

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

## RESULTS OF A SYSTEMATIC REVIEW AND META-ANALYSIS

### IMPROVED CLINICAL CARE

Clinical care	Without FLS	With FLS
BMD testing	23.5%	↑ 48.0%
Treatment initiation	17.2%	↑ 38.0%
Adherence to treatment	34.1%	↑ 57.0%

### IMPROVED PATIENT OUTCOMES

Patient outcome	Without FLS	With FLS
Subsequent fractures	13.4%	↓ 6.4%
Mortality	15.8%	↓ 10.4%

Wu et al, 2018

Even a two-fold (on average) increase in treatment rates by FLSs resulted in a **significant reduction in both subsequent fractures and mortality.**

Another recent systematic review and meta-analysis (Barton et al., 2021) has shown an even greater (three-fold) increase in treatment rates post-fracture with FLS. In that systematic review, depending on the individual study's design and its duration, the relative risk reduction in subsequent fractures ranged from 5% to 56% and the relative risk reduction in mortality ranged from 12% to 35%.

#### Problem



**Less than 20%**

who suffer a major osteoporotic fracture are prescribed an osteoporosis medication within the following year.

#### 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