

DAY TO DAY OPERATIONS OF THE FLS PROGRAM/COORDINATOR ROLE

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DISCLOSURES

- **Consulting** – Amgen, Bone Health & Osteoporosis Foundation, Radius
- **Speaker** – Amgen, Radius

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OBJECTIVES

<p>WHY? Why should we care about FLS and why is it needed?</p>	<p>FLS PROGRAM What is it and what are the various ways to build it?</p>	<p>ROLE OF THE COORDINATOR Who is this person and what does it do?</p>
<p>CHALLENGES What are the hurdles in starting this type of program and building it for growth?</p>	<p>SOLUTIONS What solutions and things should be considered as it relates to some of the challenges in FLS programs?</p>	

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WHY?

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WE HAVE A PROBLEM

GROWING PROBLEM

- Poorly recognized
- No standardized nationwide programs to address

LARGE CARE GAP?

- Fragmented care seeing multiple providers
- No one "Owns the Bone"


SILENT & EXPENSIVE

- Easily ignored
- Not a normal part of aging
- Fear of treatment

BONE HEALTH AND OSTEOPOROSIS FOUNDATION, BONEHEALTHANDOSTEOPOROSIS.ORG/, ACCESSED APRIL 21, 2022.
 JOF THE ROLE OF THE FLS COORDINATOR, YOUTUBE.COM/WATCH?v=ZP8TJQ4KX0, ACCESSED APRIL 29, 2022.

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FRACTURE BEGETS FRACTURE

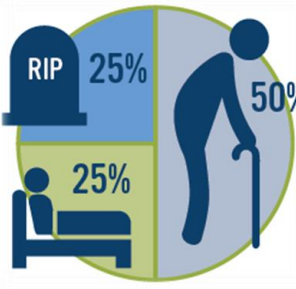


- Osteoporosis is a *SILENT* disease with *REAL* risk
- Number of Osteoporotic Fractures is likely to **INCREASE** by **68%** by 2040
- 50% of hip fracture patients had a prior fracture

LEWIECKI, ET AL. 2019.

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2 MILLION 2 MANY



- 30% hip fracture patients die within 12 months of fracture & 19% of patients with any osteoporotic fracture died within 12 months (average 25%)
- Osteoporotic fracture patients have significantly increased risk of new fractures within a year

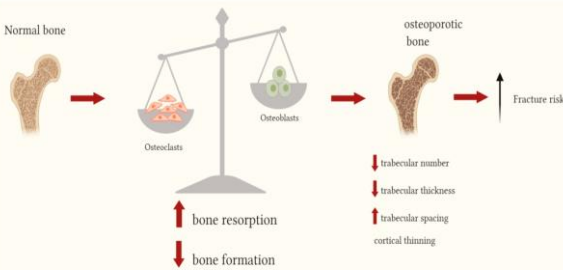
1 IN 2 WOMEN
1 IN 4 MEN

(OVER AGE 50)
WILL BREAK A BONE DUE TO OSTEOPOROSIS

OWN THE BONE. OWN THE BONE. OWN WHY. OWN. ACCESSED APRIL 21, 2022.

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Bone in Post-Menopausal Osteoporosis (PMO)



Normal bone

↑ bone resorption

↓ bone formation

osteoporotic bone

↓ trabecular number

↓ trabecular thickness

↑ trabecular spacing

cortical thinning

↑ Fracture risk

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QUALITY MEASURES

Merit-Based Incentive Payment System (MIPS)

- Osteoporosis Management in Women Who Had a Fracture
 - DXA or pharmacotherapy within 6 months after fracture
- Screening for Osteoporosis in Women Aged 65-85 Years of Age
- Communication with the Physician or Other Clinician Managing Ongoing Care Post-Fracture for Men and Women Aged 50 Years and Older

CMS: https://qpp.cms.gov/docs/qpp_quality_measure_specifications/claims-registry-measures/2020_measure_43_medicare-ptsclaims.pdf, accessed April 29, 2022.
 IMPROVING AND MEASURING OSTEOPOROSIS MANAGEMENT
<https://www.jointcommission.org/media/center/press-room/2018/08/2018-08-08-osteoporosis-ptsclaims-registry-final-2018.pdf>, accessed April 29, 2022.
<https://www.jointcommission.org/media/center/press-room/2018/08/2018-08-08-osteoporosis-ptsclaims-registry-final-2018.pdf>, accessed April 29, 2022.


Joint Commission Post-Fracture Measure

- Risk Assessment/Treatment After Fracture:
 - Prior to discharge, hospitalized patients 50+ with a fragility fracture need:
 - DXA scan ordered/performed and/or
 - Osteoporosis pharmacotherapy and/or
 - Consultation with Fracture Liaison Service
- Laboratory Investigation for Secondary Causes of Fracture
 - Prior to discharge, hospitalized patients with a fragility fracture need laboratory studies for secondary causes of osteoporosis

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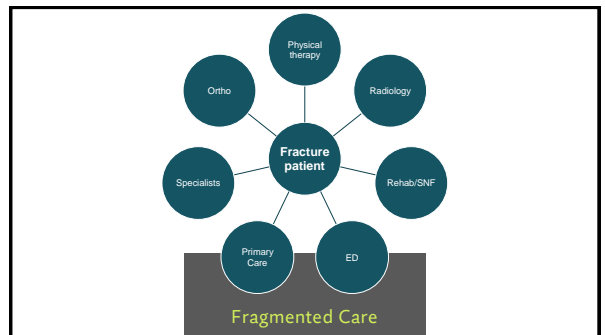


FLS DEFINED

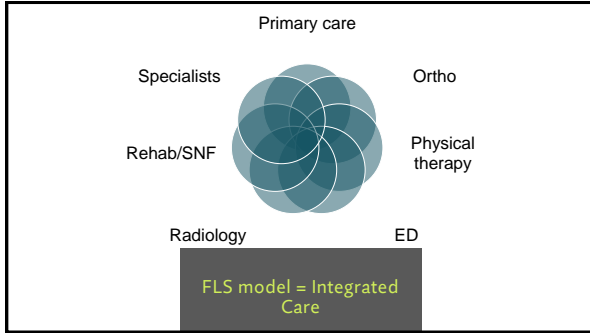
A FLS is a champion led model of care that coordinates post fracture osteoporosis care. A FLS educates the patient & care team, investigates fracture risk & causes of osteoporosis including (but not limited to: lab evaluation, bone density test, & fall risk assessment) a FLS provider then initiates pharmacologic & nonpharmacologic treatment strategies to reduce the risk of secondary fractures. Patients in a FLS are tracked in a registry to ensure continuity of care & compliance as well as to provide data for ongoing quality tracking/improvement of the program. The plan of care is communicated to the care team including the patient's PCP.

BHOF BONE SOURCE FOR CLINICIANS: FLS PATHWAY GUIDE. BONESOURCE.ORG/FLS-PATHWAY. ACCESSED APRIL 21, 2022.

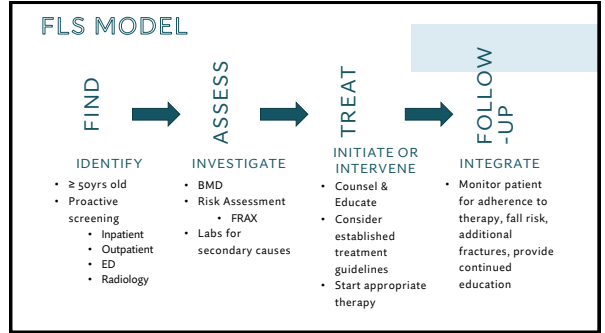
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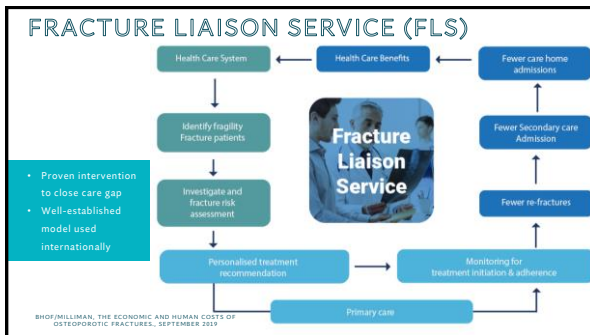
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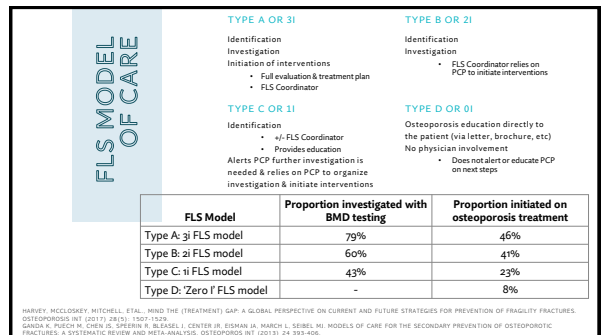
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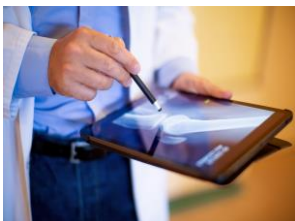


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GOALS OF THE FLS



CAPTURE THE FRACTURE: WHAT IS A FFL? CAPTURETHEFRACTURE.ORG/WHAT-
IS-A-FFC. ACCESSED APRIL 21, 2022
DELL KM, GREENE D, ANDERSON D, WILLIAMS K. OSTEOPOROSIS DISEASE
MANAGEMENT: WHAT EVERY ORTHOPEDIC SURGEON SHOULD KNOW. J BONE
JOINT SURG AM. 2009;91(10):17-26.

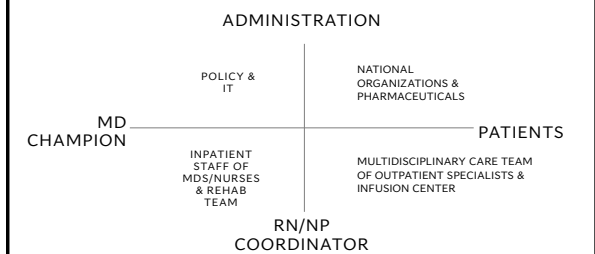
CLOSE THE CARE GAP
Increase recognition of fragility fractures
Increase treatment rates
Decrease future fractures!!

INCREASE COMMUNICATION & COLLABORATION
Vital to have better communication among the multidisciplinary care team

PROVIDE CARE PATHWAY
Promotes standardization of care with treatment protocols and order sets

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KEY STAKEHOLDERS



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FLS TEAM MEMBERS

Orthopedics	Endocrinology
PCP	Rheumatology
Inpatient Services	GYN
ED	Physical Therapy
Internal Medicine	Radiology

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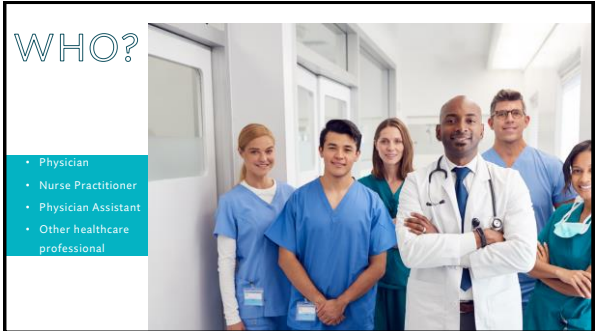
KEY COMPONENTS TO A SUCCESSFUL FLS



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FLS COORDINATOR'S RESPONSIBILITIES

- Identification of fragility fracture/eligible patients
- Perform clinical risk assessment & exams
- Order DXA
- Order appropriate laboratory evaluation and other necessary testing
- Provide education to patient and caregivers
- Initiate & manage pharmacological & non-pharmacologic treatment
- Facilitate communication between the specialists & PCP
- Follow-up with patients to monitor adherence to treatment
- Gather/manage data to measure the success of the program



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CREATE/WORK THE LIST

INCLUSION CRITERIA

- Who?
 - ≥ 50 years old
- Fracture type?
 - Hip, vertebrae, wrist/distal radius, proximal humerus, pelvis
 - Can scale this depending on size of program

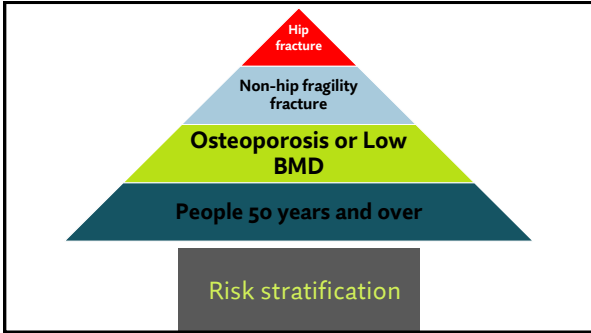
EXCLUSION CRITERIA

- Traumatic in nature
 - MVA
- Hospice/palliative care



A DAY IN THE LIFE OF AN FLS COORDINATOR. YOUTUBE.COM/WATCHHYV3CXGSKARADS. ACCESSED APRIL 21, 2022.

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WHAT ELSE DOES THE COORDINATOR DO?

- Use established protocols to ensure patients receive correct diagnosis, evaluation/screening, treatment and support
- During assessment, evaluate all risk factors & screen for secondary causes of osteoporotic fractures
 - FRAX, Fall risk
- Ongoing communication with entire healthcare team
 - warm hand-offs

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OPTIMIZE INTERACTIONS

Effective Communication with Patients is Critical

DIAGNOSIS	RISK OF FUTURE FRACTURE	LONG-TERM COMMITMENT
<ul style="list-style-type: none"> • Correct diagnosis of Osteoporosis • DXA & BMD assessment • Treat the patient not the T-score 	<ul style="list-style-type: none"> • Increased risk of additional fractures • Ability to decrease risk with risk modification & appropriate treatment 	<ul style="list-style-type: none"> • Osteoporosis is managed NOT cured • Chronic condition requiring lifelong monitoring

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CHALLENGES STARTING FLS

BUY IN FROM STAKEHOLDERS

- Administration support
- Identifying MD Champion

WHERE TO FIND PATIENTS

- IT support
- Create the list

CREATING CULTURE

- Policy
- This is just how we do it attitude

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CHALLENGES MAINTAINING FLS

PATIENT REFUSAL

- Denial – anyone would've broken a bone
- Appointment burden

MISINTERPRETATION OF DXA OR FRAX

- Do not treat based on T-score
- Fracture = meds regardless of BMD

INITIATION OF TREATMENT

- Who will do it
- Perception of medications; Fear of side effects
- Adherence

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SOLUTIONS

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SOLUTION

STAFF/PROVIDER EDUCATION

Ongoing education about treatment guidelines, how to read DXA scans or interpret FRAX, Medication updates, etc.

PATIENT EDUCATION

Facts about fractures and risks for subsequent fractures and complications of fracture. Risks and benefits of treatment and not taking treatment. Community education.

POLICY/CULTURE

This is the way we treat fractures. Grand rounds. Leadership support/Marketing.

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MORE RESOURCES

bonesource.org/fls-pathway

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FLS PATHWAY GUIDE

Our Fracture Liaison Service (FLS) Pathway Guide is an easy to navigate guide divided into sections, where each focuses on the level of toward FLS implementation and practice. It discusses the gap in osteoporosis care and the role and purpose of a FLS leading to how to business plan and best practices.

[DOWNLOAD THE FLS PATHWAY GUIDE](#)

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Osteoporosis International
<https://doi.org/10.1007/s00198-021-05900-y>

CONSENSUS STATEMENT

The clinician's guide to prevention and treatment of osteoporosis

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2022 Clinician's guide to prevention and treatment of osteoporosis

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THANK YOU

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