



CAPTURE THE FRACTURE® PARTNERSHIP

Policy Tools for Engagement

Dr Nicholas Fuggle BSc MBBS MRCP

Professor Cyrus Cooper OBE DL FMedSci

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



Capture the Fracture® Partnership Overview



Regions: Asia Pacific, Latin America, Middle East, Europe

Countries: Argentina, Australia, Brazil, China, Colombia, France, Italy, Japan, Korea, Mexico, Netherlands, Russia, Saudi Arabia, Spain, Sweden, Taiwan, Turkey

Capture the Fracture® Partnership Overview



UNIVERSITY OF
OXFORD



Inspired by patients.
Driven by science.

This effort combines 'Top Down' with 'Bottom Up' activities and seeks to:

- Increase **patients served by PFC/FLS programs**
- **Improve 25% of existing PFC/FLS programs by end of 2022**
- Add **320 new PFC/FLS programs** by early 2022
 - Since Partnership launch, **67 new and 105 existing PFC sites** have been added to the CtF map
 - These new PFC programs have served **15,000 additional patients**

**POLICY
CHANGE**

Drive **fracture prevention policy change and prioritization** with government and payers

**ADVOCACY
ALLIANCES**

With IOF as lead, create **global, regional and local secondary fracture coalitions** between societies, governments, and NGOs

**MENTOR-
SHIP**

Provide **best practices, support, and mentorship** to establish new PFC programs and improve current programs to ensure sustainability

**SCALABLE
SOLUTIONS**

Serve as global resource center for **improved, scalable PFC solutions**

**DIGITAL
TOOL/
DATASET**

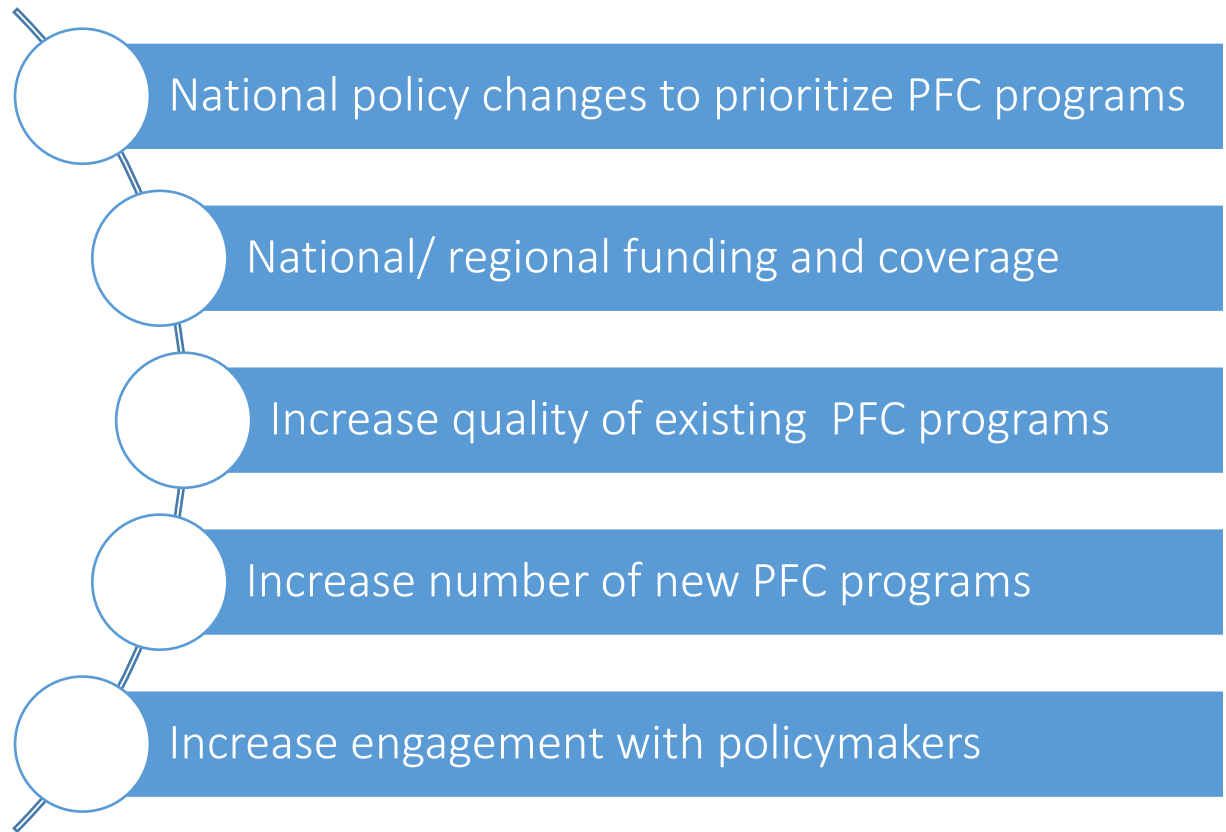
Leverage a **PFC digital global dataset** to obtain consistent understanding across Capture the Fracture sites of PFC effectiveness

Policy Pillar Aim



Drive **policy change** to **prioritize post-fracture care** programs such as Fracture Liaison Services (FLS) **nationally and regionally.**

Policy Pillar Outcomes



Policy Pillar Resources

- Policy Generic Narrative Document: *Capture the Fracture® Partnership- Guidance for Policy Shaping*
- Executive 1-page summary
- Country-specific policy landscape assessment
- Benefit Calculator



CATCH FRACTURES EARLY

Ensure that those who have fractured are identified for treatment



TREAT FRACTURES WELL

Employ world-class models of *Post-Fracture Care* to treat those identified



LIFETIME PREVENTION


Encourage healthy ageing through straightforward public health measures



ENHANCE ENGAGEMENT

Empower the public to understand the problem and become part of the solution

Policy Pillar Objectives



Identify key stakeholders and strategies to effectively drive policy changes and secure its execution

Support Osteoporosis as a National priority

Advocate for Post-Fracture Care Coordination programs/ Fracture Liaison Services (FLS)

Country-specific profile





CAPTURE THE FRACTURE® PARTNERSHIP

Guidance for Policy Shaping

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





CTFP Guidance for Policy Shaping

- National, regional and local call to action
- Making the case
- Building blocks of an effective policy response





What is a Post-Fracture Care Coordination Program?



- Post-Fracture Care (PFC) Coordination Programs, such as Fracture Liaison Services (FLS), are coordinated systems of care that identify, treat and monitor patients presenting with a fragility fracture.

PFC programs are the single most important health service intervention to reduce the risk of subsequent fractures.

Why a call to action ?



IT IS ESTIMATED
THAT BY

2025



13.5 MILLION
FRAGILITY FRACTURES

Huge economic
burden



500 MILLION
WITH OSTEOPOROSIS

Urgent action on osteoporosis and fragility fractures is required uniting patient, carer and clinical leadership with wider societal and political advocacy actors to **strengthen the call for change**



Why a call to action?

- Osteoporosis and fragility fractures have been **ignored** in health policy too long, despite their **immense burden** and the **availability of effective treatment**.

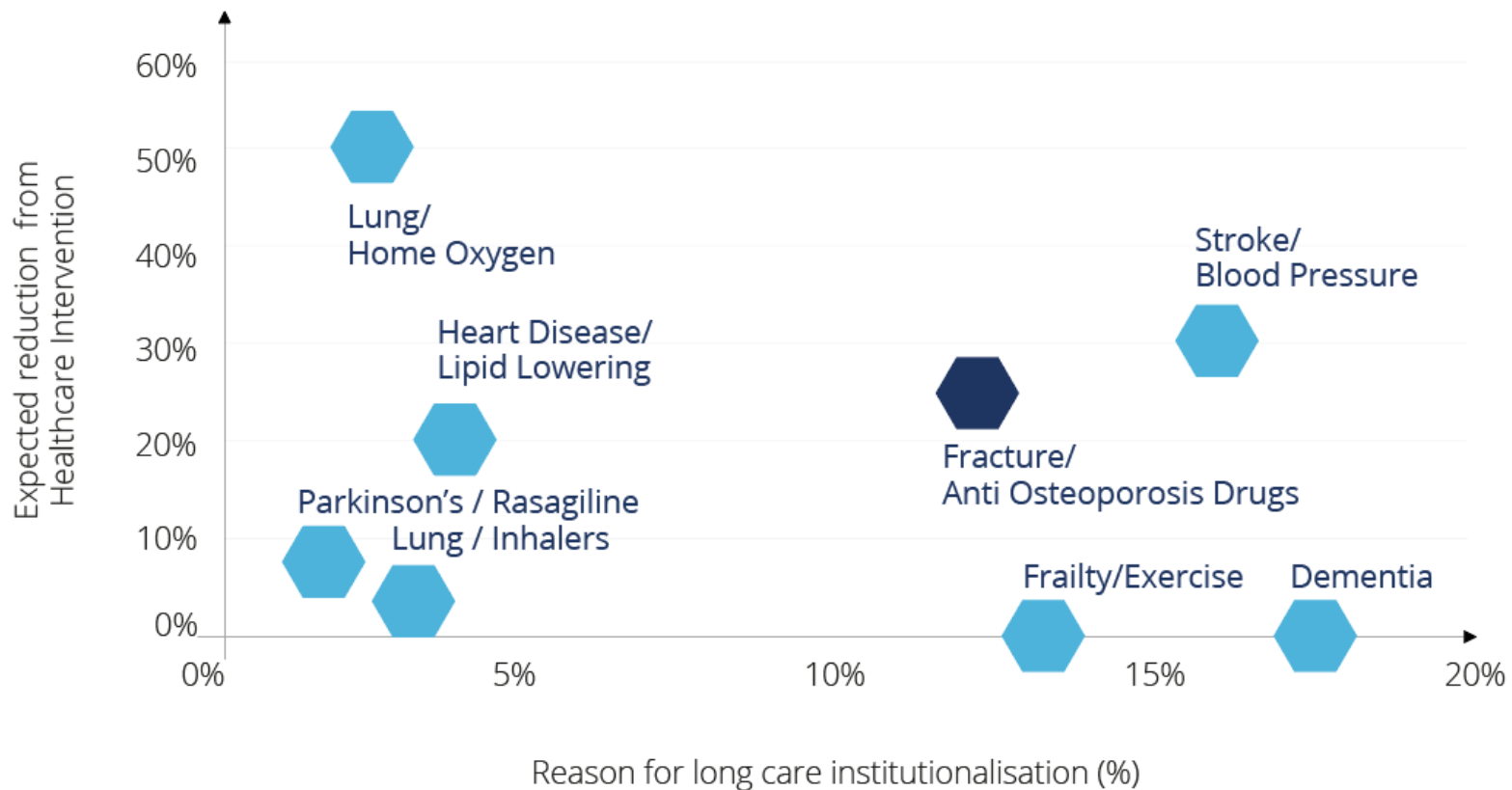
80% fracture patients are never offered screening and/or treatment for osteoporosis



Why a call to action?



Subsequent fractures are a **major cause of loss of independence**



Call to Action – National level



Improvements to people's lives will ultimately be driven by change at a local level to identify and treat those at risk of subsequent fragility fractures through **incorporation of subsequent fracture prevention into high-level national strategies**

**Acknowledge
importance
of
subsequent
fracture
prevention**

**Actively
support
efforts to
improve
public
awareness**

**Develop a
national
consensus**

Call To Action – Regional and Local level



Comprehensive falls assessments



Person-centered multidisciplinary models of care



Supporting role of Primary care physicians





Making the case: what are osteoporosis and fragility fractures?

*WHO Definition:
Osteoporosis is defined as a
BMD that lies 2.5 standard
deviations or more below
the average value for
young healthy women (a T-
score of <-2.5 SD) (1,6)*

Definition	Bone Mineral Density Measurement	T-Score
Normal	BMD within 1 SD of the mean bone density for young adult women	T-score ≥ -1
Low bone mass (osteopenia)	BMD 1–2.5 SD below the mean for young-adult women	T-score between -1 and -2.5
Osteoporosis	BMD ≥ 2.5 SD below the normal mean for young-adult women	T-score ≤ -2.5
Severe or “established” osteoporosis	BMD ≥ 2.5 SD below the normal mean for young-adult women in a patient who has already experienced ≥ 1 fractures	T-score ≤ -2.5 (with fragility fracture[s])



STROKE
€20
BILLION

FRAGILITY
FRACTURES

€37.4
BILLION

CORONARY
HEART
DISEASE
€19
BILLION

The Cost of
Inaction: The
economic
case for
change



The 4 building blocks of an effective policy response



CATCH FRACTURES EARLY

Ensure that those who have fractured are identified for treatment



TREAT FRACTURES WELL

Employ world-class models of *Post-Fracture Care* to treat those identified



LIFETIME PREVENTION

Encourage healthy ageing through straightforward public health measures



ENHANCE ENGAGEMENT

Empower the public to understand the problem and become part of the solution

Catch It Early : Management and Detection of Subsequent Fractures



Things to know

Fractures beget fractures

PFC Coordination Programs are effective at identifying individuals with index fragility fractures

Time = avoidable fractures

PFC Coordination Programs pay for themselves and more



Catch It Early : Management and Detection of Subsequent Fractures

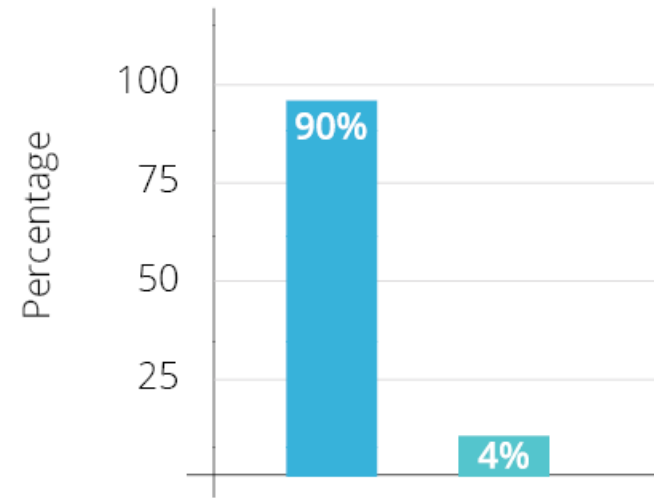
What is the current situation?

- Fragility fractures are often **misdiagnosed** and **not properly treated** to prevent subsequent fractures

What needs to be done?

- Development of **clear national guidance**
- PFC Coordination Programs to receive **priority funding**
- Further research on **automated methods** of fracture identification

Rates of osteoporosis and falls assessment across the world.



■ Countries with clear national guidances on identification and treatment

■ Countries without clear national guidances on identification and treatment



Treat it well: Facilitating multi- disciplinary Post- Fracture Care

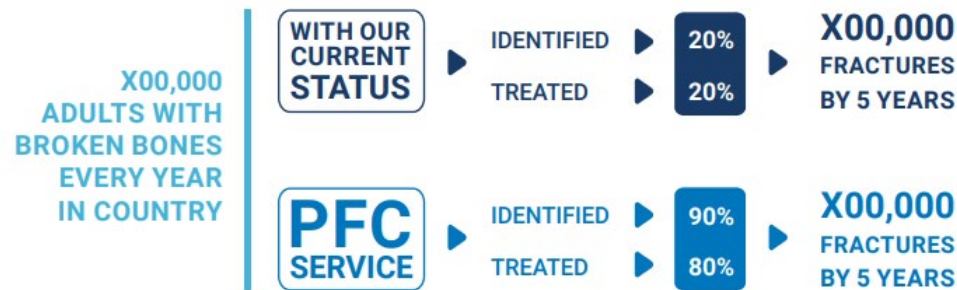
Things to know

- Health systems regularly fail to **close the osteoporosis treatment gap**
- **Excellent care and rehabilitation** involves a multidisciplinary team
- There is an **effective framework for multidisciplinary**, coordinated post-discharge care to reduce long-term fracture risk
- **Best-practice models** are needed globally to increase access to high-quality post-discharge care



Treat it well: Facilitating multi-disciplinary Post-Fracture Care

PFC Coordination Programs are consistently shown to be cost-effective and sometimes cost-saving



COSTS AND FRACTURES AVOIDED OVER 5 YEARS WITH PFC SERVICES

FRACTURES (TOTAL)
= X0,000

Hospital = \$X.X billion
Comms/Social Care = \$X.X billion

Bed Days = X00,000
Operations = X,000
Clinical Appointments = X0,000
Care Home = X00 Patient Years

TOTAL COSTS AVOIDED
= \$X,X000

PFC COSTS

Staff = \$X.X billion
Investigations = \$X.X billion

Total Cost
\$X.X billion

NET SAVING AFTER 5 YEARS
\$X.X billion

5 year medication costs = \$X00 billion
NET Cost over 5 years including medication = \$X00 billion

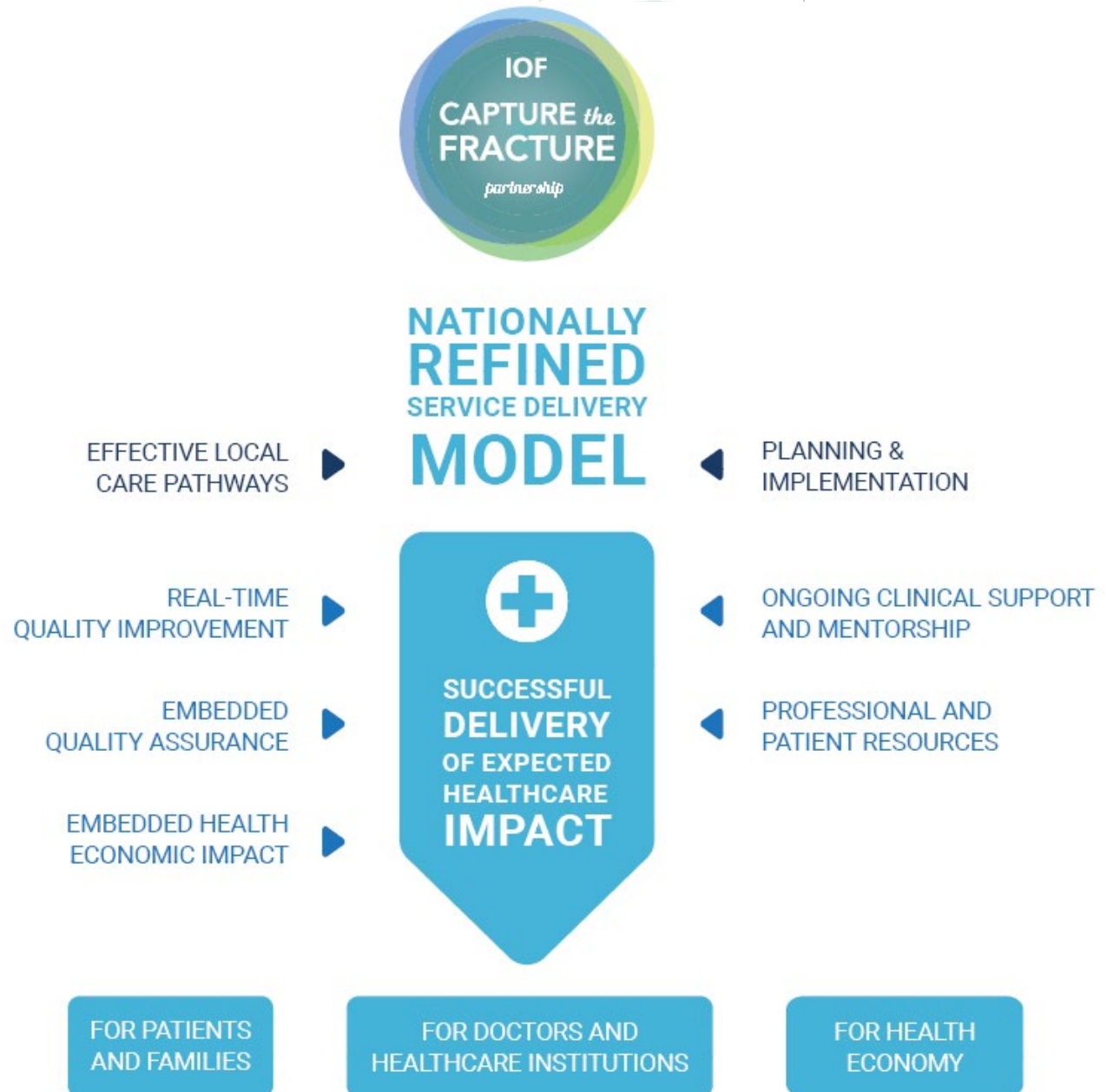
* Dedicated clinical service that identifies tests and treats adults over 50 years with broken bones



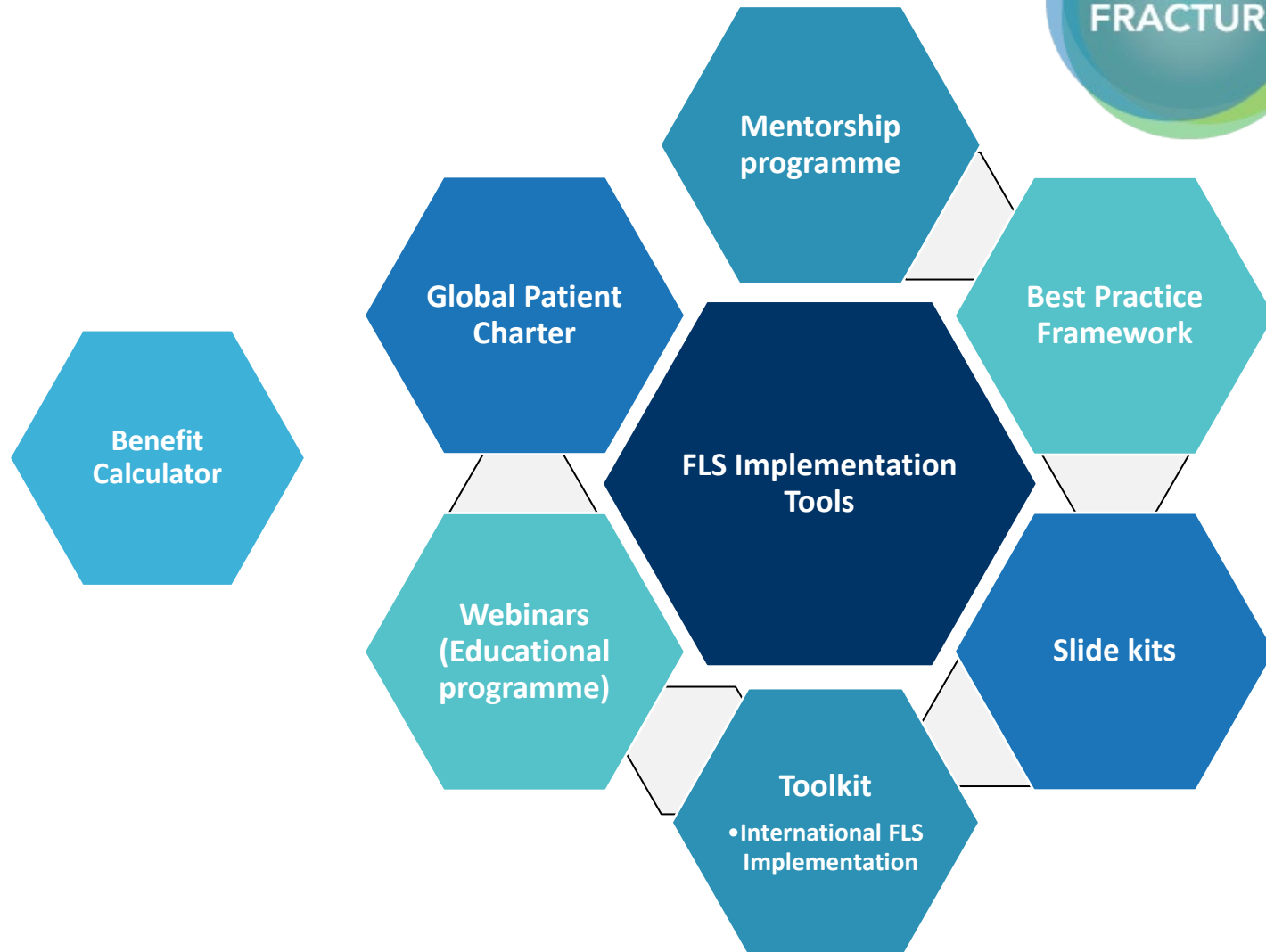
Treat it well: Facilitating multi-disciplinary Post-Fracture Care

What needs to be done?

- The **IOF Capture the Fracture®** program promotes the establishment of PFC Coordination Programs globally and ensures greater adherence to best-practice standards.



Capture the Fracture® Tools





Healthy Active Ageing: Preventing falls and fractures in later life through good health in earlier life

Falls can mark a watershed moment in rapid deterioration of health & functioning

- Integrating falls prevention and promotion of bone health into health and social care services
- **Adaptation** of the living environment
- **Ongoing support** to promote functioning and independent living

THE RISK OF
DYING
DURING
1ST YEAR



30%
FOR PEOPLE
+60

AFTER
HIP
FRACTURE



Healthy Active Ageing: Preventing falls and fractures in later life through good health in earlier life

- **Integrating falls prevention** and promotion of bone health into health and social care services
- **Adaptation** of the living environment
- **Ongoing support** to promote functioning and independent living

**80% Fractures
over Age 70**

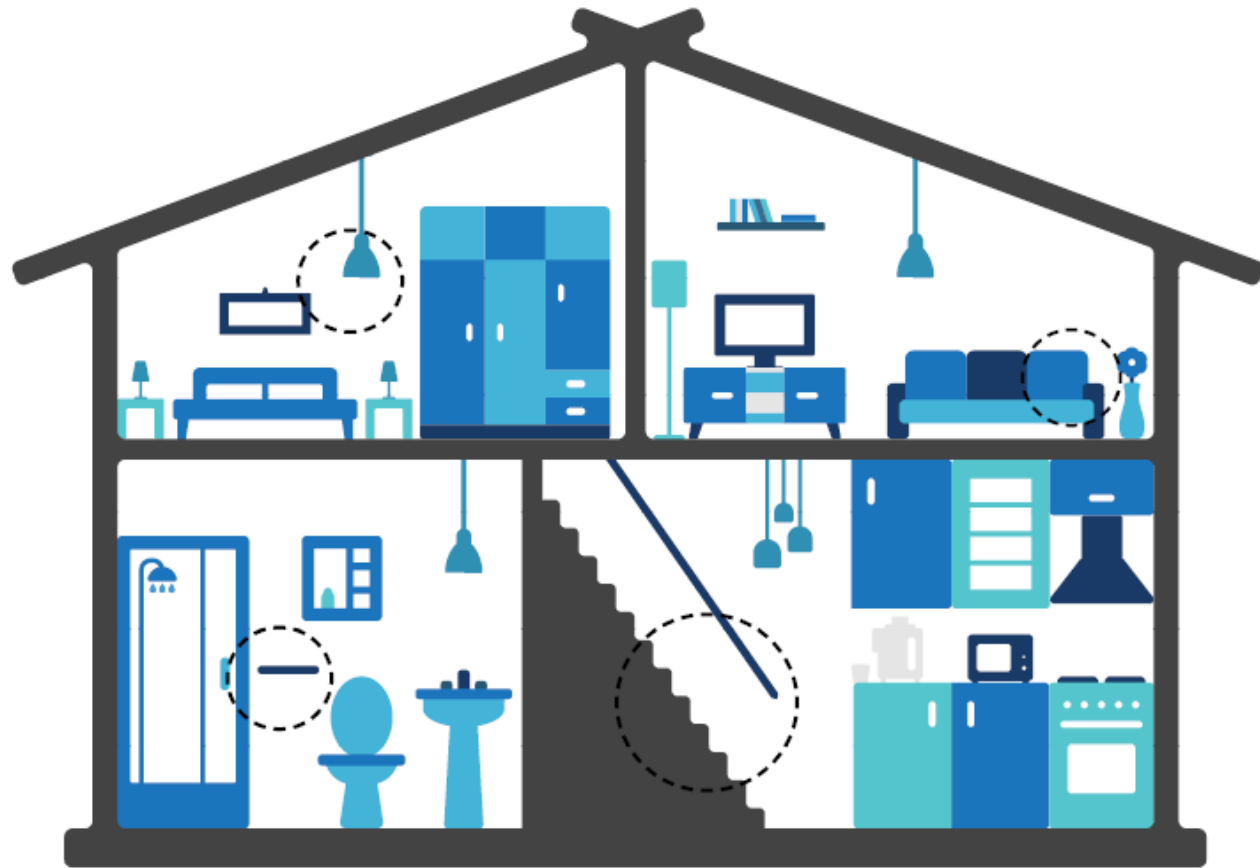
**90% result of a
fall**



Healthy Active Ageing: Preventing falls and fractures in later life through good health in earlier life

Policymakers must enable adequate funding and
comprehensive falls risk assessment in health and social
care services

ENSURE A SAFE HOME



Enhance Engagement: Awareness, Activation and Self-Management



Why is it important and how does it work?



Increase **public awareness**



Increase **active engagement**



Tailor treatment plan
for patient needs





www.capturethefracture.org



www.osteoporosis.foundation



www.ox.ac.uk/

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