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Fracture Fact :

The FLS model of care has been shown within Canada and many other countries to reduce the incidence of repeat fractures, resulting in improved quality of life and significant cost savings.

Remember: You can live well with osteoporosis!

Meaningful Engagement, Meaningful Results



From time to time our newsletter has highlighted the important roles that COPN members have played to help improve new initiatives for the care and management of osteoporosis. Their objective: to meaningfully engage from the beginning to ensure their lived experience - their expertise - will enhance project design, implementation and outcomes. A good example is the updating of the Clinical Practice Guidelines for the Diagnosis and Management of Osteoporosis. Not only have we been fully engaged at every step of the way in the update, more than 1,100 of you also had your say in what needs to go into the new osteoporosis guidelines to ensure they reflect the requirements of the patient community. Stay tuned for updates on this important initiative leading up to the publishing of new guidelines in 2020.

This month we are delighted to highlight and congratulate another team that has embraced patient engagement as a fundamental underpinning of its approach to implementing Fracture Liaison Services (FLS) in British Columbia. Led by the core group responsible for bringing the first FLS to the province, the team recently received a grant from the Michael Smith Foundation for Health Research to help kick start implementation of FLS at other hospitals.

Breaking the cycle of recurrent fracture:

2019 Implementation Science Team Project Grant Recipient

After rigorous peer review, the Michael Smith Foundation for Health Research (MSFHR) recently awarded the Fraser Health Authority team in British Columbia (BC) a three-year project team grant worth \$500,000. The project, titled “Breaking the cycle of recurrent fracture: Scaling up a secondary fracture prevention program in Fraser Health to inform spread across British Columbia,” is co-led by Dr. Sonia Singh (Fraser Health clinician-researcher,) Larry Funnell (patient partner researcher) and Dr. Tania Bubela (Simon Fraser University, Dean of Health Sciences). This project may well be the tipping point for Fracture Liaison Service (FLS) implementation in BC. This project will explore how the FLS model implemented at the Peace Arch Hospital (White Rock) in Fraser Health can be successfully adapted and scaled-up to other hospital sites within the health authority.

This leading-edge project aligns with the mandate of Osteoporosis Canada in supporting nation-wide implementation of effective secondary fracture prevention. One key expected outcome is to inform an FLS implementation strategy that can be used to spread the FLS model across BC, thereby improving patients’ quality of life after low-trauma fractures and decreasing healthcare costs related to recurrent fractures. The research findings from this project may result in dramatically improved access to appropriate osteoporosis care for fracture patients in BC and will impact future program planning of secondary fracture prevention across Canada.

Here is the official description of the grant:

Breaking The Cycle Of Recurrent Fracture: Scaling Up A Secondary Fracture Prevention Program In Fraser Health To Inform Spread Across British Columbia

Co-leads: Sonia Singh, Fraser Health; Larry Funnell, Patient Partner; Tania Bubela, SFU

Low-trauma fractures (which occur spontaneously or following minor trauma) are a frequent consequence of osteoporosis and can lead to significant disability, and even death, for patients. One low-trauma fracture often leads to a cycle of recurrent fracture. For example, approximately 50 percent of patients who suffer a hip fracture have a history of past fracture.

In BC, the annual cost for osteoporosis-related fractures has been estimated at \$269 million for hospital care, Medical Services Plan and Pharmacare alone. Despite the availability of effective treatments that reduce future fracture risk by up to 50 percent, fewer than 20 percent of patients suffering low trauma fractures receive such treatments in their post-fracture care. This is the osteoporosis care gap.

The evidenced-based Fracture Liaison Services (FLS) model has been adopted worldwide as the most effective model for preventing recurrent osteoporosis-related fractures in a cost-effective manner. FLS involves a dedicated coordinator who captures the patient at the point of orthopedic care for the low-trauma fracture and integrates secondary fracture prevention into the overall fracture experience. FLS coordinators link fracture patients with community family physicians to ensure sustainability and follow-through of initiated interventions to prevent another fracture.

In 2012, the Secondary Fracture Prevention Research Team in Fraser Health (FH) brought together osteoporosis and fall prevention experts to develop an FLS model that fit the context of the BC health-care environment. In 2015, the model was implemented at Peace Arch Hospital (PAH).

A controlled before and after study demonstrated a three-fold increase in appropriate fracture prevention interventions taken up by low-trauma fracture patients in the FLS group compared with a control group. FLS is now a permanent program at PAH. In this project, the team will explore how the FLS model implemented at one hospital can be successfully adapted and scaled-up to other hospital sites within FH.

The key outcome is to inform an FLS implementation strategy that can be used to spread the FLS model across BC, thereby improving patients' quality of life after low-trauma fractures and decreasing healthcare costs related to recurrent fracture.

For more information on FLS, see the Coping three-part series: FLS and the post-fracture osteoporosis care gap http://osteoporosis.ca/wp-content/uploads/COPING_October_28_2015.pdf; FLS Benefits <http://osteoporosis.ca/wp-content/uploads/2015-11-04-COPING-FINAL.pdf>; and A day in the life of an FLS coordinator <http://osteoporosis.ca/wp-content/uploads/2015-11-18-COPING-FINAL.pdf>

BONE MATTERS

Take charge of your bone health

WEBINAR

Drug-Induced Osteoporosis



DATE & TIME

WEDNESDAY, SEPTEMBER 18, 2019
1:00PM - 2:00PM ET

FEATURED SPEAKER:

Nese Yuksel, BSc Pharm, Pharm D, FCSHP, NCMP

- Professor, Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta

DR. YUKSEL WILL ANSWER QUESTIONS SUCH AS

- The effects of drug-induced osteoporosis on bone loss and fracture risk
- How drug-induced osteoporosis is assessed
- The management of drugs that lead to bone loss and fractures
- Certain drugs that contribute to bone loss and increased fracture risk, including glucocorticoids, aromatase inhibitors for breast cancer and androgen deprivation therapy for prostate cancer

TO REGISTER

osteoporosis.ca/bonematters

OSTEOPOROSIS



Feeling inspired to make a difference?

Our growing team of volunteers strives to make a real difference in the lives of Canadians at risk for and living with osteoporosis. If you are someone looking to make a difference in your community and are passionate about helping to spread the word on preventing fractures, then we need you! With your help, we teach Canadians how to improve their bone health so osteoporosis can never take hold and we support those already diagnosed, working to improve their quality of life.

Take action. Apply today at osteoporosis.ca/volunteer.
Together, we will help **make Canadians unbreakable.**

We Welcome Your Feedback

- Have a question?
- Is there an osteoporosis-related topic that you would like to see featured in the newsletter?
- Looking for a great volunteer opportunity?

Please contact us by calling Osteoporosis Canada's toll-free number **1-800-463-6842** or emailing copn@osteoporosis.ca.

FUNNY BONE:

Ever wonder why the sun lightens our hair, but darkens our skin?