

Osteoporosis Canada's role in supporting the implementation of quality FLSs

Osteoporosis Canada (OC) is the only national organization in the country serving people who have, or are at risk for, osteoporosis. Since February 2010, OC has been focused on "highest risk" patients, defined as those who have already fractured.

Released in March 2011, OC's White paper, [Towards a fracture-free future](#), was a call to action for governments to implement coordinated post-fracture care programs with case managers to effectively identify and manage Canadians who present with fragility fractures.

The Sale systematic review in 2011¹ and the Ganda systematic review and meta-analysis in 2013², further shaped OC's definition of an effective post-fracture care program. These two landmark studies had come to the same salient conclusions: successful post-fracture care models require dedicated personnel AND a critical intensity. Effective models are those interventions within which investigations and/or initiation of osteoporosis treatment are conducted.

In March 2013, the national Board of Directors directed the organization to focus its advocacy efforts on Fracture Liaison Services (FLS) meeting the criteria for the most effective interventions as identified in the Sale and Ganda articles.

Since then, OC has developed many tools and resources to support the implementation of effective FLSs in Canada. These tools and resources are found on OC's [FLS Hub](#) and include:

- OC's [official definition of FLS](#)
- An [FLS Toolkit](#), with useful tools and templates to assist any new or aspiring FLS team in the design and implementation of their FLS model
- [Essential Elements of FLS](#), a document outlining the minimal essential components for a successful FLS
- OC's [FLS Registry](#) showcasing Canadian FLSs meeting all 8 of the Essential Elements. As of December 18, 2017, only 45 FLSs are listed on the [FLS Registry](#), a far cry from what is needed in Canada.
- [Key indicators for Canadian FLSs](#) to support them in their continuous quality improvement
- [FLS Quality Standards](#), a set of high level standards which all FLSs should aspire to. This document has been endorsed by 8 national professional organizations.
- [FLS Works!](#) webinar series
- A free consultation service for new/aspiring Canadian FLSs
- The [FLS Network](#), Canada's largest network of healthcare professionals and healthcare administrators Interested in quality FLS. Members are kept informed of new developments with *Liaison* newsletters.
- OC will be conducting Canada's first ever national FLS audit in 2018.

OC provides on-going support for the FLS champions in the provinces, most of whom still do not have an FLS. OC coordinates and helps draft key documents (e.g. business cases, presentations, etc.) for meetings with key decision makers. National FLS meetings, the FLS Summit in 2014 and the FLS Forum in 2017, were held to bring together key stakeholders from each province (healthcare professionals, healthcare administrators and persons living with osteoporosis) to help advance the FLS cause in their jurisdictions.

There is much work to be done before every Canadian who suffers a fragility fracture has access to FLS.

Challenges to FLS implementation in Canada

Given the overwhelming evidence confirming FLS as both clinically effective and cost-saving to the healthcare system, one would normally expect that FLS would quickly become the accepted standard of care for any hospital offering orthopaedic services. Unfortunately, in Canada, this is far from true.

Forty-five FLSs (the number listed on the OC [FLS Registry](#) as of December 2017) falls far short from what's needed. Five of the 10 provinces still do not have a single FLS. Of the other provinces, none has close to full coverage to provide FLS for all its fragility fracture patients. The overwhelming majority of fracture patients in Canada still do not have access to an FLS. This is unacceptable, yet it is the current Canadian reality.

Although the healthcare systems vary from province to province, the obstacles to FLS implementation are amazingly similar across the country:

- Lack of awareness of osteoporosis:

Osteoporosis has neither the recognition nor the respect afforded to other chronic diseases by healthcare administrators. This is in large part because of lack of awareness of the disease and its consequences for patients.

Compounding this is the confusion and misinformation that still exist about osteoporosis. Common misconceptions abound: osteoporosis is frequently confused with osteoarthritis, osteoporosis is only a mild disease with no serious complications, BMD testing is considered useless, osteoporosis medications are dangerous, no one can prevent fractures, etc.

Before our champions can advocate for FLS, they often have to start by educating the healthcare administrators/decision makers about osteoporosis rendering it impossible to effectively advocate for FLS in a 10-minute meeting.

- No home for osteoporosis in the Canadian healthcare system:

In most jurisdictions, osteoporosis is completely absent within the healthcare administrative infrastructure. No healthcare administrator has osteoporosis within their portfolio.

Since no one owns osteoporosis, it typically will take months to find one single healthcare administrator with the courage to champion FLS which invariably will fall outside the limits of his/her portfolio. To complicate the issue, most provinces are undergoing massive restructuring of their healthcare systems. When such structures fall, so do the administrators. The search for a home for FLS within the new administrative infrastructure must start all over from scratch.

- Reluctance of governments to fund new FLSs:

It's repeated time and time again: "there is no new money in the healthcare system". It therefore boils down to simple math: any money given to a new FLS invariably has to be "stolen" from elsewhere in the healthcare system.

Stepping up to FLS therefore represents an extremely difficult dilemma for healthcare administrators. Given the relative rarity of FLSs in Canada, many healthcare administrators prefer to wait and see what other jurisdictions will do, a classic catch-22 situation.

- Disregard for the evidence:

The evidence is clear: only models with dedicated personnel reaching a critical intensity (Type A and B models as defined by the Ganda meta-analysis³) are successful in making a meaningful impact on the post-fracture care gap.

However, faced with “there is no new money” and repeated failed advocacy attempts, many caring healthcare professionals/administrators will fall back to implementing a “no cost” or “very low cost” intervention. OC has witnessed many such “no cost” models delaying the implementation of a true FLS for years while outcomes are being measured.

The future of FLS in Canada

The evidence supporting the effectiveness of FLS is overwhelming, even when only healthcare costs are considered. No jurisdiction can afford to keep paying for expensive hip fractures that could have been prevented. FLS is therefore not an “if”, but a “when”.

And yet, every FLS team aspiring for a new FLS in Canada is facing a very steep uphill climb. They need to locate at least one healthcare administrator willing to champion the FLS cause in a healthcare administrative structure where osteoporosis currently has no home. They then need to persist in their advocacy efforts for months/years until funding can be secured.

There have been some successes. Some provincial governments have stepped up. As of December 2017, Ontario, Alberta and Nova Scotia have FLSs in place in select hospitals as part of an overall provincial government strategy to gradually expand FLS coverage for their fragility fracture patients in future. A handful of other FLSs in Canada are the result of decisions made by forward-thinking local hospital administrators.

FLS is quickly becoming the standard of care for fragility fracture patients internationally, but remains a fairly foreign entity in Canada. There will eventually be a tipping point in Canada’s future but in the meantime, we must keep climbing those very steep hills.

Box A

A Fracture Liaison Service (FLS) is a specific systems-based model of care for secondary fracture prevention where a dedicated coordinator:

Identification

- systematically and proactively identifies patients aged 50 years and older presenting to a hospital with a new fragility fracture and/or with a newly reported vertebral fracture;

Investigation

- organizes appropriate investigations to determine the patient's fracture risk;

Initiation

- facilitates the initiation of appropriate osteoporosis medications.

FLS has outperformed all other post-fracture osteoporosis interventions in terms of significant patient

References:

1. Sale JE, Beaton D, Posen J, et al. Systematic review on interventions to improve osteoporosis investigation and treatment in fragility fracture patients. *Osteoporos Int.* 2011;22(7):2067-2082.
2. Ganda K, Puech M, Chen JS, et al. Models of care for the secondary prevention of osteoporotic fractures: a systematic review and meta-analysis. *Osteoporos Int.* 2012;2013;24(2):393-406.