

Position Statement on Improving Bone Health and Osteoporosis Management in Australia

May 2021

Background

Osteoporosis is a chronic disease that leads to reduced bone strength, weakness of the skeleton and increased risk of fracture.^{1,2} The importance of prioritising bone health has recently attracted significant attention in response to data revealing over 1.3 million Australians are currently living with osteoporosis with around 5.4million having poor bone health (either osteoporosis or osteopenia) – and the prevalence is on the rise.³

By 2022, around 6.2 million Australians over 50 years of age will be living with poor bone health equating to 183,105 fractures each year.⁴ Studies have demonstrated that osteoporosis-related fractures greatly impact the quality of life of not only those living with osteoporosis but also their families and carers and are costly to the healthcare system. The projected total cost of poor bone health across Australia by 2022 is \$3.84 billion, comprising ambulance services, hospitalisations, emergency department and outpatient services, rehabilitation, aged care and community services.⁵ Impact on quality of life include loss of independence, chronic pain, disability, emotional distress, lost productivity, and self-limitation caused by a fear of fractures.

Osteoporosis is largely preventable, yet many remain unaware of having osteoporosis until a fracture occurs and even after one or more fractures up to 80% of people still go undiagnosed and receive no treatment.⁶ Australian's understanding on the importance of protecting and maintaining their bone health is limited and awareness of common risk factors for osteoporosis remains low.^{7,8} However, progress is encouraging with evidence-based online tools and current information more readily accessible to patients, reimbursed bone density testing, and several approved treatment options widely available to General Practitioners (GPs). Innovations in treatment options have also helped as well as the updating of the *Royal Australian College of General Practice Clinical Guidelines for Osteoporosis Management*.^{9,10}

In late 2019, the Federal Minister for Health, The Hon. Greg Hunt MP, launched the *National Strategic Action Plan for Osteoporosis* providing an evidence-based roadmap around three key priorities and specific actions, to guide a national response for improving osteoporosis management and bone health. As a key response under this Plan, Healthy Bones Australia (formerly Osteoporosis Australia) convened the Inaugural **National Consumer and Community Forum** on the 20th November 2020 to produce a *National Community and Consumer Position Statement* (this Statement) with specific recommendations and actions for the broader healthcare system to improve the diagnosis and management of osteoporosis, and overall bone health across the community.

The Forum's 40 participants from across Australia represented a range of patients living with osteoporosis, GPs, medical specialist groups, hospital clinicians and management, National and state policy makers, professional associations and



health organisations, community support groups and bone health-related organisations. It broadly examined issues and challenges currently facing Australia's healthcare system and people living with osteoporosis, identifying specific actions and potential solutions to address existing barriers. A range of individual patient stories were first heard including from less common occurring osteoporosis in younger adult populations; a number of Expert Panels were conducted gleaning valuable insights from GPs, a range of specialists, public hospital settings and the broader community on current challenges facing them to manage and support patients with osteoporosis; and Group Workshops that collectively identified specific areas for improvement and prioritising from the perspectives of patients, the community and relevant health service providers.

The Forum's participating individuals and organisations (as listed on page 6) affirmed **that bone health needs to be a much higher health priority for all Australians** and called for heightened community awareness and education, and improved diagnosis and management of osteoporosis across the healthcare system. With no appetite for reinventing the wheel, the Forums' participants recommended that efforts need to focus on identifying gaps and issues that are able to deliver the most productive and sustainable improvements.

Key Recommendations and Messages

- There needs to be a substantial heightening in Australian's awareness and understanding of risk factors and co-morbidities associated with poor bone health and osteoporosis, and these efforts take a "multi-pronged" approach.
- GPs should be recognised as the primary health care group responsible for managing patients living with osteoporosis and bone health in general, co-ordinating referrals to specialist groups only for more complicated cases.
- There needs to be a greater focus on earlier GP interventions for poor bone health and osteoporosis including investigation of bone health as part of general health checks particularly for "high risk" and/or "captured" population groups (for example, in menopausal women and older men).
- There is a critical need for readily accessible osteoporosis diagnostic tests and treatments including for those currently ineligible for existing Australian MBS and PBS subsidies.
- There needs to be an improved identification and capture of minimal trauma fracture (MTFs) relating to patient presentations with acute pain through the public hospital system, particularly in Emergency Departments.
- Improving education and training of GPs (including during their medical school training), Practice Nurses and Allied Health professionals is critical around risk factors for osteoporosis and poor bone health. This includes highlighting it can affect priority population groups – adults over 50 years with known risk factors, younger adults with specific risk factors and adults following a minimal trauma fracture.
- There needs to be an enhancement and expansion in the number of public-hospital Fracture Prevention Clinics (FPCs)/ Fracture Liaison Services (FLSs) in each Australian State to investigate underlying bone health, diagnose osteoporosis and commence treatment.
- There needs to be a focus on developing solutions that address current disconnects between:
 - discharged hospital fracture patients and GPs; and
 - GPs and specialists
- Pharmacists should be proactive to better maintain patients on osteoporosis medications as prescribed by their GP to assist in optimal patient management and improve compliance.
- There needs to be a focus on increased engagement with associated bone health organisations and groups particularly around shared risk factors and co-morbidities to access improved evidence-based health content, messaging and resources for improving bone health.

In summary the Forum acknowledged osteoporosis is a chronic disease in women and men and maintaining bone health, early detection of osteoporosis and effectively treating osteoporosis are critical.

In line with the *National Strategic Action Plan for Osteoporosis*,¹² the Forum participants collectively identified **four priority areas** for urgent action by Australia's broader healthcare system to improve the diagnosis and management of osteoporosis, and overall bone health in the community.

1 Increase Community Awareness and Education

The Forums' suggested actions and messaging to address broader community awareness and education to ensure that bone health and osteoporosis becomes a higher national health priority included:

- delivering multi-channel public awareness and education programs targeted at the general public and priority population groups (including people aged over 50 years with risk factors, Aboriginal & Torres Strait Islander communities, younger people with specific risk factors, rural/remote communities, culturally and linguistically diverse, all Australians aged over 70 years) with public health messaging including about what is osteoporosis (broken bones = osteoporosis), that bone is a living tissue that can change and it is not just an "old person's disease" and the importance of protecting and maintaining your best bone health for life;
- broader promotion of the *Know Your Bones (KYB) Online Tool* to become the foundation of risk assessment for all Australians, including priority population groups;
- an increased focus on executing an enhanced digital strategy including better utilisation of social media to promote evidence-based bone health and prevention messages as well as personal stories;
- development of improved evidence-based consumer resources and relevant information, including for Osteoporosis Australia's core services – a national website, a toll-free helpline, risk factor fact sheets (including some linguistically diverse resources for priority groups), online self-assessment tools and links to bone related organisations in risk factor areas;
- ensuring improved evidence-based bone health information, resources and health messaging is widely disseminated via a wide range of relevant online and social media channels, including State and Federal government health websites (HealthDirect); relevant national and State clinical networks; speciality societies, professional colleges and associations [such as the Royal College of General Practitioners (RACGP), Endocrine Society of Australia, Australian and New Zealand Bone and Mineral Society (ANZBMS), Australasian Menopause Society (AMS)]; local and national health organisations (Primary Health Networks, Local Health Districts or Local Health Networks (LHDs or LHNs), National Consumer Health Forum, National Prescribing Service); Aboriginal Community Controlled Organisations; industry (including Private Health Insurance); health content providers (Jean Hailes for Women's Health, Better Health Channel) and associated bone health risk factor organisations and community support groups;
- investment in an appropriate National Ambassador Program with high profile Australians who have experienced poor bone health; and
- development of a dedicated new resource hub for younger audiences focusing on the top five risk factors and aligned with relevant associated health organisations.

The Forum raised that COVID-19 restrictions had clearly demonstrated online access to credible evidence-based health information is highly valued and essential for providing ready access to metropolitan and rural/remote-based communities. Strong alignment with other bone health associated organisations (particularly in areas of related risk conditions) and taking a multi-pronged approach to increasing community awareness and education is essential. Furthermore, it was noted that patients living with osteoporosis and the broader community continue to remain cautious about the benefits of evidence-based effective treatments and can be confused by online searches, which often lack current evidence and focus on risks of treatments instead of benefits.

Prior to the Forum, the *National Consumer and Community Advisory Committee*, discussed the ongoing barrier involving the use of the word 'osteoporosis' in the organisation's name and subsequent general public confusion. Given the increasing number of associated fractures, it is critical to focus efforts on increasing public awareness of the importance of healthy bones as well as early diagnosis for those "at risk" of osteoporosis. The Committee recommended these issues be addressed as an immediate priority that was also endorsed by Forum participants. In response, on the 8th February 2021, Osteoporosis Australia changed its name to **Healthy Bones Australia** (www.healthybonesaustralia.org.au) reflecting the aim – to protect, build and support better bone health for all Australians.

2 Improve Risk Factor Identification and Diagnosis

The Forum's suggested actions and messaging for improving diagnosis in patients with high risk for osteoporosis and/or fracture, and with specific risk factors included:

- GPs should be recognised as the primary health care group responsible for managing patients living with osteoporosis, and for "checking" bone health in general, co-ordinating referrals to specialist groups only for more complicated cases;
- improving education and training of GPs (including during medical school training), Practice Nurses and Allied Health professionals is critical around risk factors for osteoporosis and poor bone health including that it can affect younger and priority population groups with known risk factors;

- advocating for specialised training and education of Multi-Disciplinary Practice Nurses to conduct bone health and risk factors checks under MBS Item 707 to "undertake an assessment of a person aged 45 to 49 years (inclusive) with a chronic disease risk factor";
- GPs must be responsible for providing poor bone health management care plans and closing the gap between early diagnosis and providing relevant treatment options;
- development of appropriate GP Decision-Aids for supporting better informed decision-making patient discussions including around treatment options for osteoporosis;
- a greater focus on earlier GP interventions including investigation of bone health as part of general health checks particularly for "high risk" and/or "captured" population groups, such as post-menopausal women and patients receiving breast or prostate cancer treatments;
- local community pharmacists must be better engaged and educated in supporting the maintenance of patients on GP-recommended medications and not to prioritise the use of generic medications which may have increased adverse effects;
- implementation of new diagnostic tools and software to diagnose low bone mineral density (BMD) e.g. ZEBRA can automatically do this for identifying vertebral fractures; and
- advocating to review current PBS and MBS eligibility for patients requiring treatment, to be in line with USA guidelines,¹³ as existing Australian subsidies only apply to patients following fracture, or at age 70 years+ (without fracture). What about adult and younger patients with known risk factors and no fracture, as these consumers also need to have treatments prescribed to protect their bone health? Currently these are only available via non-subsidised private prescriptions which raises issues around affordability and equity of access. Women aged under 60 years should also be able also utilise menopausal hormone therapy (MHT) for bone protection with greater confidence. MBS Item numbers for bone density testing (DXA tests) for patients on prostate and breast cancer treatment and HIV must also be reviewed as a high priority.

3 Improve First Fracture Identification and Management

The Forum's recommendations for action and messaging for patients who have sustained a first fracture and require an intervention and management (both in hospital setting and in general practice) included:

- Fracture Prevention Clinics (FPCs)/Fracture Liaison Services (FLSs) in public hospitals have a proven role in effectively capturing patients following a minimal trauma fracture to diagnose osteoporosis and initiate treatment in Australia and internally.^{14,15,16,17} Importantly, they provide a critical link with GPs for ongoing patient management and treatment. Yet these health services are not common across Australia with currently only 32 in 1,300 public hospitals (with the vast majority in NSW¹⁸);
- existing disconnects between a patient post-fracture after hospital discharge (including Emergency Departments) and their GPs must be addressed by the system as a priority. There must be stronger co-ordination between well-established hospital FLSs/FPCs with local GPs for better follow-up of discharged fracture patients and collection of outcome data;
- improving the identification, diagnosis and treatment capability of minimal trauma fractures (MTFs) at public hospital Emergency Departments by developing appropriate coding and technology which could also integrate red flags into Clinical Electronic Medical Records (EMR) software used by GPs;
- increasing GP, Allied Health professional and local community awareness and education around the purpose of hospital-based FLS/FPCs; the importance of secondary fracture prevention; where local health services currently exist and how they can be beneficial in the "first step" for patients to acknowledge that they have a bone health problem;
- as hospital FLS/FPCs often commence patient treatment for osteoporosis by working closely with hospital pharmacists, they could also take on the responsibility of patient follow-up within the first 6 months;
- developing a descriptor in radiology reports that alert GPs to further investigate the potential for a fracture (especially in the spine or hip) as being osteoporotic;
- as multiple conditions are the "norm" for both patients and GPs, FLS/FPCs must take on the responsibility of continuity of care including follow-up of patients;
- enhancing and expanding public hospital FLS/FPCs across Australia and educate GPs to refer to them more widely;
- advocating to Government on specific incentives to develop FLSs/FPCs in General Practice as a key priority which may also have the potential of integrating one or 2 other chronic conditions; and
- increase awareness of, and referral to, bone-targeted exercise programs through FLSs/FPCs.

4 Enhance Bone Health Strategic Engagement and Advocacy

The Forum's suggested actions and messaging to enhance broader community and stakeholder engagement to improve bone health awareness, understanding and advocacy across Australia included:

- increasing engagement with associated bone health organisations particularly around risk factors and co-morbidities including Coeliac Australia, Australasian Menopause Society, Painaustralia, Diabetes Australia, Arthritis Australia, Jean Hailes for Women's Health and Australian Dental Association (ADA) to share improved evidence-based health content, messaging and resources related to improve bone health;
- increasing engagement with Australian cancer related organisations related to bone health including the Prostate Cancer Foundation, Cancer Australia, National Breast Cancer Foundation and Australian Cervical Cancer Foundation;
- seeking opportunities for associated bone health groups and organisations (including the National Consumer Health Forum) to collaborate on advocacy efforts and developing joint submissions particularly to Government to improve access to bone health investigation and treatments;
- engaging with Private Health Insurance organisations to improve access to bone health prevention programs and addressing out of pocket costs to relevant investigations, treatments and rehabilitation programs; and
- advocating to the Australian Digital Health Agency on including Bone Health Prevention Checks as part of electronic medical records (EMR).

Where to next?

The Forum participants agreed that while there are already many existing solutions, taking a more multi-targeted broader health care system-based approach is the best way forward to address current gaps and challenges to improve bone health and osteoporosis management for all Australians. Expanding and building effective partnerships and collaborations with key stakeholder organisations and groups is critical to address this largely preventable chronic disease and better focus on early prevention, understanding risk factors for poor bone health, earlier diagnosis and appropriate treatments. Healthy Bones Australia will ensure the Forum's key recommendations and specific actions are addressed in its' 2021-2022 Action Plan.

Snapshot from the Forum

- Improving bone health and osteoporosis management across Australia is urgent.
- Osteoporosis is preventable and treatable.
- Current levels of poor bone health in Australia is resulting in increased number of fractures.
- Agreed priorities for action:



Increase Community Awareness and Education



Improve Risk Factor Identification and Diagnosis



Improve First Fracture Identification and Management



Enhance Bone Health Strategic Engagement and Advocacy

Forum Participants

Healthy Bones Australia's Inaugural National Consumer and Community Forum participants included representation from the following organisations and individuals as listed below.

Organisations

- Coeliac Australia – www.coeliac.org.au
- Australasian Menopause Society – www.menopause.org.au
- Royal Australian College General Practice (RACGP) – www.racgp.org.au
- National Prescribing Scheme (NPS) Medicinewise – www.nps.org.au
- Melbourne Osteoporosis Support Group – www.melbosg.org.au
- Arthritis Australia – www.arthritisaustralia.com.au
- Jean Hailes for Women's Health – www.jeanhailes.org.au
- Painaustralia – www.painaustralia.org.au
- National Consumer Health Forum – www.chf.org.au
- Carers Couch – www.carerscouch.com
- Central Eastern Sydney Primary Health Network – www.cesphn.org.au
- NSW Agency For Clinical Innovation – www.aci.health.nsw.gov.au
- Njerrnda Aboriginal Corporation – www.njerrnda.com.au
- Garvan Medical Research Institute – www.garvan.org.au
- Healthy Bones Australia – healthybonesaustralia.org.au
- Australian and New Zealand Bone and Mineral Society – www.anzbms.org.au

Individuals

- Kimberley Martin, Patient/Consumer Advocate, QLD
- Renee Millane, Patient/Consumer Advocate, Victoria
- Dinah Lee, Patient/Consumer Advocate, NSW
- Elaine Cotter, Patient/Consumer Advocate, Victoria
- Carole David, Patient/Consumer Advocate, NSW
- Michelle Doyle, Patient/Consumer Advocate, Victoria
- Martina Clark, Patient/Consumer Advocate, Victoria, Director, Carers Couch
- Dr Weiwen Chen, Staff Specialist Endocrinologist St Vincent's Hospital, Research Officer Garvan Institute of Medical Research, Conjoint Lecturer UNSW
- Professor Peter Ebeling AO: Chairman, Healthy Bones Australia, Endocrinologist, Head, Department of Medicine, Monash University, Past President ANZBMS
- Dr Jane Elliott, GP, Aware Women's Health, South Australia
- Dr Chris Hogan, GP and Associate Professor University of Melbourne, Victoria
- Jayne Hyde, Fracture Liaison Coordinator, Canterbury Hospital, NSW
- Dr Gabor Major, Rheumatologist, Newcastle John Hunter Hospital, NSW
- Fiona Niddrie, Rheumatology Clinical Nurse Consultant, Newcastle John Hunter Hospital, NSW
- A/Professor Peter Wong, Staff Specialist Rheumatologist, Westmead Hospital Sydney, NSW
- Dr Troy Walker, Nyini Health and Wellness, Victoria
- A/Prof Nicholas Pocock, Senior Staff Specialist, Department of Nuclear Medicine, St Vincent's Hospital Sydney, NSW
- Professor Lyn March AM, Representative Fragility Fracture Network (FFN), Rheumatologist, School of Medicine, University of Sydney, Department of Rheumatology, Royal North Hospital, NSW
- Professor Belinda Beck, Menzies Health Institute Queensland, School of Health Science and Social Work, Griffith University
- A/Professor Chris White, Endocrinologist and Research Director, Southeast Sydney Local Health District
- Penny Dellsperger, Health Advocacy Officer, Coeliac Australia
- Vicki Doherty, Executive Director, Australasian Menopause Society
- A/Prof Daniel Ewald, GP, Royal Australian College, Lennox Head Medical Centre
- Jemma Gonzalez, Consumer Engagement Lead, NPS MedicineWise
- Beryl Logie, President, Melbourne Osteoporosis Support Group

- Franca Marine, Policy and Government Relations Manager, Arthritis Australia
- Janet Michelmore AO, Interim CEO, Jean Hailes for Women's Health
- Carol Bennett, CEO, Painaustralia
- Jo Root, Policy Director, Consumers Health Forum of Australia
- Dr Michael Moore, CEO, Central Eastern Sydney PHN
- Julia Thompson, Musculoskeletal Network Manager, NSW Agency for Clinical Innovation
- Vicki Walker, Regional Aboriginal Development Officer HACCPYP/CHSP, Njerrnda Aboriginal Corporation

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- 18 https://www.aci.health.nsw.gov.au/data/assets/pdf_file/0008/279350/MoC-Osteoporotic-refracture.pdf

For more information



Visit our website
healthybonesaustralia.org.au



National consumer toll-free number
1800 242 141