A Fracture Liaison Service Coordinated by Clinical Pharmacists

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By initiative of the Osteoporosis Task Force in Sörmland County an Fracture Liaison Service (FLS) with clinical pharmacists as coordinators, has been implemented at the Orthopedic Clinic at Mälarsjukhuset County Hospital, Eskilstuna, Sweden. Clinical pharmacists coordinate the FLS at the clinic since they already are integrated members of the healthcare team, conducting medication reviews, with the required competence to assess patients and recommend appropriate medication therapy to physicians.

FLS (Fracture Liaison Service)

A secondary fracture prevention service used globally to ensure structured osteoporosis assessment and treatment where appropriate in order to prevent future fragility fractures. The FLS involves a coordinator with the assignment to identify fragility fracture patients and initiate intervention. The coordinator also provides a liaison between hospital and primary care.

How?

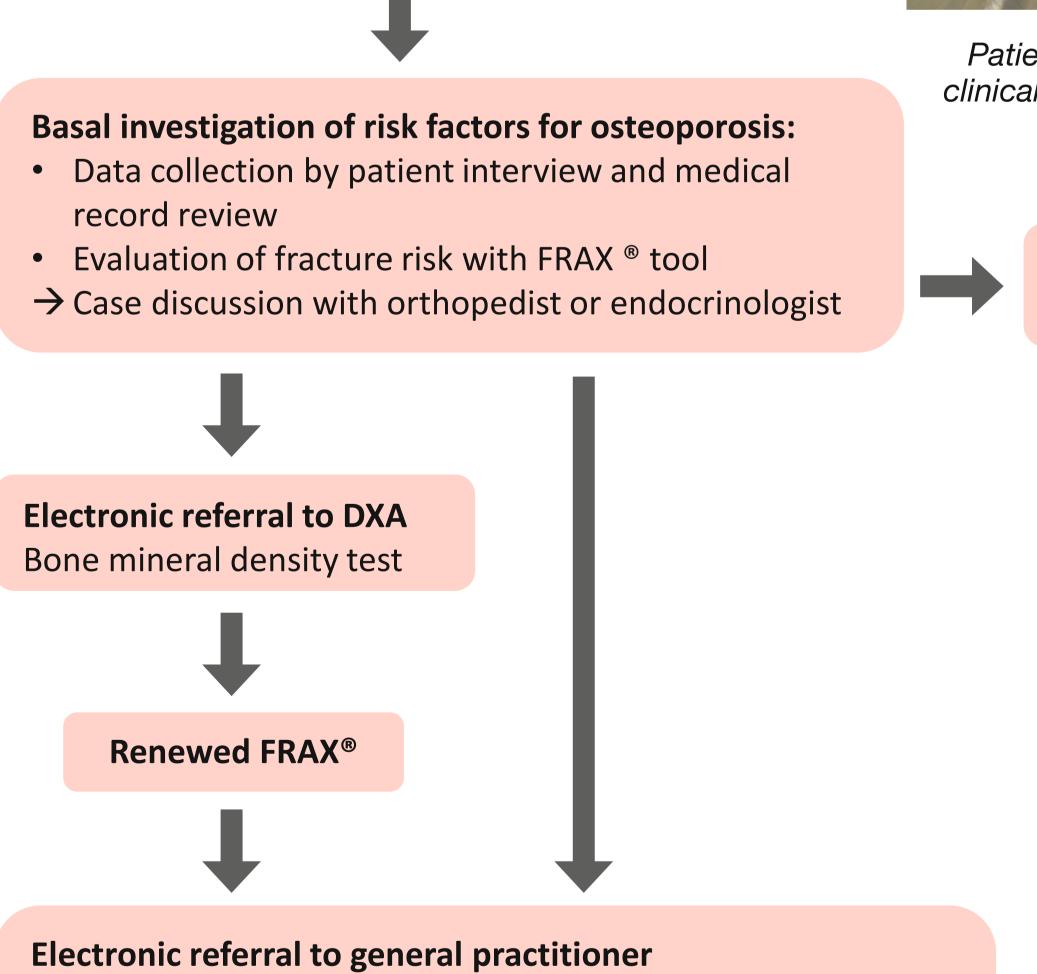
Four clinical pharmacists take turns coordinating the FLS as part of their clinical work. The flow chart diagram below illustrates the service structure of FLS in orthopedic environment at Mälarsjukhuset County Hospital.

FLS with clinical pharmacists

Patient with fragility fracture managed in the emergency department or orthopedic ward

>50 years old



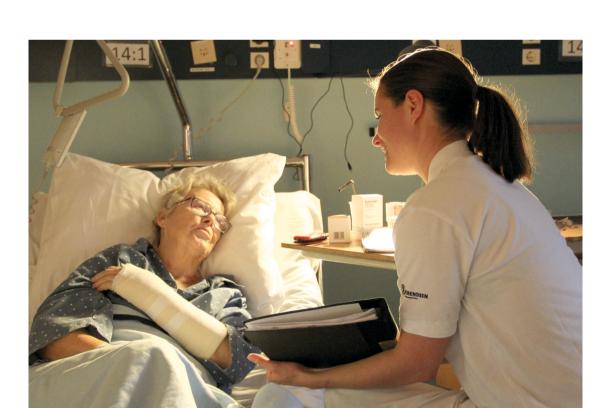


With a comprehensive communication of management plan.

When appropriate, the referral also contain comments

regarding fall risk-increasing medications and a

recommendation to perform a medication review.



Patient being interviewed by a clinical pharmacist as coordinator

No further investigation or actions

What has been achieved and what is next?

 Identification of patients: From the start of the project, in December 2015, to February 2018 nearly 2000 patients have been assessed by a clinical pharmacist as coordinator in the FLS.

Gnesta

Nyköping

Oxelösund

Sörmland County, Sweden

Katrineholm

- Investigation of bone fragility: The number of electronic referrals for bone mineral density test with DXA (dual-energy X-ray absorptiometry) are four times as many in 2017 compared to 2015 (diagram 1).
- Initiation of pharmacological treatment for subsequent fraction prevention: According to Swedish guidelines from 2015, 30% of persons who sustain a fragility fracture should be on treatment by the end of 2017. In the county of Sörmland, only about 12% of eligible patients received such treatment in 2015. In 2017 the number had increased to 21%, likely as a consequence of the implementation of the FLS.
- Success! Two surveys indicate that the orthopedists and the general practitioners are very positive to the FLS and support a continuation of the service. It has been decided that the service will be incorporated into the routine care of fragility fracture patients and expanded throughout the county.

Progress!

- Find appropriate method for thorough follow-up of patients after hospital care, to ensure initiation of treatment (both pharmacological and nonpharmacological) and optimize patient adherence to therapy.
- Collaborate with the Sörmland's Patient Osteoporosis Association to collect patients' thoughts and needs which will be acknowledged in the work of improvement of osteoporosis healthcare, including FLS.

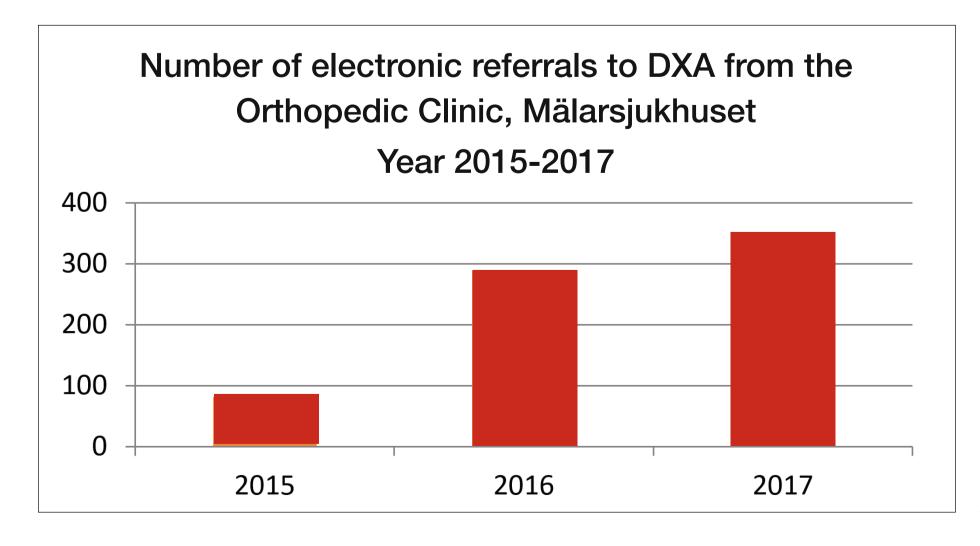


Diagram 1.

