Development of patient level outcomes: KPIs for FLSs for the IOF

M Kassim Javaid – Academic Rheumatologist, University of Oxford

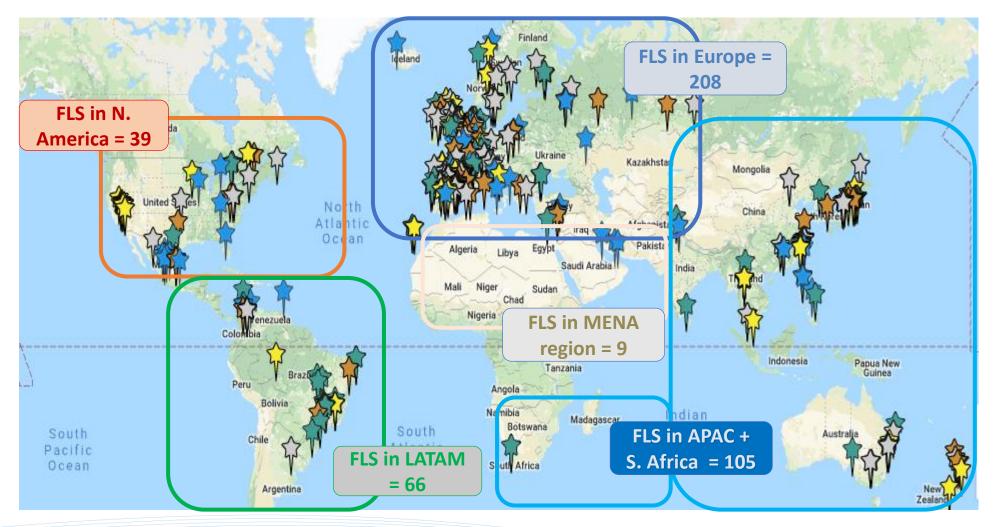
Serge Ferrari – Professor of Medicine Geneva University Hospital







427 FLS, 46 countries, 6 continents



June 15, 2020



How to get mapped - The Process

Step 1

Step 2

Step 3

Step 4

FLS submits online application

FLS marked in green on the map while being reviewed

BPF achievement level assigned

FLS is scored and recognized on the map









https://youtu.be/gpAAvvukjQw



VIDEO!



BEST PRACTICE FRAMEWORK

HEALTH CARE QUALITY

AIM:

- 1. Set the standard for FLS (13 criteria)
- 2. Guidance
- 3. Benchmarking and Quality improvement
- ➤ Available in 11 different languages

DOWNLOAD THE BPF

Download the Capture the Fracture Best Practice Framework in the following languages:

- Chinese (traditional)
- Chinese (simplified)
- English
- French
- German
- Italian
- Japanese
- Russian
- Slovak
- Spanish
- Polish





13 Criteria and Standards

- 1. Patient Identification
- 2. Patient Evaluation
- **3. Post Fracture Assessment Timing**
- 4. Vertebral Fracture (VF) ID
- **5. Assessment Guidelines**
- **6. Secondary Causes of OP**
- 7. Falls Prevention Services
- 8. Multifaceted Assessment
- 9. Medication Initiation
- 10. Medication Review
- **11. Communication Strategy**
- **12. Long-term Management**
- 13. Database

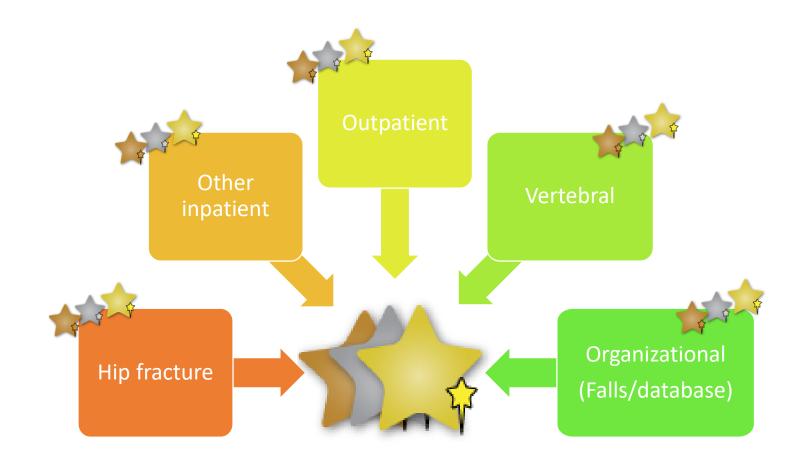
Standard 1 definition:

Fracture patients are identified to enable delivery of secondary fracture prevention

Standard	Bronze	Silver	Gold
Patient Identification	Patients identified, not tracked	Patients identified, are tracked	Patients identified, tracked & independentl y reviewed

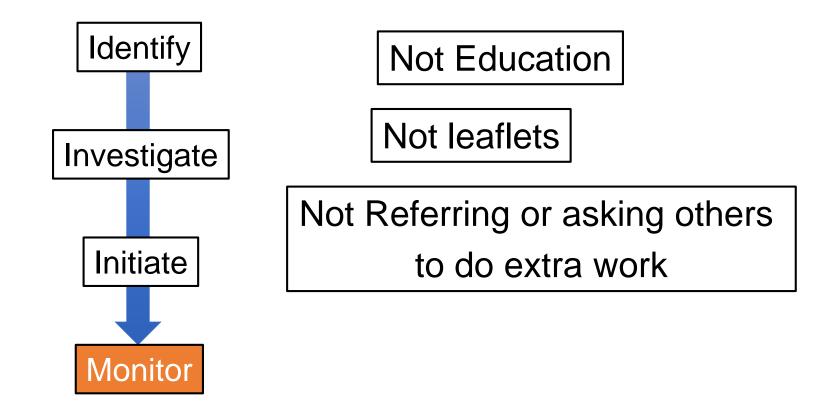


SCORING: 5 domains



The FLS should be effective at organisational level

Fracture Liaison Services



Not every FLS is automatically effective

Berwick: triple aim

- 1. Be Effective
- 2. Be Efficient
- 3. Deliver Patient Experience

The FLS should be effective at organisational level (BPF)

Is it effective at patient level? (KPI)



Key performance indicators at patient level

Show the current performance for key FLS steps

Prioritise what to improve

Understand how to improve

• The obvious KPI for an FLS is re-fracture rates is it?

Key performance indicators

- Meaningful
- Measurable

- Fracture rates
- Re-fracture rates

Number and % on anti-osteoporosis medication at 4 and 12 months

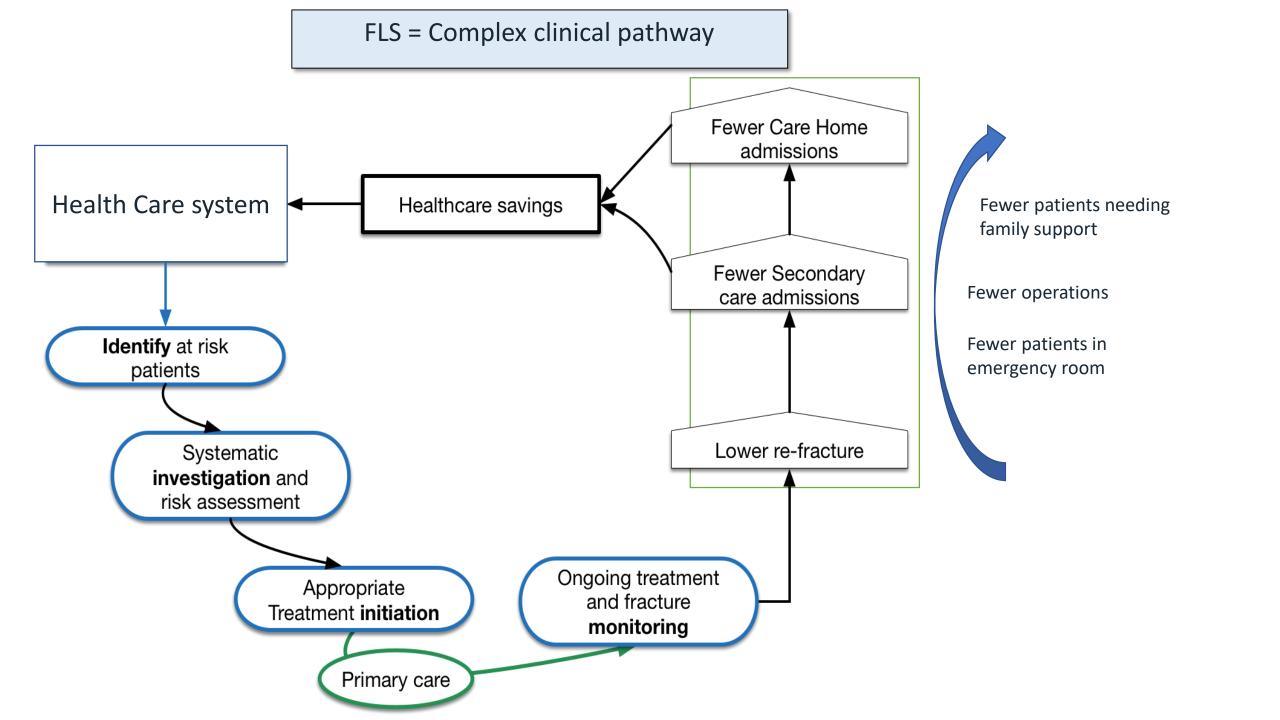
.....from date fracture diagnosed in healthcare system

KPI

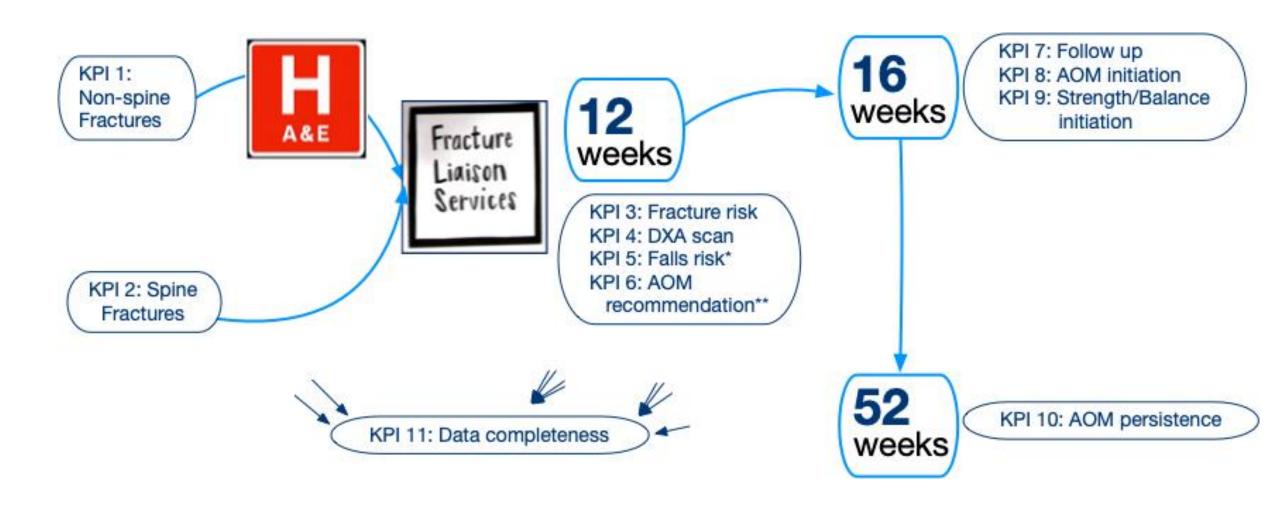
• WHY we need KPI

HOW the KPI work

What is the next step



How to measure if an FLS is working?





Number of non-spine fractures submitted

Expected local case load

Local audit
Population data
X5 Hip fracture admissions

• So if an FLS captures only hip fractures, KPI 1 would necessarily be 20% at best? What is the message here?



Number of Index spine fractures submitted

Local Hip fracture admissions

Require different pathway
Clinical vs. Reported vs. Opportunistic radiological
Local audit, Population data, Hip fracture admissions
Will be high in year 1 then reduce
75% of hip fractures

• In my hospital where there is a vertebral FLS based on systematic reviews of chest X-rays, the number of prevalent vert fractures detected after age 50 is greater than the No of hip fractures admissions, so a ratio $> 1 \odot$. Is that good or an artefact?

fracture diagnosis to assessment less than 12 weeks

All submitted patients





Imminent fracture risk is high Upto 50% of re-fractures within 2 years

fracture diagnosis to DXA less than 12 weeks

All submitted patients



Does every patient need a DXA to start therapy Over 75 yr Over 65 with hip or spine FRAX

• This criteria depends more on the availability of DXA in a certain hospital / region, than on the effectiveness of the FLS itself is it?

Falls assessment

All submitted patients



Falls risk

Falls cause

Local/ regional/ national recommendations

• Falls assessment goes from simple falls risk questionnaires to complex instrumental evaluations. What is the minimum standard evaluation here?

Recommended Anti-osteoporosis Medication

All submitted patients

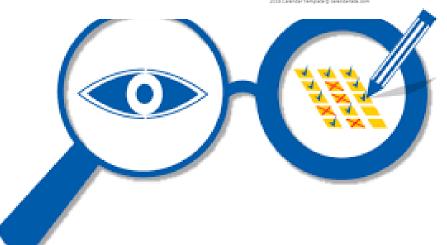


Calcium and vitamin D therapy alone is not enough

• For some patients treatment recommendation may be that treatment is NOT recommended...yet that recommendation wouldn't be taken into account here. Why?

Recorded monitoring within 16 weeks of fracture

	Sun	Mon	Tue	Wed	Thu	Fri	Sat		Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5	6						1	2	3
≥	7	8	9	10	11	12	13	2	4	5	6	7	8	9	10
Ē	14	15	16	17	18	19	20	를	11	12	13	14	15	16	17
January	21	22	23	24	25	26	27	February	18	19	20	21	22	23	24
_	28	29	30	31				-	25	26	27	28			
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March					1	2	3	April	1	2	3	4	s	6	14
March	4	5	6	7	8	9	10	April	8	9	10	11	12	13	14 21
March	4	5	6	7	8	9	10	April	8	9	10	11 18	12	13	14



All patients recommended anti-osteoporosis therapy

Low adherence – initiation of recommendations Imminent risk of fracture is high

• What do you recommend for monitoring? Patients call? Doctor? What should be monitored?...



STRENGTH & BALANCE

Strength **Flexibility** Balance Confidence

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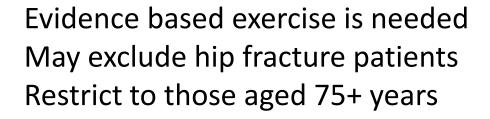
Registered Charity No. 1091529

Strength/ balance started by 16wk post fracture

KPI 8

All patients recommended anti-osteoporosis therapy

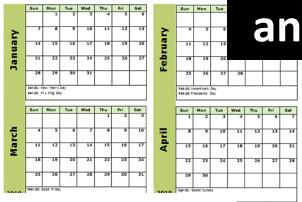






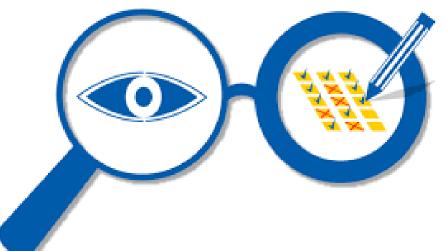
Anti-osteoporosis medication started by 16wk post fracture

All patients recommended anti-osteoporosis therapy



Re-fracture risk high

Oral therapy take time to reduce fracture risk



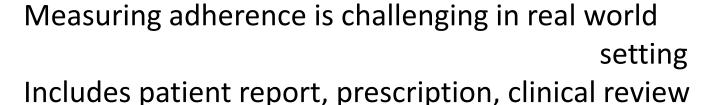
• Why not recommend medication started, at least prescribed, before discharge? (as we know recommendations to treating physicians, GPs are not effective)

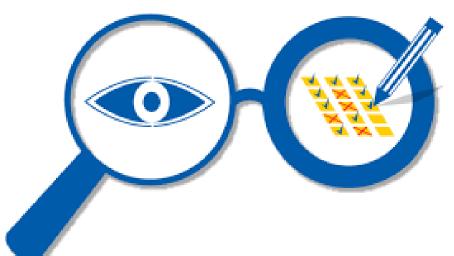


Anti-osteoporosis medication 52wk post fracture

All patients recommended anti-osteoporosis therapy







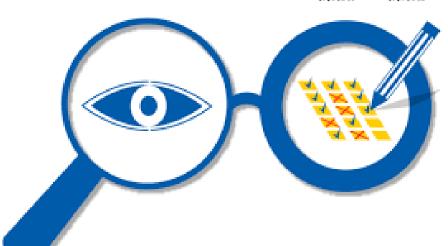


Number of KPI with >80% complete data

10	K	P	

Without good quality data, benchmarking is pointless





Indicator Standards: nothing is 100%







• Without an FLS the criteria of effectiveness above will reach about 0%...so why say that effective is > 80%? Would 30% or 50% not be already better than nothing?

in 90 days (diagnosis to D XA) – FLS name lip case ascerta 156 Barnet Hospital Fracture Liaison Service 283 Bromley Healthcare Falls and Fracture Prevention Service Broomfield Hospital 382 Dors et County Hospital 536 273 East Lancashire Hospitals NHS Trust East Surrey Hospital 233 358 FLS West Berkshire 284 Guys and St Thomas' N HS Foundation Trust King's College Hospital - Denmark Hill site 79 436 Medway NHS Foundation Trust Milton Keynes University Hospital Foundation Trust 134 Mus grove Park Hospital 811 1,111 North Bristol NHS Trust 553 North Tees and Hartlepool NHS Foundation Trust 1,250 Nottingham University Hospitals Oxfordshire Fracture Prevention Service 1.210 Peterborough and Stamford Hospitals NHS Foundation 260 Trust 69 Poole General Hospital Ports mouth and Southeast Hamps hire 936 109 Queen Elizabeth Hospital, Woolwich 251 Royal Surrey County Hospital Royal Wolverhampton Hospital NHS Trust 285 Sandwell and West Birmingham Hospitals NHS Trust 86 725 St George's Hospital Sunderland Royal Hospital 584 The Haywood Hospital Burslem Stoke-on-Trent 644 The Hillingdon Hospitals NHS Foundation Trust 110 944 The Ipswich Hospital NHS Trust The Rotherham NHS Foundation Trust 109 United Lincolns hire Trust 1.218 University Hospital Lewisham 191 University Hospital Llandough 344 University Hospital of North Durham and Darlington 835 Memorial Hospital University Hospitals Birmingham NHS Foundation Trust 643 University Hospitals Bristol NHS Foundation Trust 679 219 West Suffolk Fracture Liaison Service 231 Wye Valley NHS Trust 795 Yeovil Hospital 18,35 66.9 46.5 33.2 Overall (Average)

I have an FLS commissioned and it is working well Do we need to audit?

- > 80%> Effective/ Maintain
- > 50 80%> Keep Improving
- < 50 %> Priority

FLS name	Number of cases submitted	Number of fields (out of 29) with 20% or greater missing data – n	Hip case ascertainment – %	Non-hip case ascertainment – %	Within 90 days (diagnosis to assessment) – %	Within 90 days (diagnosis to DXA) – %	Bone therapy missing – %	Falls assessment done or referred – %	Patients followed up (of those prescribed bone therapy or referred for further clinical opinion/GP) – %
Barnet Hospital Fracture Liaison Service	156	3	*	17.8	93.6	77.1	20.5	91.7	83.3
Bromley Healthcare Falls and Fracture Prevention Service	283	2	6.9	38.7	100	92.4	31.1	100	78.2
Broomfield Hospital	382	9	27.5	30.9	93.7	15.9	5	1.6	0
Dorset County Hospital	536	20	81.3	59.8	90.9	63	36.2	0.9	0
East Lancashire Hospitals NHS Trust	273	3	*	26.3	96	72.5	33.3	8.4	62.5
East Surrey Hospital	233	2	*	22.6	5.2	6.1	*	99.6	0
FLS West Berkshire	358	3	5.1	43.8	96.6	81.2	*	18.2	63.1
Guys and St Thomas' NHS Foundation Trust	284	21	15.0	62.4	4.9	*	98.7	9.5	0
King's College Hospital – Denmark Hill site	79	7	*	24.3	98.7	*	100	2.5	0
Medway NHS Foundation Trust	436	12	59.0	53.2	0	*	70.9	0.9	2.2
Milton Keynes University Hospital Foundation Trust	134	12	6.0	22.2	95.5	34.1	44	47	60
Musgrove Park Hospital	811	0	106.5	74.8	77.2	80.5	3.3	65.8	73.7
North Bristol NHS Trust	1,111	9	94.3	81.5	74.9	57.9	2.3	55.1	49.3
North Tees and Hartlepool NHS Foundation Trust	553	9	52.9	53.4	99.8	53.3	14.5	53.9	0
Nottingham University Hospitals	1,250	11	77.2	63.6	99.4	0	82.2	33	0
Oxfordshire Fracture Prevention Service	1,210	7	54.7	70.7	73.8	53.7	0.8	24.9	26.9
Peterborough and Stamford Hospitals NHS Foundation Trust	260	2	5.6	28.5	92.3	67.8	100	95.8	0
Poole General Hospital	69	15	*	3.5	0	0	95.8	40.6	0
Portsmouth and Southeast Hampshire	936	16	11.9	57.0	91.1	72.5	1.6	0.2	0
Queen Elizabeth Hospital, Woolwich	109	7	7.1	13.8	*	0	0	1.8	5.3
Royal Surrey County Hospital	251	1	7.9	38.7	92.8	74.3	13.9	93.2	59.6
Royal Wolverhampton Hospital NHS Trust	285	16	7.8	26.9	96.1	*	60.7	1.1	0
Sandwell and West Birmingham Hospitals NHS Trust	86	11	2.6	1.2	51.2	18.5	69.8	90.7	0
St George's Hospital	725	15	127.0	131.3	43.7	68.7	51.6	46.9	15.7
Sunderland Royal Hospital	584	2	63.6	49.2	99.1	56.6	90.5	67	30.2
The Haywood Hospital Burslem Stoke-on-Trent	644	0	15.8	38.8	84	83.6	15.1	2.6	45.5
The Hillingdon Hospitals NHS Foundation Trust	110	0	5.0	24.8	90.9	70.8	0	5.5	50
The Ipswich Hospital NHS Trust	944	14	87.2	80.7	35.2	25.9	10.9	52.1	19.3
The Rotherham NHS Foundation Trust	109	8	*	20.6	86.2	86.1	31.8	16.5	0
United Lincolnshire Trust	1,218	13	56.1	63.0	0	86.8	0	0	0
University Hospital Lewisham	191	11	43.2	52.0	74.3	74.5	27.7	31.9	36
University Hospital Llandough	344	10	2.4	32.2	86.6	*	18.9	3.5	13.2
University Hospital of North Durham and Darlington Memorial Hospital	835	14	47.4	46.4	76.2	43.1	22.2	2.2	48.1
University Hospitals Birmingham NHS Foundation Trust	643	4	45.4	58.3	72.3	21.3	20.3	57.4	68.1
University Hospitals Bristol NHS Foundation Trust	679	12	100.6	81.1	20	63.9	0.3	0.6	38.9
West Suffolk Fracture Liaison Service	219	3	29.4	22.4	63.5	74.7	6.4	57.1	76.3
Wye Valley NHS Trust	231	4	*	33.9	98.3	0	0.9	97	0.8
Yeovil Hospital	795	6	97.5	98.3	46.2	*	12.6	30.8	71.8
Overall (Average)	18,35	_	35.6	45 5	66.9	46.5	33.2	32 3	36.4

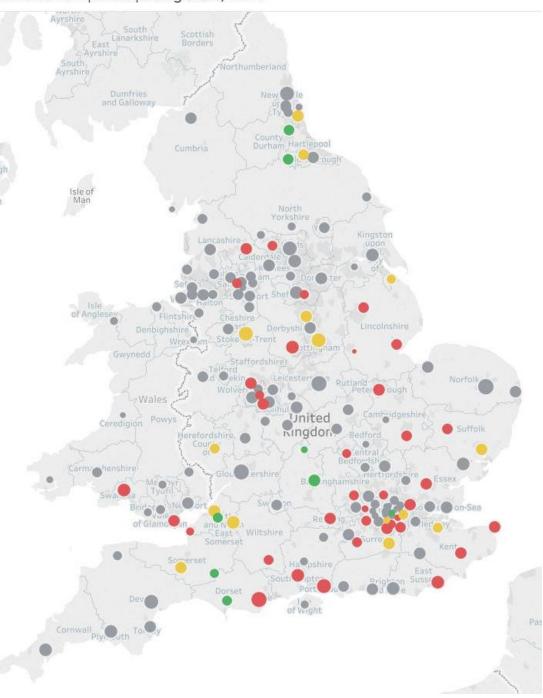
Potential patient impact over 5 years

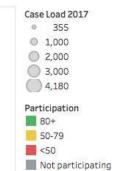
If all patients in England received a comparable service to the highest treating FLS:

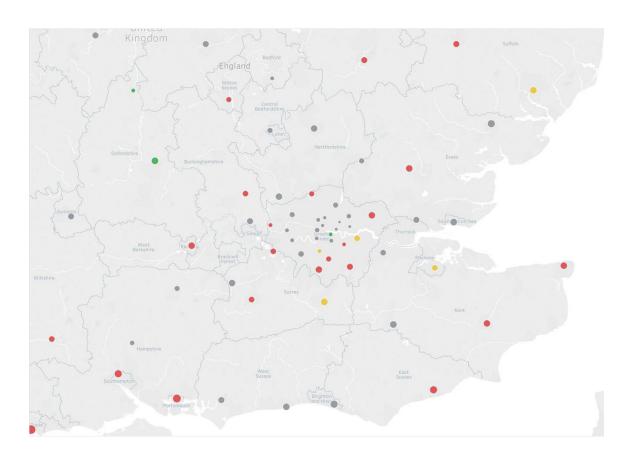
21,848 fractures would be preventedincluding 9157 hip fractures.

Saving £151 million from just hip fractures

S DB and non-participating sites, 2017

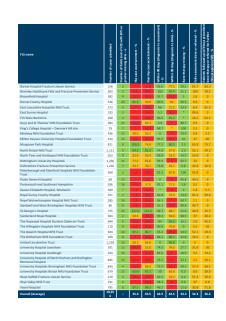






Berwick: triple aim

- 1. Effective
- 2. Efficient
- 3. Patient Experience



- 1. Identify priority
- 2. Develop improvement plan
- 3. Deploy improvement plan
- 4. Re-Measure



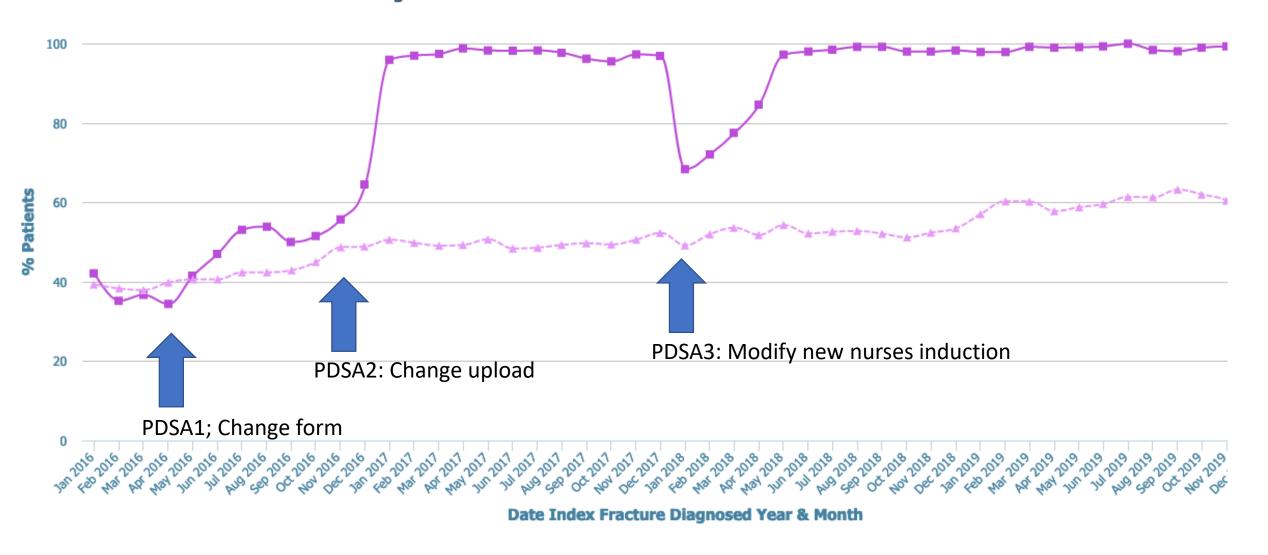


Most change will not result in improvements, but can not improve without change

Balancing measures



Investigation and treatment - Oxfordshire Fracture Prevention Service



	Site of fracture ¹	Date of fracture ²	Date of FLS assessment ³	Date of DXA	Falls assessment performed ⁵	AOM recommende d ⁶	Date if patient Died	Date of first follow-	AOM initiated	Strength ? balance initiated ⁷	Date of second follow-	AOM still prescribed ⁷
КРІ				scan ⁴				up ⁷			up ⁷	
1: Non-spine	✓											
2: Spine	✓											
3: FLS Assessment		✓	✓									
4: DXA		✓		✓								
5: Falls risk					✓							
6: AOM recommendation						✓						
7: First follow-up		✓					✓	✓				
8: AOM initiation		✓				✓	✓	✓	✓			
9: Strength/Balance initiation		√				✓	✓	√		✓		
10: AOM persistence		√				✓	√				✓	✓
11: Data completeness	✓	✓	√	✓	✓	✓	✓	✓	✓	✓	✓	✓

KPI: Ensuring FLSs deliver on their expectations

WHY we need KPI

HOW the KPI work

What is the next step

Q&A



THANK YOU

On behalf of IOF, we thank you for your participation in this webinar

