SNAPSHOT OF SECONDARY FRACTURE PREVENTION IN NEW ZEALAND YEAR 2

AUSTRALIAN & NEW ZEALAND FRAGILITY FRACTURE REGISTRY

Welcome to the second Annual Report of the Australian & New Zealand Fragility Fracture Registry (ANZFFR). This snapshot highlights graphics and data covering the second year of recruitment (July 1st 2023-30th June 2024) and 16 week follow up of all the participants, completed by 31st October 2024 for New Zealand only. In New Zealand, Fracture Liaison Services (FLS) continue to have publicly funded support from Accident Compensation Corporation (ACC), a crown entity. Year 2 cohort highlights a growing improvement in most key performance indicators, with an overall 72% capture rate of expected fragility fractures, we are beginning to make a difference. Australia has made minimal progress in Year 2 of the ANZFFR with two FLS participating, with hope that FLS clinical standards will be released in 2025.

To view the full ANZFFR 2025 report please visit:
www.fragilityfracture.co.nz or www.fragilityfracture.com.au

HOW MANY PEOPLE WITH FRAGILITY FRACTURES DID WE FIND?

15,939 fragility fractures occurred among

15,026 people, representing:

72% of the fractures predicted to occur annually in New Zealand

WHO ARE THE PEOPLE THAT HAD A FRAGILITY FRACTURE?

76% were NZ European

4% Māori

1% Pacific Peoples

5% Indian/SE Asian

2% Chinese

Average age **77 YEARS**

46% were over 80

OVER 88% living in their own home

OVER 66% did not use a walking aid before their fracture

18% had known dementia or were cognitively impaired

WHAT BONES DID THEY BREAK?

81% of all fractures were top 5 expected sites for osteoporotic fractures:

HIP 23.6 %

WRIST 22.2%

SPINE 18%

HUMERUS 10.2%

PELVIS 7%

FLS TEAMS IDENTIFIED
67%
OF PREDICTED NON-SPINE FRACTURES

FLS TEAMS IDENTIFIED
101%
OF PREDICTED SPINE FRACTURES

WITHIN 12 WEEKS OF THEIR FRACTURE

99% of patients had a bone health assessment

52.5% recommended for DXA scan had it completed

96.5% had a falls risk assessment

OVER 85% of patients were sent written or digital information about bone health and/or falls prevention

62% of those likely to benefit had a new recommendation to start treatment. 13% were already on treatment at time of index fracture, so 75% total treatment recommendation rate.

OVER 90% were followed up at 16 weeks:

56% recommended for treatment were receiving it

60% recommended Strength and Balance classes had started them

82% of patients' primary care provider received a long-term care plan about osteoporosis treatment

20 FLS TEAMS covering 19 out of 20 districts serving **98%** of the NZ population

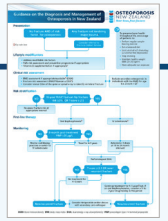
FLNNZ delivered 21 virtual education sessions

FRACTURE FEST 2024 education days enable learning, networking and sharing best practice between all FLS teams.

MAKING A DIFFERENCE

DELIVERING WORLD-CLASS SECONDARY FRACTURE PREVENTION

Fracture Liaison Services (FLS) are specialised care teams dedicated to preventing secondary fractures in patients aged 50 years and older who have sustained a fragility fracture. These services play a crucial role in reducing the risk of subsequent fractures by providing comprehensive assessments, ensuring adherence to national clinical guidelines for osteoporosis management, and addressing falls risk through referrals to appropriate falls prevention programmes. FLS in New Zealand are benchmarked nationally and internationally, against the Clinical Standards for FLS in New Zealand and the International Osteoporosis Foundation's Capture the Fracture® Best Practice Framework. As illustrated below through participation in the ANZFFR, FLS teams can evaluate their performance in real time, ensuring the highest standards of care.



CLINICAL GUIDELINES

Statements that include recommendations, intended to optimise patient care, that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options
— Institute of Medicine

FROM WHICH ARE DERIVED >>

CLINICAL STANDARDS

A Clinical Care Standard is a small number of quality statements that describe the clinical care that a patient should be offered for a specific clinical condition *—Australian Commission on Safety and Quality in Health Care*

WHICH INCLUDE >>

KEY PERFORMANCE INDICATORS

A Clinical Care Standard Key Performance Indicators (aka Quality Indications) can be used by health services to monitor the implementation of the quality statements, and used to identify and address areas that require improvement e.g. Proportion of people with a fragility fracture with a recommendation to treat with osteoporosis specific treatment, within 12 weeks of the index.sentinel/ fracture *— Osteoporosis New Zealand*

WHICH ARE REPORTED BY >>

FRAGILITY FRACTURE REGISTERIES

Clinician driven audit of secondary fracture prevention which includes annual facilities level audit and continuous patient level audit from admission to 12 months after discharge *— Australian and New Zealand Fragility Fracture Registery*

KEY MESSAGES

- Enrolment has risen from **55%** to **72%** of all predicted fractures in NZ
- FLS teams now cover **98%** of the NZ population
- ACC has committed to continuing project funding in NZ until 2027
- **96%** of eligible patients had a Bone Health Assessment completed within 12 weeks
- After one year, **75%** of people advised to start or continue treatment are taking a proven fracture prevention medication
- The Refracture Tracker shows fewer people having a further fracture than predicted based on previous research studies

OSTEOPOROSIS NEW ZEALAND
Better bones, fewer fractures

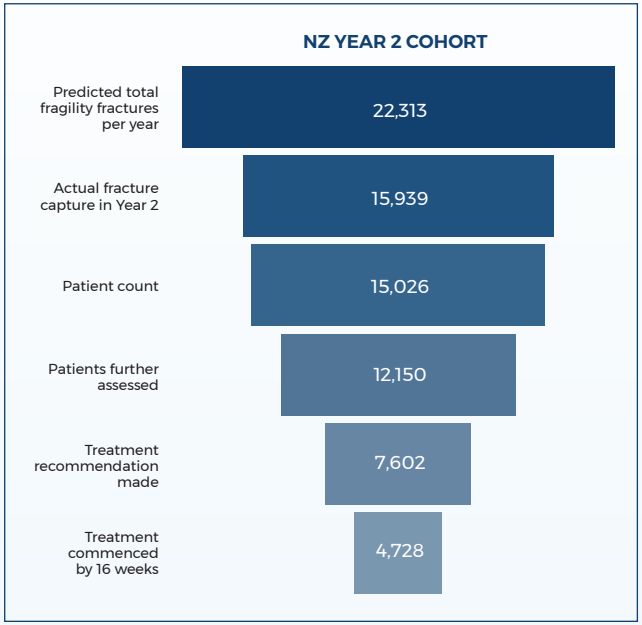
He Kaupare. He Manaaki. He Whakaora.
prevention. care. recovery.

LIVE STRONGER FOR LONGER
PREVENT FALLS & FRACTURES

Fracture Alliance
Making the first break the last

WHERE WE ARE AFTER YEAR 2

This diagram shows the numbers of fractures and people expected, identified, included in the Registry, assessed, recommended for and started on treatment. New treatment recommendations were made in just over half of all patients. Delays from recommending to starting treatment are important because the risk of further fracture is highest in the first 12-18 months and all treatments take several months to reach their full effect. Few FLS members are prescribers and we rely mainly on general practitioners (GP) to prescribe the medications. We are working with Primary Care to reduce delays but GP services in NZ are severely overstretched.



The **ANZFFR's "Refracture Tracker"** tool further enhances care by alerting FLS teams when patients experience secondary fractures, allowing for timely interventions and adjustments to treatment plans. Additionally, this tool provides high-quality data that supports funding decisions and highlights the effectiveness of FLS in improving patient outcomes.

WHAT A SHOCK! DIANE'S STORY

The 58-year-old nurse from Taranaki had a nasty fall on New Year's Day 2024 which resulted in her fracturing her distal radius (wrist) and ulna (forearm) in her left arm. It has been a challenging recovery for Diane and early in her rehabilitation she received a call from the FLS to book her in for a bone density scan. "It was a real bonus to receive that call and get booked in for a scan to see if there were any underlying issues," she says.

Diane leads an active life. She goes to the gym a few times a week and walks her dogs on the beach often. She had never broken a bone, so she thought her double fracture was just an unlucky accident. "It was a huge shock to learn that I had osteoporosis. I think of it as an older-person condition, and I don't consider myself an old person, yet" she says. Diane says her experience shows that it is better to prevent an injury happening in the first place because the older you get, the harder and slower it is to recover. Diane expresses the FLS was a great experience. "They were excellent to deal with and you want to know what is going on with your body so you can manage it and make sensible decisions going forward."