SNAPSHOT OF SECONDARY FRACTURE PREVENTION IN NZ

AUSTRALIAN & NEW ZEALAND FRAGILITY FRACTURE REGISTRY

Welcome to the first Annual Report of the Australian & New Zealand Fragility Fracture Registry (ANZFFR). This snapshot show graphics and data covering the first year of recruitment (July 1st 2022-30th June 2023) and 16-week follow-up of all participants, completed in November 2023 for New Zealand only. In New Zealand, Fracture Liaison Services (FLS) have had publicly funded support from the Accident Compensation Corporation (ACC), a crown entity, since before the launch of ANZFFR, which has helped us achieve near-complete national FLS coverage and Registry participation within a year. The situation is very different in Australia, where, without defined funding or a national Clinical Standard as a benchmark for care quality, progress has been much slower.

To view the full ANZFFR 2024 report visit www.fragilityfracture.co.nz or www.fragilityfracture.com.au

HOW MANY PEOPLE WITH FRAGILITY FRACTURES DID WE FIND?

12,285 fragility fractures occurred among **11,600** people, representing:

55% of the fractures predicted to occur annually in New Zealand

OVER 90% was the "true" capture rate for participating FLS, as they joined the Registry at various times throughout the year

WHO ARE THE PEOPLE THAT HAD A FRAGILITY FRACTURE?

80% were NZ European
5% Māori and
2% Pacific peoples

Average age **76 YEARS**
45% were over 80
OVER 80% living in their own home
OVER 60% did not use a walking aid before their fracture
20% had known dementia or were cognitively impaired

WHAT BONES DID THEY BREAK?

4 IN 5 had one of the "big five" fragility fractures: hip, wrist, spine, pelvis and humerus

FLS TEAMS IDENTIFIED **90%** OF PREDICTED NON-SPINE FRACTURES

FLS TEAMS IDENTIFIED **126%** OF PREDICTED SPINE FRACTURES

WITHIN 12 WEEKS OF THEIR FRACTURE

95% of patients had a bone health assessment

48% recommended for DXA scan had it completed

99% had a falls risk assessment

OVER 80% of patients were sent written or digital information about bone health and/or falls prevention

OVER 80% of those warranting osteoporosis treatment had a recommendation to start or continue treatment

OVER 80% were followed up at 16 weeks:
53% recommended for treatment were receiving it
47% recommended Strength and Balance classes had started them

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

19 FLS TEAMS covering 17 out of 20 districts serving **80%** of the NZ population

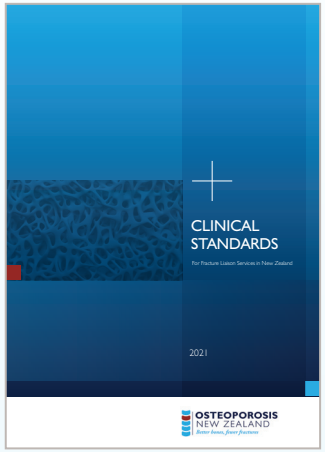
FLNNZ delivered 18 virtual education sessions

FRACTURE FEST 2023 educational forum enabled sharing of best practice between all FLS Teams

MAKING THE FIRST FRACTURE THE LAST

The ultimate goal of the Australian and New Zealand Fragility Fracture Registry is to use data to improve health system performance and maximise outcomes for people with fragility fractures by improving secondary fracture prevention, reducing rates of further fragility fractures and their associated morbidity and mortality. This will be achieved by:

- Evaluating Fracture Liaison Services performance against the Clinical Standards for Fracture Liaison Services in New Zealand, published in December 2021. www.osteoporosis.org.nz
- Preventing future fragility fractures by monitoring secondary prevention interventions.
- Standardising care across Australia and New Zealand by addressing barriers to the use of the best available evidence. Providing publicly available information so that patients can be reassured they receive the standard of care they need after a fragility fracture.
- Provide data for research questions or projects, nationally and internationally, as required.



KEY RECOMMENDATIONS

These key recommendations are founded on experience gained from the ongoing national quality improvement program for Fracture Liaison Services in New Zealand. The recommendations are closely aligned with the Global Call to Action on Fragility Fractures published in 2018 by leading international organisations in the osteoporosis and fragility fracture arena, and since endorsed by more than 130 healthcare professional and patient organisations at global, regional and national levels. These include ACC, Ministry of Health - Manatū Hauora, and Health Quality & Safety Commission - Te Tāhū Hauora.

Patients and Patient Advocacy Organisations

- To expect and call for access to care at the right time, in the right place and by the right healthcare professionals to optimise patient outcomes after a fragility fracture and to prevent further falls and fractures.

Policymakers and Government Agencies

- To allocate funding that ensures ongoing universal access to International Osteoporosis Foundation (IOF)-accredited Fracture Liaison Services, and so enable the care of individuals who sustain fragility fractures to be continuously benchmarked against the Clinical Standards for FLS in New Zealand in the Australian and New Zealand Fragility Fracture Registry.

Healthcare Professionals and National Professional Associations

- To play their role as members of local and national multidisciplinary teams to support Fracture Liaison Services to deliver optimal secondary fracture prevention for patients who sustain fragility fractures.

Chief Executive Officers of Health Sector Organisations

- To support Fracture Liaison Services within their organisations to provide optimal patient care and be active participants in the ongoing national quality improvement programme for Fracture Liaison Services.

WHAT IS AN FLS?

A Fracture Liaison Service (FLS) is a coordinated, multidisciplinary model of care that delivers comprehensive and systematic secondary fracture prevention so that all people aged 50 years and over who sustain a fragility fracture are proactively identified. Ideally, this should include individuals managed in both the primary and secondary care settings.

FLS typically includes a team of healthcare professionals . In NZ all FLS teams have clinical leads (senior physicians), coordinators (nurses, pharmacists, allied health) and administrative staff who work together to provide individualised care plans for patients .

"I DIDN'T SEE A DIAGNOSIS OF OSTEOPOROSIS COMING!"

It was a total surprise to be walking one moment and to then suddenly find myself thrown to the ground on our driveway. It was an even greater surprise when I looked at my right wrist. However, the biggest shock was the results of a bone density scan – I didn't see a diagnosis of osteoporosis coming! I am very grateful that I also received a phone call from our local Fracture Liaison Service. Going through the check list criteria I was on the borderline for referral for a DEXA and was pleased when this was approved. As the technician said, it would be good to get a baseline at my age! Actually, too late for a 'baseline' but at least I am now getting treatment.

Janet from Māpua, Tasman, age 62