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Coordination of fracture liaison services (FLS) with primary care in Spain: development of a best practice framework

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INTRODUCTION

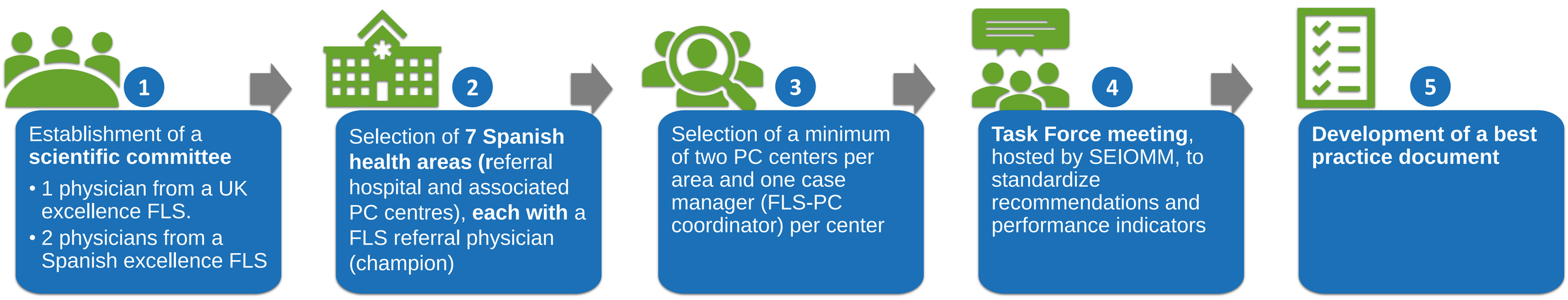
- Fracture Liaison Services (FLS) are specific units for secondary fracture prevention and management of osteoporotic (OP) patients[1,2].
- Effective coordination between FLS and Primary Care (PC) is necessary to ensure long-term care continuity in patients with fragility fractures[2].

OBJECTIVE

- **To develop a best practice framework for the coordination of FLS with PC in Spain.**

METHODS

Figure: A best practice framework for effective FLS-PC coordination was developed in 5 steps



SEIOMM: Spanish Society for Bone and Mineral Research

RESULTS

Table: Proposed standards and performance indicators for FLS-PC coordination

Standard	Performance indicators
1. Promotion of FLS-PC communication	
• Regular visits of the champion to PC. • Virtual consultations between FLS-PC. • Email address available for PC. • Quarterly meetings in PC. • Consensus protocols (referral, treatment) developed with PC. • Rotation of PC physicians/nurses in the FLS. • Training sessions in PC. • Promotion of fragility fracture detection in PC.	• Number of consultations (on-site, virtual, e-mail), meetings, protocols, rotations, and training sessions between FLS and PC. • Number of fractures identified in the FLS and percentage received in PC.
3. Treatment adherence	

• Confirmation by the FLS in the first 3 months, by both telephone call and electronic receipt.
• Registration in one of the following:
  • FLS database.
  • PC medical history, by PC doctor/nurse.
	• Number of patients with treatment initiation and percentage of adherence in the first 3 months
	• Channels used to assess adherence
	• Number of phone calls to patients in the first 3 months

Standard	Performance indicators
2. Homogenization of fractured patients clinical report content	

Minimum information to include:
  • General patient data, previous fracture, current fracture, future fracture risk (DXA* and FRAX with DXA), analysis and Spinal x-ray (if performed).
  • Previous treatment, renal function, comorbidities, other i.e. previous adverse effect, glucocorticoids.
  • Pharmacological and non-pharmacological recommendations.
• Delivery of the clinical report through:
  • Patient.
  • Medical history.
  • Internal mail to PC.
  • Computer platform.
	• Number of reports generated by the FLS and percentage received in PC.
	• Percentage of reports with minimum data.

4. Improvement of patient follow-up	

• Setting an automatic appointment with the doctor and the nurse when the FLS report is received in PC.
• Educational workshops for patients:
  • Development of standard material
  • Participation of PC physicians and nurses, FLS members, and physiotherapists.
	• Number of educational workshops for patients held in PC.

PC: primary care

CONCLUSIONS

- **Implementation of the recommendations proposed in this best practice framework may improve FLS-PC coordination and thus optimize the follow-up of patients with fragility fracture identified in FLS.**
- **Performance indicators will allow us to benchmark FLS and to identify improvement strategies.**

Conflicts of interest

Prieto-Alhambra D has received research Grants from Amgen, UCB Biopharma and Les Laboratoires Servier, and non-remunerative positions; the department has received fees for consultancy services from UCB Biopharma and for speaker and advisory board membership services from Amgen. Naranjo A has received research grants from Amgen, consulting fees from UCB and has participated in speakers' bureaus for Amgen and Lilly. Ojeda S has received research grants from Amgen. Mora-Fernández J has received research grants from Amgen and consulting fees from Amgen, Lilly, and UCB-Pharma. Olmo FJ has received consulting fees from Amgen, UCB and Abbott. Giner M, Cancio JM, Duaso E, Montoya MJ and Menéndez A declare no conflict of interests. Canals L and Balcells-Oliver M work at Amgen and hold stock in Amgen.

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1. Åkesson K. Osteoporos Int. 2013;24:2135-52.
2. Harvey NCW. Osteoporos Int. 2017;28:1507-29.