treatment are routinely screened for secondary causes of osteoporosis	Institution can demonstrate that **90%** of patients who need treatment are routinely screened for secondary causes of osteoporosis via site protocol and referral to specialists, if indicated, has been arranged.

Best Practice Framework Standards

7. Falls Prevention Services

Patients presenting with a fragility fracture, and who are perceived to be at risk of further falls, are evaluated to determine whether or not falls prevention intervention services are needed, and if so, are subsequently referred to an established falls prevention service.

LEVEL 1	LEVEL 2	LEVEL 3
50% of patients presenting with fractures who are perceived to be at risk of further falls are evaluated to determine whether fall s prevention services are needed.	**70%** of patients presenting with fractures who are perceived to be at risk of fur t her fall s are evaluated to determine whether falls prevention services are needed.	**90%** of patients presenting with fractures who are perceived to be at risk are evaluated to see whether falls prevention services are needed. Appropriate patients are referred to a falls prevention service that delivers evidence-based interventions.

Best Practice Framework Standards

8. Multifaceted Risk Factor Assessment

Patients presenting with fragility fractures undergo a multifaceted risk-factor assessment as a preventative measure to identify any health and/or lifestyle changes that, if implemented, will reduce future fracture risk, and those patients in need are subsequently referred to the appropriate multidisciplinary practitioner for further evaluation and treatment.

LEVEL 1	LEVEL 2	LEVEL 3
50% of patients undergo multifaceted risk-factor assessmenst.	**70%** of patients undergo multifaceted risk-factor assessments.	**90%** of patients undergo multifaceted risk-factor assessments.

Best Practice Framework Standards

9. Medication Initiation

All fracture patients over 50 years, not on treatment at the time of fracture presentation, are initiated or are referred to their primary care physician/ provider for initiation, where required, on osteoporosis treatment in accordance with evidence-based local/regional/national guidelines.

LEVEL 1	LEVEL 2	LEVEL 3
50% of fracture patients, **who are eligible for treatment** according to the evidence-based local/ national/regional guideline, are **initiated on osteoporosis medicines**	**70%** of fracture patients**, who are eligible for treatment** according to the evidence-based local/ national/ regional guideline, are **initiated on osteoporosis medicines.**	**90%** of fracture patients, **who are eligible for treatment** according to the evidence-based local/ national/regional guideline, are **initiated on osteoporosis medicines**

Best Practice Framework Standards

10. Medication Review

For patients already receiving osteoporosis medications when they present with a fracture, reassessment is offered which includes review of medication compliance, consideration of alternative osteoporosis medications and optimization of non-pharmacological interventions

LEVEL 1	LEVEL 2	LEVEL 3
Institution demonstrates that it reviews the medications of **50%** of patients captured above (by the FLS), who are on treatment at time of fracture and performs a review of medication compliance and/or consideration of alternative interventions.	Institution demonstrates that it reviews the medications of **70%** of patients captured above (by the FLS), who are on treatment at time of fracture and performs a review of medication compliance and/or consideration of alternative interventions.	Institution demonstrates that it reviews the medications of **90%** of patients captured above (by the FLS), who are on treatment at time of fracture and performs a review of medication compliance and/or consideration of alternative interventions

Best Practice Framework Standards

11. Communication Strategy

Institution's FLS management plan is communicated to primary - and secondary–care clinicians and contains information required by and approved by local stakeholders.

LEVEL 1	LEVEL 2	LEVEL 3
Institution's FLS management plan is **communicated** to primary and secondary care physicians.	Institution demonstrates that the FLS management plan is **communicated** to primary and secondary care clinicians and **contains** at least **50% of criteria listed**	Institution demonstrates that the FLS management plan is **communicated** to primary and secondary care clinicians and **contains** at least **90% of criteria listed.**

Best Practice Framework Standards

12. Long-term Management

Institution has a protocol in place for long-term follow up of evidence-based initial interventions and a long-term adherence plan.

LEVEL 1	LEVEL 3
Treatment recommendations, for patients requiring drug treatment include a long-term follow-up plan that occurs **> 12 months after** fracture advising when the patient should undergo future reassessment of fracture risk and of need for treatment.	Treatment recommendations for patients requiring drug treatments, include **both** a short-term follow-up plan **<12 months after** fracture, and a long-term follow-up **plan >12 months after** fracture advising when the patient should undergo future reassessment of fracture risk and of need for treatment and clear guidance on when and with whom lies responsibility for monitoring adherence to treatment.

Best Practice Framework Standards

13. Database

All identified fragility fracture patients are recorded in a database which feeds into a central national database.

LEVEL 1	LEVEL 2	LEVEL 3
Fragility fracture patient records (for patients captured above) are recorded in a **local database.**	Site demonstrates that all fragility fracture patient records identified above are recorded in a database that can **be shared regionally** for data comparison.	Site demonstrates that all fragility fracture patient records identified above are stored in a **central, national database.** The database can provide benchmarking against all provider units.

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

Why Participate?

- Showcase achievements
- Support FLS implementation worldwide
- Creates visual message of services & opportunities

Who Can Apply?

- Coordinator – based systems of care
- Inpatient and/or outpatient facilities
- At any stage in development - but need data
- Worldwide

Submit Your Application