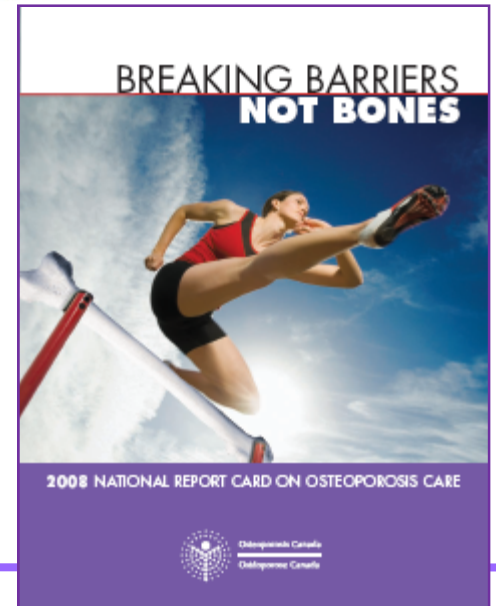




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Osteoporosis Canada First National Report Card 2008



Osteoporosis and Fracture Prevention for Long-Term Care GET THE FACTS Webinar

Tuesday, February 17, 2009: 2:30 – 3:15 pm

*Mary-Lou van der Horst, Project Manager, Ontario Osteoporosis Strategy for Long-Term Care
Adapted from Slides by Julie M. Foley, President and CEO, Osteoporosis Canada*



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Osteoporosis Report Card:

purpose

- Highlight issues of significance to people living with osteoporosis
- Bring those to the attention of policy makers + funders
- Provide provincial and federal organizations with an accurate, effective tool to serve the purpose of better patient care related to access to treatment, diagnostics, and education
- Profile the work being done by Osteoporosis Canada



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Osteoporosis Report Card: *4 components*

- Access to BMD testing
- *Access to treatment*
- Provincial stories/best practice examples
- *Patient stories*



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Access to BMD testing:

Grading methodologies

- Raw data was the number of individuals who received bone mineral density testing during the described period
- Grading was based on per capita testing of individuals 65 and over (adjusted to Stats Can data)
- The standards used for grading were based on two reports: a report based on various Canadian studies and the OC Guidelines (which have tighter parameters)



Report Card:

Access to BMD testing

- Gather data from each of the provinces about how many BMD tests they paid for between April 1, 2006 & March 31, 2007 :
 - for residents in province
 - for non-residents in province
 - for residents out of province
- Data also secured for NWT – Yukon and Nunavut do not provide/pay for any testing

PROVINCE/TERRITORY	GRADE	RATE/1000 POPULATION 65 AND OVER
BRITISH COLUMBIA	C	222
ALBERTA	B	335
SASKATCHEWAN	F	95
MANITOBA	F	59
ONTARIO	B	317
QUEBEC	D	166
NEW BRUNSWICK	D	178
NOVA SCOTIA	D	144
PRINCE EDWARD ISLAND	D	137
NEWFOUNDLAND AND LABRADOR	D	188
NORTHWEST TERRITORIES	D	189



Report Card:

Access to BMD testing

Osteoporosis Canada recommends that:

- ❖ All individuals age 65 or older receive BMD testing.
- ❖ All adults between the ages of 50 and 65 be assessed each year for their risk of osteoporosis and those with one major risk factor or two or more minor risk factors receive bone mineral density testing.
- ❖ After beginning therapy, patients should be retested in one to two years in order to assess the impact of treatment.
- ❖ For individuals who do not require therapy, repeat BMD testing is recommended in one to five years in those deemed to be at a moderate risk of fracture and in five to 10 years in those deemed to be a low risk of fracture.

An analysis of BMD testing indicates that it has a positive impact on physicians' treatment decisions and on patients' willingness to adhere to treatment.²² For example:

- ❖ Patients who have BMD testing are nine times more likely to be given treatment than those who do not.
- ❖ Without BMD testing, 80% of patients with a history of fractures are not given osteoporosis therapies.
- ❖ A total of 40% of women over age 65 who had BMD testing initiated treatment, versus 6% of those with hip or wrist fractures but no BMD test.
- ❖ Women who were tested were also more likely to continue their treatment.

BMD testing is an important diagnostic tool for osteoporosis, which assists individuals and health care providers to further support the management and treatment of osteoporosis. Additionally, once an individual has been accurately diagnosed and is receiving appropriate treatment, their likelihood of sustaining a future fracture is decreased.

What does
this mean for
LTC?

Consider

- **For new admissions to LTC, the resident's admission data should include:**
 - BMD testing results (*low bone mineral density*)
 - height loss (> 6 cm)
 - Diagnosis of osteoporosis
 - Fracture history (*hip, wrist, spine, long bones*)
 - Family fracture history
- **May be difficult to repeat BMD testing in LTC due to access, dementia and other functional issues**
- **Determine which residents are at highest risk for fracturing from a fall**



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Access to treatment:

Grading methodologies

Open Access: Drugs that are covered by the provincial/territorial public drug plan and require no special criteria or paperwork

Restricted Access: Drugs that are covered by the provincial/territorial public drug plan but require special authorization from the plan, or require the prescriber or pharmacist to apply on behalf of their patients to indicate how specific medical criteria are met

Not Accessible: Drugs are not covered by the provincial/territorial public drug plan



Report Card:

Access to treatment

- Snapshot of access to medications by region as of December 31, 2007

PROVINCE/TERRITORY	GRADE
BRITISH COLUMBIA	C-
ALBERTA	C
SASKATCHEWAN	C
MANITOBA	C
ONTARIO	B
QUEBEC	A
NEW BRUNSWICK	C
NOVA SCOTIA	C
PRINCE EDWARD ISLAND	F
NEWFOUNDLAND AND LABRADOR	C
YUKON	B



Report Card: *Access to treatment*

PROVINCE	BISPHOSPHONATE ^{3*}				TYPE OF LISTING		
	ETIDRONATE (DIBROGAL [®]) (ORAL/INTRAVENOUS)	ALENDRONATE (FOSAMAX [®] / FOSAMAXIC [®])		Ibandronate (ACTONEL [®])	CALCITONIN	SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)	TERIPARATIDE (PTH)
		FOSAMAX [®] (ORAL/INTRAVENOUS)	FOSAMAXIC [®]		(MICALCAL [®]) (ORAL/INTRAVENOUS)	RALOXIFENE (EVISTA [®])	(FORTEO [®])
BC	Open Access	Restricted Access	Not Accessible	Restricted Access	Not Accessible	Restricted Access	Not Accessible
AB	Open Access	Restricted Access	Not Accessible	Restricted Access	Restricted Access	Restricted Access	Not Accessible
SE	Open Access	Restricted Access	Not Accessible	Restricted Access	Restricted Access	Restricted Access	Not Accessible
SK	Open Access	Restricted Access	Not Accessible	Restricted Access	Restricted Access	Restricted Access	Not Accessible
ON	Open Access	Open Access	Open Access	Open Access	Restricted Access	Restricted Access	Not Accessible
QC	Open Access	Open Access	Not Accessible	Open Access	Open Access	Open Access	Restricted Access
NB	Open Access	Restricted Access	Not Accessible	Restricted Access	Restricted Access	Restricted Access	Not Accessible
NS	Open Access	Restricted Access	Not Accessible	Restricted Access	Restricted Access	Restricted Access	Not Accessible
PEI	Restricted Access	Not Accessible	Not Accessible	Not Accessible	Not Accessible	Not Accessible	Not Accessible
Nfld	Open Access	Restricted Access	Not Accessible	Restricted Access	Restricted Access	Restricted Access	Not Accessible
YT	Open Access	Open Access	Open Access	Restricted Access	Restricted Access	Open Access	Not Accessible



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Report Card:

Access to treatment

The primary aim of drug treatment is to reduce fractures. However, it is important to note that some individuals respond better to one medication than another, or experience side effects on one medication and not another. Individuals must have access to a range of therapies to ensure that they receive medication that proves effective for them.

What does
this mean for
LTC?

Consider

- **For new admissions to LTC, the resident's admission data may include:**
 - Osteoporosis medications
- **LTC residents can benefit from osteoporosis medications**
 - Determine if resident is appropriate to receive the medications (*e.g., renal function, fracture risk*)
 - Add Vitamin D, dietary/supplemental calcium
- **Determine which residents are at highest risk for fracturing from a fall**



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Report Card:

Patient stories

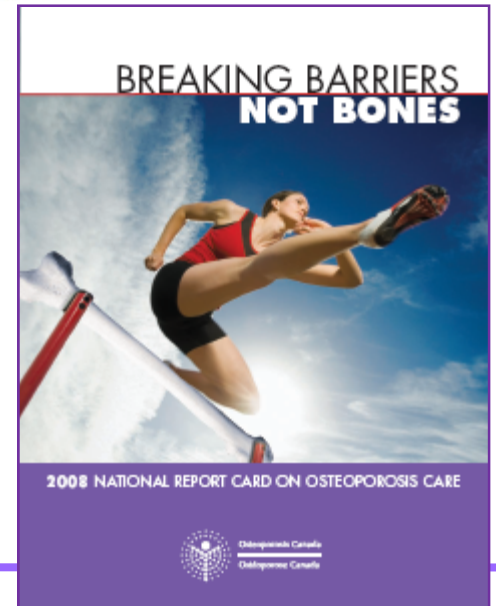
- Put a human face on the disease and highlight patient concerns; provide real-life examples to support to the rest of the Report Card content
- Request was made to provincial chapters, SAC and COPN (Canadian Osteoporosis Patient Network) to provide names of patients and caregivers to be profiled
- Report Card contains patient stories with good representation across Canada



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**To get a copy of this report go to:
www.osteoporosis.ca**

http://www.osteoporosis.ca/multimedia/images/english/home/2008NationalReportCard_Eng.pdf