



Osteoporosis Canada

Ostéoporose Canada

The Problem: Post-Fracture Care Gap

Hundreds of thousands of Canadians needlessly fracture each year because their osteoporosis goes undiagnosed and untreated.

Key Considerations:

- Over 80% of all fractures after age 50 are caused by osteoporosis. Despite availability of BMD testing and coverage for osteoporosis medications, over 80% of fracture patients are never offered assessment and/or treatment for osteoporosis post fracture.
- Without appropriate diagnosis and treatment, these patients remain at substantial risk for recurrent, debilitating and life threatening osteoporotic fractures.
- Spine and hip fractures are associated with an increased risk of death within the first year post fracture. Long term pain and disability are all too frequent. The fear of falling results in seclusion, isolation and depression.
- The risk of a major osteoporotic fracture in Canada is among the highest in the world (in the top quarter). Each year 30,000 Canadians break their hip. This is just the tip of the iceberg: many more Canadians suffer osteoporotic fractures affecting the spine, wrist, shoulder, and pelvis.
- The cost to the Canadian health care system of treating osteoporotic fractures is currently estimated to be \$1.9 billion annually. The annual economic impact of hip fractures alone is projected to rise to \$2.4 billion annually by 2041.
- At least 15-25% of hip fracture patients require admission to a nursing home, thus contributing to the long wait times for nursing home beds. By consuming scarce orthopaedic resources, hip fractures contribute significantly to the long wait times for hip and knee replacement surgery.
- **Osteoporosis patients have spoken.** The newly released Osteoporosis Patient Bill of Rights demands that the post fracture care gap be addressed.
- Osteoporosis Canada's Scientific Advisory Council, with input from osteoporosis experts from across the country, published updated Clinical Practice Guidelines (October 2010) which address the post fracture care gap and make recommendations on cost effective solutions. Coordinated post fracture care programs using **Case Management** are recommended as the most cost effective programs in reducing fractures rates, including devastating hip fracture rates.

Current Status:

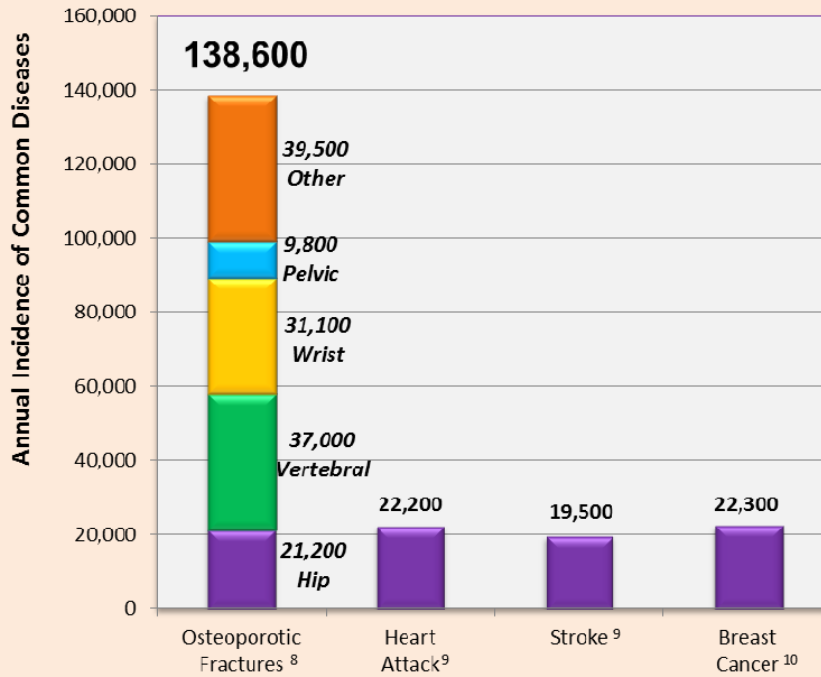
In Ontario, **Case Managers** facilitate diagnosis of osteoporosis in patients who attend high and medium volume fracture clinics. This approach alone is not easily accessible for spine and hip fracture patients who do not usually receive care through Ontario's out-patient fracture clinics.

There are no coordinated post fracture care programs in other Canadian provinces.

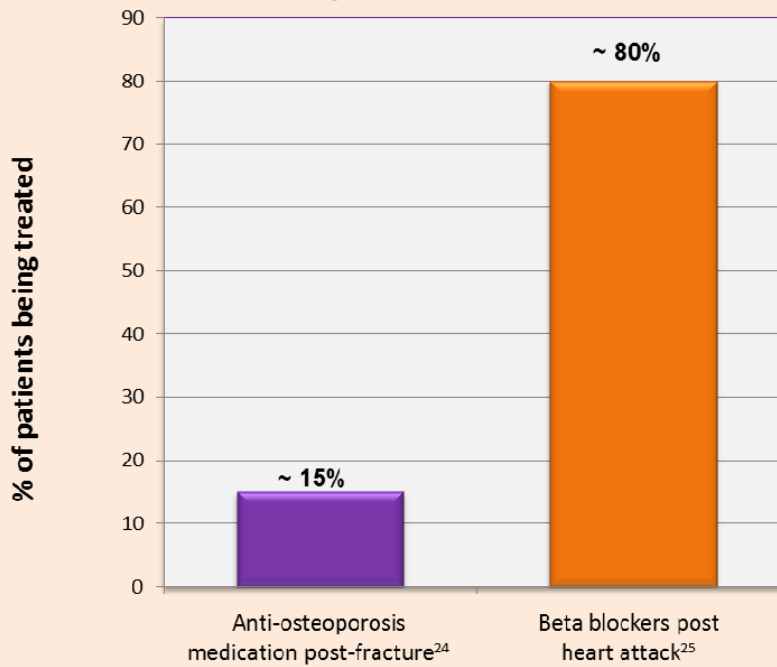
The Solution:

Patients with hip, spine and other osteoporotic fractures need appropriate assessment and treatment for their underlying osteoporosis. What Canada needs now are coordinated Post Fracture Care Programs with **Case Managers** to effectively identify and manage these patients – so that their first fracture will be their last.

Incidence of Osteoporotic Fracture, Heart Attack, Stroke and Breast Cancer in Canadian Women



Post-Fracture Care Gap: Comparison with Heart Attack



For references, please see Osteoporosis Canada's *Osteoporosis: Towards a Fracture-Free Future*, March 2011.