

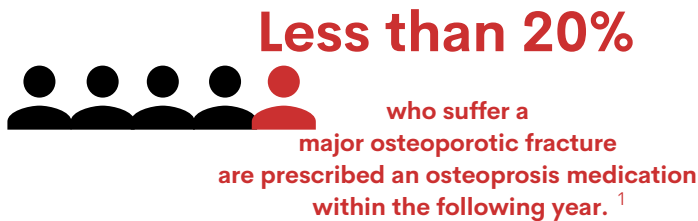
FLS

Fracture Liaison Service

Preventing costly fractures

Info sheet 5.0 **FLS: The solution to narrow the post-fracture care gap** Jan 2022

Problem



1. Public Health Agency of Canada, Nov 2020

Solution

FLS

is the only intervention proven to have a meaningful impact (i.e., with at least two-fold improvement) on this post-fracture osteoporosis care gap.



Preventing costly fractures

Canada's post-fracture care gap

After a first osteoporotic fracture, the risk of a subsequent fracture is doubled, and any new fractures are most likely to occur within the next 2 years. Effective osteoporosis medications can reduce risk by 50% within one year.

The Public Health Agency of Canada (PHAC) report, *Osteoporosis and Related Fractures in Canada* clearly documents the huge care gap after a fracture.

Available at:
<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/osteoporosis-related-fractures-2020.html>

Fracture Liaison Service (FLS)

FLS consistently improves quality osteoporosis care. In an FLS, a dedicated FLS coordinator, typically a nurse, does 3 very important things:

1. Finds all fracture patients over the age of 50, presenting to the hospital's orthopaedic services.
2. Coordinates the investigations to determine their fracture risk.
3. Facilitates the initiation of appropriate osteoporosis medication (2i FLS makes a recommendation of treatment while 3i FLS initiates treatment).

This care is seamlessly integrated at the point of care when patients are in hospital or attending their orthopaedic outpatient appointments. FLS (2i, 3i), as defined by Osteoporosis Canada (OC), consistently doubles rate of treatment compared to no FLS.

Proportion of patients who receive osteoporosis medication after their fracture

Canadian average as per PHAC data, within 12 months of the fracture ¹

20%

Patients enrolled in Canadian FLSs, within 6 months of the fracture ²

57%

Range by FLS: 38-83%

1. PHAC data, Canadians aged 65 and older with fractures of hip, wrist, shoulder, pelvis or spine. Context: less than 15% of Canadians who fracture have access to an FLS.
2. OC national FLS audit data (2020), patients aged 50 and older with fractures of hip, wrist, shoulder or pelvis. Context: limited to Canadian hospitals with an FLS.

An FLS is a specific model of care where a dedicated coordinator proactively identifies fracture patients, typically in orthopaedic services, on a system-wide basis, and determines their fracture risk with the express purpose of facilitating effective osteoporosis treatment for high-risk patients.

OSTEOPOROSIS

Need more info on FLS?

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