CAPTURE THE FRACTURE® PARTNERSHIP

Policy Tools for Engagement

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



Capture the Fracture® Partnership Overview



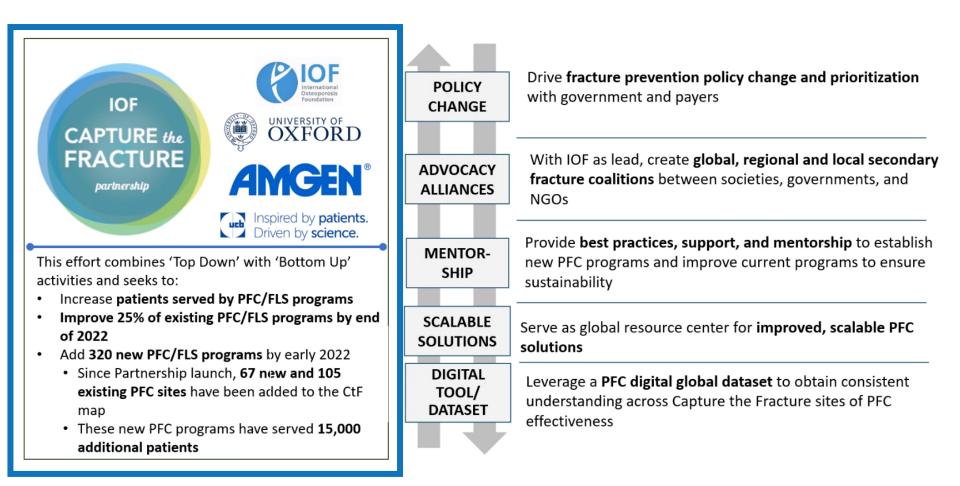
Regions: Asia Pacific, Latin America, Middle East, Europe

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





Capture the Fracture® Partnership Overview







Policy Pillar Aim

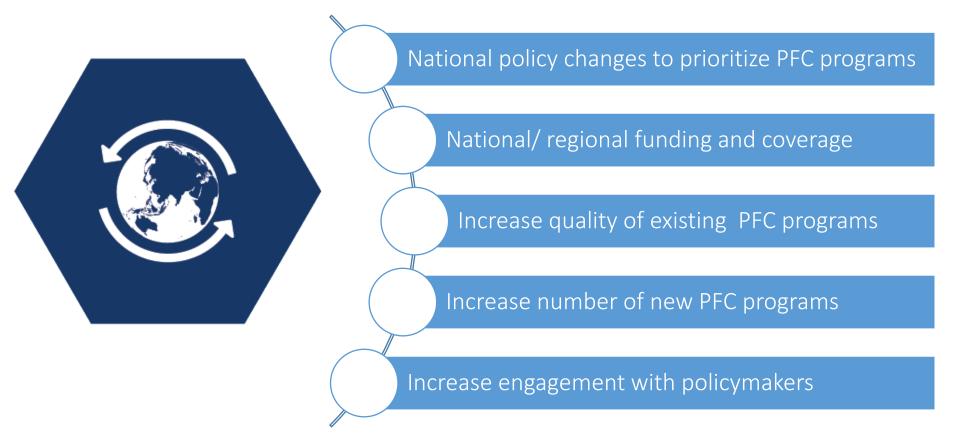


Drive policy change to prioritize post-fracture care programs such as Fracture Liaison Services (FLS) nationally and regionally.





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





٢	CATCH FRACTURES EARLY Ensure that those who have fractured are identified for treatment
1 ⁴	TREAT FRACTURES WELL Employ world-class models of <i>Post-Fracture Care</i> to treat those identified
\mathbb{Z}	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



Support Osteoporosis as a National priority

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

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

CAPTURE THE FRACTURE® PARTNERSHIP

GUIDANCE FOR POLICY SHAPING





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**.

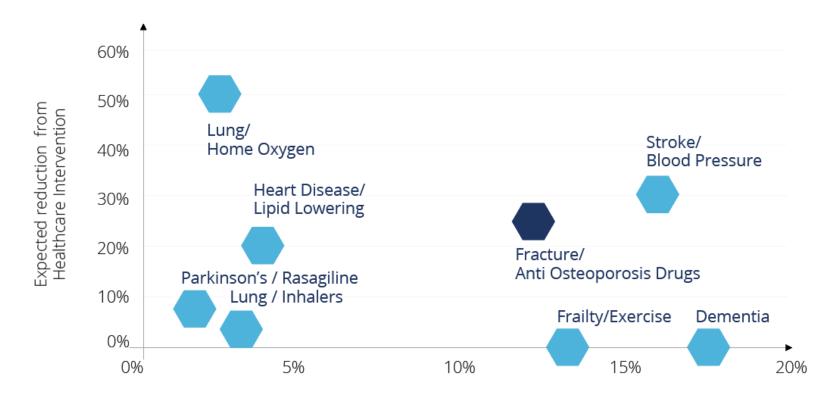
80% fracture patients are never offered screening and/or treatment for osteoporosis



Why a call to action?



Subsequent fractures are a major cause of loss of independence



Reason for long care institutionalisation (%)

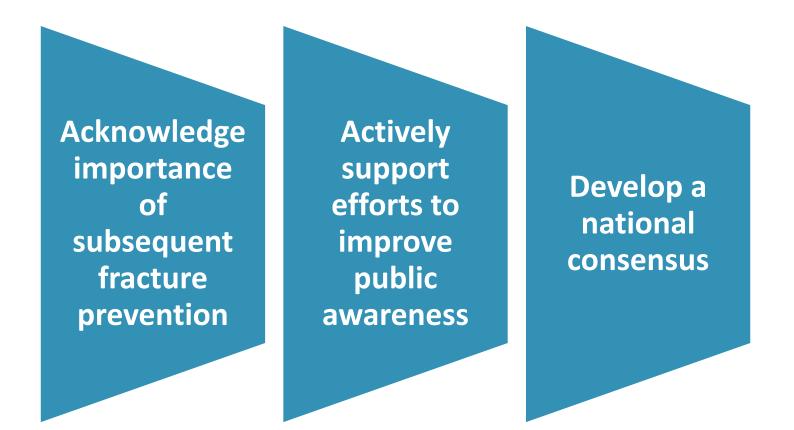




Call to Action – National level



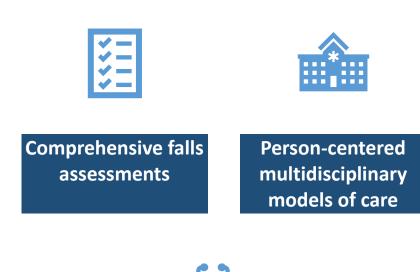
Improvements to people's lives will ultimately be driven by change at a local level to identify and treat those at risk of subsequent fragility fractures through **incorporaton of subsequent fracture prevention into high-level national strategies**





Call To Action – Regional and Local level













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 Tscore 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])



The Cost of Inaction: The economic case for change STROKE €20 BILLION

FRAGILITY FRACTURES €37.4 BILLION

> CORONARY HEART DISEASE €19 BILLION









CATCH FRACTURES EARLY Ensure that those who have fractured are identified for treatment

1

TREAT FRACTURES WELL

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

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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

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

PFC Coordination Programs pay for themselves and more





Catch It Early : Management and Detection of Subsequent Fractures

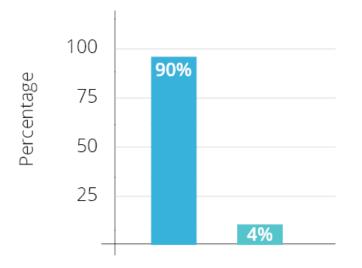
What is the current situation?

 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 multidisciplinary Post-Fracture Care

Things to know

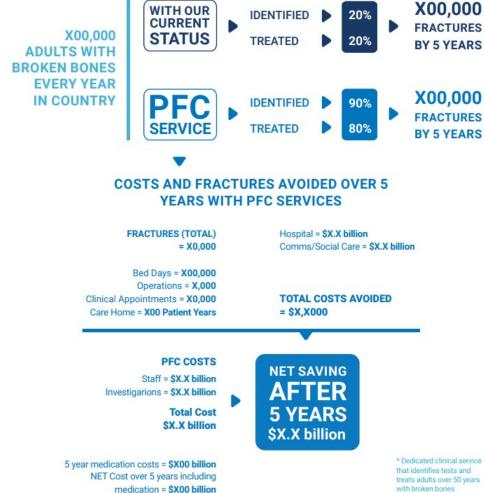
- Health systems regularly fail to close the osteoporosis treatment gap
- Excellent care and rehabilitation involves a multidisciplinary team
- There is an effective framework for multidisciplinary, coordinated post-discharge care to reduce long-term fracture risk
- Best-practice models are needed globally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





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

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



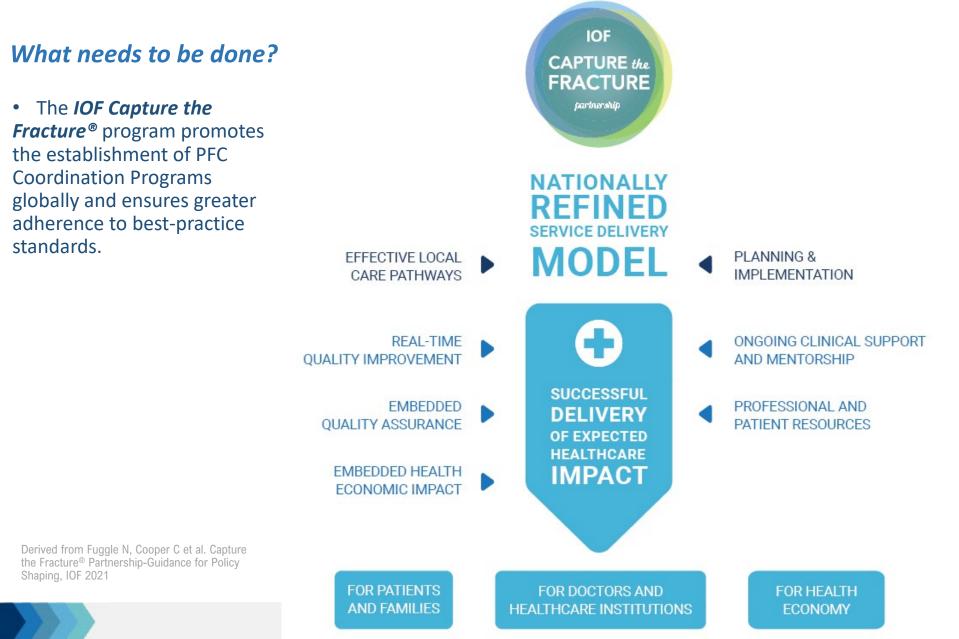
Derived from Fuggle N, Cooper C et al. Capture the Fracture® Partnership-Guidance for Policy Shaping, IOF 2021

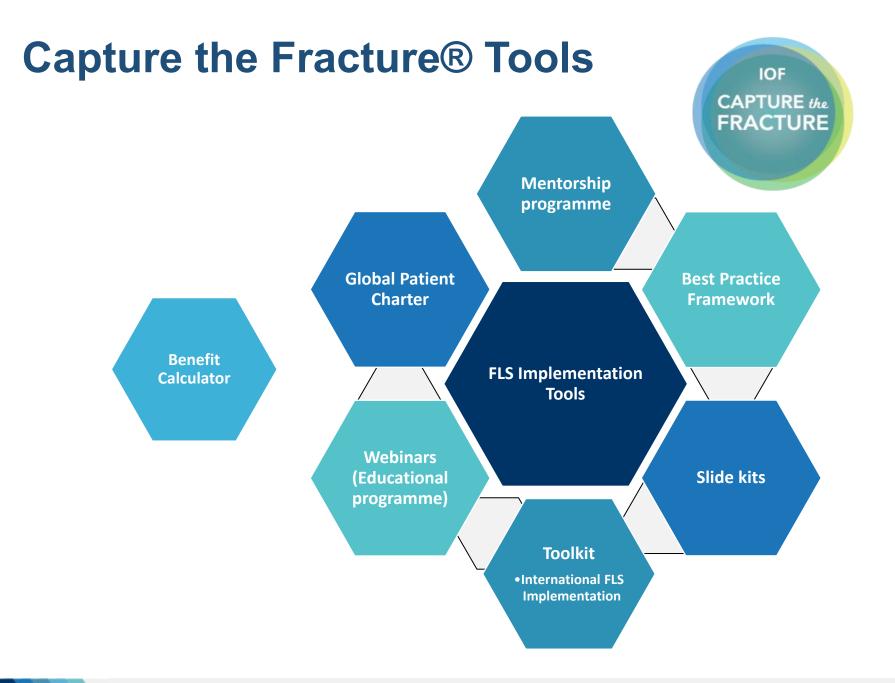


with broken bones

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











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

ENSURE

A SAFE

HOME



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





Enhance Engagement: Awareness, Activation and Self-Management



Why is it important and how does it work?









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