



# Fracture Alliance

Making the first break the last

## Australian National SOS Fracture Alliance

PO Box 181

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The Hon. Greg Hunt, MP  
Minister for Health  
Parliament House  
Canberra, ACT, 2600

25/1/2022

Dear Minister Hunt,

We thank you for the opportunity to make a submission for the Health Portfolio as part of the 2022/2023 Federal Budget. Building on work led by the Australian National Stop Osteoporotic Secondary Fractures Alliance (SOS Fracture Alliance) in the previous five years, we have developed the following recommendations for funding to enhance secondary fracture prevention throughout Australia:

- **Institute an Australian Clinical Care Standard for Secondary Fracture Prevention** to support the delivery of appropriate clinical care for people who have suffered an osteoporotic fracture, reduce unwarranted variation in care, and promote shared decision making between patients, carers and clinicians.
- **Support the Australian Fragility Fracture Registry** to allow for the nationwide monitoring of treatment and patient outcomes, using data-driven evidence to improve care for all Australians.
- **Implement cost-effective electronic case finding tools in radiology facilities** to improve the identification of patients with osteoporotic fractures while reducing current time demand on healthcare workers.

The benefits of investing in secondary fracture prevention are considerable. Our recommendations support the sustainability and strategic directions of the health and ageing sectors, and align with current policy frameworks without requiring legislative changes for implementation.

By supporting these recommendations you will be helping to improve the lives of countless older Australians, including women and Indigenous populations who are at higher risk of fracture, and promoting them to remain healthy, independent and involved in the community longer. From a health economic perspective, implementation of the above services and technologies will reduce avoidable hospital, aged care and social service costs. Our recommendations present an opportunity for the Australian Government to take a leadership role in improving the efficiency of the health system by expanding secondary fracture prevention across the country.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Markus Seibel'.

Professor Markus Seibel AM  
Chairperson, Australian National SOS Fracture Alliance



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## The Problem – The minority of patients with osteoporotic fractures get diagnosed and treated, resulting in further fractures and cost.

Osteoporotic fractures, also known as fragility fractures, significantly impact the quality of life and ability of older people, particularly women, to remain independent and in the community. Major osteoporotic fractures, such as hip and spine fractures, cause disability, institutionalisation and death. Most of these fractures require costly medical care including emergency assistance, surgery, prolonged hospital stays, rehabilitation and community services (such as home care). It is estimated that in 2021 there were over 178,000 osteoporotic fractures costing the Australian economy nearly \$2.6 billion.

A significant proportion of these major fractures could be avoided through appropriate identification, diagnosis and management when the patient suffers an earlier but less serious osteoporotic 'sentinel fracture'. For example, approximately 50% of hip fracture patients have had a prior osteoporotic/fragility fracture. However, even after one or more sentinel fractures have occurred, 70 to 80 per cent of people still go undiagnosed and receive no treatment to prevent subsequent fractures. Fragmentation across the health and ageing sectors, limited resources, and lack of awareness around secondary fracture prevention are some of the main challenges to people receiving care and treatment.

We strongly believe that Australians who have suffered an osteoporotic fracture should not have to suffer further fractures that could have been prevented with appropriate care.

## The Solution - a co-ordinated Secondary Fracture Prevention program

A national approach, with leadership and investment from the Australian Government would expand secondary fracture prevention programs (SFPP) in Australia and help prevent future fragility fractures. Funding of \$785,000 from the Australian Government in financial year 2022/2023, with recurrent funding of \$1,685,000 spread over two subsequent years, would kick start a critical national secondary fracture prevention program including:

- **Institute an Australian Clinical Care Standard for Secondary Fracture Prevention**
- **Supporting the Australian Fragility Fracture Registry**
- **Implement cost-effective electronic case finding tools in radiology clinics**

The potential benefits of effective secondary fracture prevention are considerable and would provide the Australian health and ageing sectors with important economic and societal benefits each year. For example, early identification and appropriate treatment of patients with new osteoporotic fractures will reduce the incidence of subsequent (secondary) fractures by 50-70%. If 60% of people with osteoporotic fractures in 2021 had been appropriately diagnosed and managed, 107,063 secondary fractures would have been prevented annually, resulting in \$1.55bn in direct health and aged care costs being avoided. Preventing unnecessary secondary fragility fractures will improve the lives of thousands of older people and help them to live independently and be part of the community longer.



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## Recommendations

### 1. Establish an Australian Clinical Care Standard for Secondary Fracture Prevention [\$350,000]

To support the delivery of appropriate clinical care, reduce unwarranted variation in care, and promote shared decision making between patients, carers and clinicians, a key priority is to develop National Standards for fragility fracture treatment through secondary fracture prevention. This will build on the existing considerable body of work internationally with establishing secondary fracture prevention clinical care standards and the existing Australian Hip Fracture Clinical Care Standards

These standards will guide the measurable implementation of evidence-based practice to prevent further fractures in those who have suffered an osteoporotic break. These national standards will promote consistency across secondary fracture prevention programs (SFPP), including hospital-based Fracture Liaison Services (FLS). Such standards have been successfully rolled out internationally, including in New Zealand and the United Kingdom. They are also advocated for by the International Osteoporosis Foundation and the Capture the Fracture program. In Australia, we have seen substantial improvements in hip fracture management through the successful development of the Hip Fracture Clinical Care Standard since 2016. The standards would be developed with broad consultation and ideally co-ordinated by the Australian Commission on Safety and Quality in Health Care.

Based on the implementation of the Australian Hip Fracture Clinical Care Standard in 2015-2016 and the NZ FLS Clinical Care Standards in 2020-2021; we estimate that an Australian Fracture Clinical Care Standard could be developed and implemented in a two-year period for \$350,000.

**2022/23 Budget Cost- \$175,000**

**Recurrent Budget Costs- \$175,000 per year**

### 2. Support the Australian and New Zealand Fragility Fracture Registry [\$470,000]

As articulated in the Australian Government Department of Health's [National Clinical Quality Registry and Virtual Registry Strategy 2020-2030](#), Clinical Quality Registries (CQRs) are recognised internationally as the key tool for improving the value of healthcare and contributing to the sustainability of health care systems. These registries have been the primary mechanism for addressing gaps in clinical quality outcomes data to date as they monitor the quality (i.e. appropriateness and effectiveness) of health care within specific clinical domains by collecting and analysing longitudinal clinical and patient- derived outcomes data. They then risk-adjust and benchmark these data against agreed clinical quality indicators to identify variation in clinical care processes and outcomes. The systematic addition of clinical quality outcomes datasets into Australia's health information systems will allow for high-level monitoring of safety and performance issues at the state and national level and provide the patient-level information needed to be clinically actionable at the same time.



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The Australian and New Zealand Fragility Fracture Registry is one such CQR, focusing in on the clinical domain of fragility fracture treatment. It has been developed through a collaboration between SOSFA and Osteoporosis NZ. The New Zealand Fracture Registry has already had funding committed by the NZ Accident Compensation Corporation (ACC) for three years. The Australian Fragility Fracture Registry has received seed funding via an unencumbered grant from AMGEN Australia but will require Government support to ensure maximum benefit for the Australian people and their health system.

As a natural extension to the successful bi-national hip fracture registry (ANZHFR), it provides a framework for quality control to the emerging Fragility Fracture Clinics in Australia.

One of the biggest challenges identified is the tendency for developing clinics to follow their own standards. This prevents meaningful comparisons in clinical care and slows the identification of key challenges and best practice.

Australia is fortunate to have an extensive collection of registry experience which can be applied to the emerging clinics to help guide and strengthen the combined national clinical services.

The benefits of an Australian Fragility Fracture Registry include:

- Early identification of clinical practices
- Practical guidance and support for emerging clinics
- Ongoing evaluation of the national coverage
- Trend analysis for better clinical and treatment planning

Based on the implementation costs of the NZ Fragility Fracture Registry component of the project, and the ANZHFR, it is expected that it will cost \$110,000 in 2022/23 to establish. With recurrent costs of approximately \$180,000 per annum as additional facilities are included in the registry and additional reporting completed.

**2022/23 Budget Cost- \$110,000**

**Recurrent Budget Costs- \$180,000 per year**

### 3. Implement cost-effective electronic case finding tools in public radiology facilities [\$1,650,000.00]

Most Secondary Fracture Prevention Programs use manual file searches by dedicated staff for the identification of patients with fragility fractures. This is a labour-intensive, inefficient and costly way of case finding. In fact, these manual searches only identify about 30% of the total case load.

The clinical and cost-efficacy of case finding can be improved by the introduction of electronic search tools which screen radiological records for fractures. Compared to manual searches these tools identify more than three times the number of patients who present with a fragility fracture, significantly increasing the number of patients who will eventually receive preventative treatment to lower their risk of further costly fractures. Given what has been said above, this will have immediate effects not only on patient health but also reduce the demand on the health system i.e. reducing



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hospital admissions, while freeing up healthcare worker resources from manual file searches to other healthcare activities.

The XRAIT tool is one such electronic search tool. It was developed in Australia at the Prince of Wales Hospital and is now owned and distributed by Abbot Diagnostics.

We recommend that a three-year pilot of the tool at 25 sites across Australia be funded as part of the 2022/23 Budget. This will involve an annual license fee of \$3,000 per site and salaries for a 0.2FTE position of \$17,000 to administer and manage the tool. This would be approximately \$500,000 per year. Evaluation of the pilot project has been costed at \$150,000.

Following this final evaluation step we expect that use of the tool could be expanded to all public radiology/diagnostic imaging clinics across the country (approximately 620), with potential inclusion of private clinics either entirely or with subsidised XRAIT license subscription.

**2022/23 Budget Cost- \$500,000**

**Recurrent Budget Costs- \$500,000 per year for 2 years and \$150,000 for final project evaluation.**

### Funding Summary Table

Project	2022/23 Funding	2023/24 Funding	2024/25 Funding	Total
Clinical Care Standard for SFP	\$175,000	\$175,000	\$0	<b>\$350,000</b>
ANZFFR	\$110,000	\$180,000	180,000	<b>\$470,000</b>
Electronic Case Finding Tool	\$500,000	\$500,000	\$650,000	<b>\$1,650,000</b>
<b>Total</b>	<b>\$785,000</b>	<b>\$855,000</b>	<b>\$650,000</b>	<b>\$2,470,000</b>