FRACTURE LINK

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2020 Adapting Together. Distant Summer

As our world changes, we adapt together to ensure an optimal outcome for all. The Ontario Osteoporosis Strategy(OOS) continues to adhere to reducing hip fractures and improving the quality of life for fracture patients. As with all healthcare providers, OOS continually strives to improve the quality of practices and procedures, creating a more reliable connection with partnership and patients to ensure our message of fracture prevention stands out. The efforts of the OOS continue to improve Ontario's at-risk seniors' quality of care by preventing hip fractures and saving lives.

2020 has so far shown the need for connections and staying connected. As the earth continues its revolution around the sun, we wait to see where things will end up. Continued support of colleagues, partnerships, and information sharing is more important then ever to ensure our healthcare system changes for a healthy future.

See the latest news, resources, and information from partners within the province. **<u>osteostrategy.on.ca</u>** Follow us and stay updated on twitter **@osteostrategyon**

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Tai Chi in COVID-19 eHealth -Osteoporosis Disease Ri<u>sk</u> Impact of COVID-19 on Fracture Patients

Fracture Screening via OTN



OSTEOPOROSIS

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Tai Chi for Fall Prevention

Online resources for patients



Take action to make sure you are staying fracture-free and are taking care of your bone health. Ensure that your home environment is free of clutter and any obstacles and take care when walking outdoors. Engage in falls prevention activities.

Reducing fall risk is an important way to reduce your risk of fractures. A recent review of studies found Tai Chi to be effective for fall prevention short-term in older adults. In fact, it can reduce the rate of falls by almost 50% during the first year that people are practising Tai Chi. Research has also shown that Tai Chi may improve balance, which is an important part of reducing the risk of falling.

Effect of Tai Chi on Bone Density

The effects of Tai Chi on bone density have also been studied. A recent review found that regular participation in Tai Chi (45-90 minute sessions between 2 and 7 times a week) for at least 24 weeks may be an effective way to slow the reduction in bone density that is seen in perimenopausal and postmenopausal women, as well as in individuals with osteoporosis. However, more research is required to confirm the results and to determine the amount of exercise and frequency of training necessary to provide benefit. For more resources visit <u>osteoporosis.ca</u>

Osteoporosis Disease Risk



A case study on assessing patients' risk for osteoporosis, facilitating proactive care

Background 1 in 3 women and 1 in 5 men will suffer from an osteoporotic fracture during their lifetime.¹ Despite guidelines being available for disease management, screening for the risk of the

disease to delay progression is not often conducted on a routine basis.²

To support primary care needs, the eHealth Centre of Excellence collaborated with Osteoporosis Canada to develop an enhanced Telus PS Suite version of the osteoporosis assessment tool originally developed by McMaster University with support from the Ontario Osteoporosis Strategy, translating the 2010 Clinical Practice Guidelines for the Diagnosis and Management of Osteoporosis³ into an EMR tool that offers screening and management options at the point of care.

The tool is used to screen patients at risk for osteoporosis and to improve fragility fractures and falls care. Risk assessments include the Canadian Association of Radiologists and Osteoporosis Canada (CAROC) and the Fracture Risk Assessment Tool (FRAX) combined with a falls assessment tool and risk factor analysis to inform treatment options and provide patient education in delaying disease progression. As part of a quality improvement initiative, Dr. Upe Mehan, a family physician at the Centre for Family Medicine Family Health Team (CFFM FHT), adopted the EMR tool to identify and manage his patient population at risk for osteoporosis and provide a baseline bone mineral density (BMD) test.

The Osteoporosis Assessment EMR decision support tool guides primary care providers through the application of clinical best practices for osteoporosis screening and management, increasing the likelihood of timely screening and treatment to delay disease progression. It also establishes the patient's risk category, which can be updated when the patient is re-assessed or develops new risk factors.

Figure 1. Patient screening and identification of osteoporosis risk.



Testimonial

"Since the start of the initiative, women over the age of 50 with a history of or increased risk factors for fragility (osteoporosis-related) fracture were identified and asked to follow-up for an in-depth clinical assessment to determine their risk profile. It allowed me to ensure that those at risk had received or would be booked for a BMD test and pertinent labs. Based on these results and the clinical assessment, I would ensure appropriate treatment and management options were available to the patient."

- Dr. Mehan, Family Physician, CFFM FHT

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What were the benefits?

not managed with the tool.

The osteoporosis EMR tool has been used to proactively screen and manage patients at risk for osteoporosis. An analysis of EMR data illustrated that patients at risk for osteoporosis managed with the EMR tool were more likely to have a BMD test conducted than those without the EMR tool (p<0.05). Similarly, patients managed with the EMR tool were more likely to have a BMD test conducted within the last 3 years compared to patients managed without the EMR tool (p<0.05). The figure below illustrates the differences.



Of the patients at risk for osteoporosis managed with the EMR tool, 94% had documented treatment(s) according to their risk level.



Using a standardized approach enabled by the EMR tool, Dr. Mehan has developed an updated registry of patients at risk of developing osteoporosis, supporting proactive care and continued monitoring based on best practice recommendations, to prevent fragility (osteoporosis-related) fractures and delay disease progression.

Program description



QBIC is a program hosted by the eHealth Centre of Excellence in Waterloo, Ontario. The objective of QBIC is to improve the health of residents in Waterloo Wellington by supporting primary care clinicians with digital health solutions that meet their needs and enhance the quality of care they provide.

For more information about the tools and services available, or to book an eHealth Coaching session, please scan the QR code (right) or visit: www.ehealthce.ca/QBIC



Works cited

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- 2. McLeod, K., S. Johnson, R. Charturvedi et al. (2015). Bone mineral density screening and its accordance with Canadian clinical practice guidelines from 2000 -2013: an unchanging landscape in Saskatchewan,
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If you have any questions or would like further information on this case study, contact communications@ehealthce.ca.

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Impact of COVID-19 on Fracture Patients St. Michael's Hospital FSPP Evaluation Team



The Fracture Screening and Prevention Program (FSPP) evaluation team at St. Michael's hospital will be examining the impact of COVID-19 on fracture patients including the short and long term outcomes of these patients. This examination will include patients who did not get a chance to be screened at the existing FSPP sites and patients who did not receive all interventions or who received partial FSPP interventions, all as a result of the pandemic. will share the results, once they become available.

Few Fragility Fracture Patients Perceive Their Bone Health is affected by their comorbities and medications

Our team recently published a study on patients' perceptions of the association between bone health and their other health conditions, as well as prescribed medications taken for other health conditions. We identified fragility fracture patients presenting to a Canadian urban fracture clinic with at least one self-reported chronic health condition (in addition to bone fragility). In-depth interviews, 60-90 minutes in duration, were conducted.

We interviewed 26 patients (21 females, 5 males) aged 45 to 84 years old. Participants were taking 1-13 medications each and presented with a variety of comorbidities (range 1-7). All participants described at least one condition or medication they were currently taking for which there existed evidence of a negative effect on bone health (increased risk of fracture, bone loss, falling). Two participants perceived a correct association between their other health conditions and compromised bone health, and four participants perceived a correct association between their medications and compromised bone health.

In conclusion, all patients reported a chronic health condition and/or were taking at least one medication that potentially compromised their bone health. Patient awareness of the association between bone health and other health conditions and prescribed medications was low. Our research team concluded that health care providers should increase patients' awareness of the bone health significance of their chronic conditions and medications in order to minimize the risk of future fracture.

Having Caregiving Responsibilities Affects Management of fragility fractures and bone health

In a recent publication we examined how caregiving responsibilities were associated with, and possibly impacted by, the fracture experience and the resulting management of bone health. We conducted a secondary analysis of six qualitative studies to understand caregiver responsibilities and the relationship between these responsibilities and patients' management of the fracture and bone health. Eligible individuals in the primary studies were English-speaking men and women who were 45+ years old, serving as informal caregivers, and recruited from three settings (local, provincial, and national).

Without being prompted to talk about their experience of caregiving, 33 of 145 (23%) individuals reported they were providing care to a family member or friend at the time of their fracture or during recovery post-fracture. The experience of having caregiving responsibilities was related to the fracture and bone health in two ways: 1) the caregiving role appeared to be a cause of the fracture in some participants; and 2) caregiving was prioritized over participants' own bone health and was a barrier to bone health management.

We concluded that fragility fracture is associated with, and potentially leads to an impairment of, an important social role in patients providing physical and emotional support and supervision for dependents as caregivers. Further, an important cause of fragility fracture can occur in the act of caregiving.



Beyond the Break is an inter-professional and continuing education series for health professionals across Ontario. Improve your knowledge on: emerging best practices, screening, diagnosis, treatment and management of osteoporosis. Find out more <u>here.</u>

Ontario Telemedicine Network Fracture Screening Initiative at Thunder Bay Regional Health Sciences Centre

In January 2020, Thunder Bay Regional Health Sciences Centre (TBRHSC) saw the introduction of a new method of reaching patients who are eligible to be screened through the Fracture Screening and Prevention Program (FSPP), the flagship secondary fracture prevention program from the Ontario Osteoporosis Strategy.

In some areas, especially in northern Ontario, one of the challenges of the program is that patients might not return to fracture clinic or see their orthopaedic surgeon in person for follow-up after a fracture. This can be for several reasons, but the distance from the hospital can be a significant factor. At (TBRHSC), patients from distant communities in the northwest of the Province can remain in or close to their communities and complete their medical appointments via the Ontario Telemedicine Network (OTN).

To further support patients aged 50 and over who have a fragility fracture, Dawn Fortier, Fracture Prevention Coordinator at TBRHSC, has now started to screen eligible patients via OTN. Dawn sees these patients immediately after they have completed their appointment with the orthopaedic surgeon. This means that these patients no longer miss out on receiving important bone health information and appropriate referrals for further management and support from their health care providers.

Support from OTN staff and Coordinators at TBRHSC and in the different communities has proved invaluable in helping Dawn understand how the system works and establishing herself as a regular OTN user. Mentoring from Diane Tetley, Telemedicine Support Specialist at TBRHSC has also proved key in ensuring the smooth integration of OTN into the screening process.



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Summer Quiz

- 1. What goes up and down, but does not move?
- 2. What starts with a P and it has a million letters?
- 3. I'm tall when I'm young, and I'm short when I'm old, what am I?
- 4. What is so fragile that saying its name breaks it?
- 5. What belongs to you, but other people use it more than you?

Find answers here.

FOLLOW US ON TWITTER TO STAY CONNECTED WITH OUR EFFORTS AROUND THE PROVINCE @OSTEOSTRATEGYON

Contact your Regional Integration Lead (RIL)

RILs cultivate partnerships in communities across Ontario to integrate fracture prevention pathways and establish bone health educational collaborations. They develop and disseminate tools and resources for healthcare professionals, patients and caregivers.

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Look for the next issue of Fracture Link in JAN 2021.

If you would like to be featured in the upcoming issue of Fracture Link please contact Marq Nelson mnelson@osteoporosis.ca

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