
The Fracture Liaison Service

2019 Orthopedic World Fair

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Presented by

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Disclosure

- I have no conflicts of interest
- I am a contracted AHS Medical Leader but this is my own presentation

Biography

- Community Family Practice 1980 – 2006
- Post-Acute and Long Term Care 1994 – 2016
- Fractured Hip Care at the Royal Alexandra Hospital 1999 – 2018
- RAH Fracture Liaison Service physician 2017 and 2018
- Medical Director of Continuing Care, Edmonton Zone, since 2014

Learning Objectives

- Further your knowledge of Osteoporosis
- Understand the “Care Gap” in Osteoporosis treatment
- Learn about Fracture Liaison Services in Alberta

Case Presentation



February-11-20

Case Presentation

78 year old woman – slipped on ice and fractured her hip

Fractured wrist 8 years ago

Active and independent with few health problems

**Medications – Ramipril 10mg daily
ASA 81 mg daily
Atorvastatin 10mg daily**

Osteoporosis

- A bone disease
- Increased risk of fracture
- Not always recognized, not always treated

Osteoporosis

- Any fragility fracture suggests osteoporosis
- A hip fracture or vertebral compression fracture almost always means Osteoporosis

Hip Fractures in Alberta

- Almost 3000 per year
- \$60 million per year
- 20% mortality at one year
- 25% can't go home

The “Care Gap”

- We know how to find osteoporosis but we don't look
- We know how to manage osteoporosis but we treat

Why The “Care Gap”?

- Denial, Stigma
- Over blown fears of rare side effects
- Underestimation of medication effectiveness
- Poor access for seniors to effective medications

Closing the Care Gap

FRACTURE

LIAISON

SERVICE

Fracture Liaison Service

- **Systems based care model**
- **A Dedicated Coordinator**
- **A 3i Model**
 - Identification
 - Investigation
 - Initiation of Treatment

Systems based care model

- Focused on hip, spine, wrist or shoulder fractures
- 12 sites in Alberta, starting with hip fractures
- Integration with Primary care

A Dedicated Coordinator

- A RN, supported by a physician**
- Determines patient's individual fracture risk**
- Responsible for the 3i functions**

A 3i Model - Identification

- **systematically and proactively identify patients presenting to hospital with the chosen fracture or fractures**
- **Confirm as a Fragility Fracture**

A 3i Model - Investigation

- Organizes appropriate investigations
- Bone Mineral Density rarely needed for Hip Fracture
- Some additional laboratory testing may be necessary
- Kidney function very relevant

A 3i Model – Initiation

- Facilitates the initiation of appropriate osteoporosis treatments
- Non-pharmacologic
- Medications

Exclusions still managed

- Out of zone
- Non-hip fractures
- Peri-prosthetic fracture
- Short life expectancy

FLS Going Forward

- Operational
- Out-patients
- Catch A Break

Case Presentation continued



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Case Presentation continued

FLS Nurse hospital visit

3 month Call

6 month call

9 month call

12 month call and Handover



Thank you!
Your Questions.

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