

*Developing an*  
OSTEOPOROSIS  
CARE PATHWAY  
FOR BELGIUM

A Summary of the 29 October 2021  
Roundtable Meeting



On 29 October 2021, the European Alliance for Patient Access hosted a policy roundtable meeting to discuss developing an integrated, patient-centred care pathway for osteoporosis patients in Belgium.

Participants included:

- Patient organisation representatives
- Public health specialists
- Clinicians, including rheumatologists, general practitioners and geriatricians
- People living with osteoporosis
- Pharmacists
- Health policy analysts
- Members of Parliament

The meeting built on a 2019 roundtable discussion, which culminated in a set of policy recommendations to drive meaningful change in fracture prevention. Principal among the recommendations put forth by participating stakeholders was the development of a dedicated care pathway to promote integrated osteoporosis care.

The 2021 meeting focused on defining and envisioning that pathway.



## Osteoporosis in Belgium

In Belgium, an estimated 680,000 people live with osteoporosis. With the country's ageing population, that number is expected to increase. The chronic, debilitating condition reduces bone density, causing weak and fragile bones.

People living with osteoporosis are at high risk of a bone breaking. Yet 80% of people who experience a fragility fracture are undiagnosed, unmanaged and at high risk for a subsequent fracture. In Belgium alone, more than 100,000 fragility fractures are caused by osteoporosis each year. The disease increases people's risk of disability and mortality.

Significant gaps persist in the diagnosis and treatment of osteoporosis, despite the condition's pain and impact on people's social function, work and family life.

# Discussion & Needs Assessment

The group's discussion centered on several topics:

- The most effective patient-centred care pathway for osteoporosis patients in Belgium
- Current barriers within Belgium's health care system that prevent the care pathway from realisation
- The stakeholders who are critical to developing and implementing the care pathway at a policy level.

Dialogue among meeting participants revealed several pressing needs.

## Needs & Recommendations



### A formalised communication pathway

Communication with osteoporosis patients that is based on accessible, evidence-based information emerged as a major barrier to optimal care.

One contributing factor may be that osteoporosis patients see different clinicians. They may see a general practitioner, a rheumatologist, a geriatrician, an orthopaedic specialist, a physiotherapist, or some combination of providers.

To achieve integrated, patient-centred care, these different providers must be aligned. They must also work in tandem to empower people with osteoporosis to play an active

part in their care. This could also promote greater adherence to treatment.

Patients could benefit further from better communication between primary and secondary care providers.



### A greater priority on patient education

Nurses can play a vital role, serving as the point of contact for patients living with osteoporosis. There are not, however, enough nurses or nurse educators to support patients during the duration of their care journey.

To fill the gap in patient education, that patient experts could be trained to become peer mentors and play a community support role to complement the education provided by health care professionals.



## A Stronger Focus on Primary Prevention And High Risk Groups

Clinicians should be more proactive about encouraging patients to get bone density screenings, meeting participants explained. They also recommended using stratification to target population sub-groups most in need of screening, including post-menopausal women and older people.



## An integrated health data ecosystem

Osteoporosis care settings vary, ranging from community to primary to secondary. In some cases, clinicians can be siloed from patient information on the electronic medical records used in different settings.

Synthesising data systems to develop an integrated ecosystem is important, so that clinicians can view relevant information in patient records. A geriatrician, for example, should be able to see if a patient has a history of bone fractures.



## A streamlined referral process

Prevention is critical, but the referral process that many patients experience does not necessarily reflect this fact.

In particular, clinicians do not always refer patients to specialist osteoporosis services such as Fracture Liaison Services. Patients

may therefore experience a fragility fracture, have it mended by orthopaedic specialists, but then not receive guidance on secondary prevention to help them avoid another fracture.

By organising the care pathway for patients, case managers would be extremely useful for secondary prevention.

Participants also discussed the role of pharmacy in primary and secondary prevention, as pharmacists currently are not permitted to carry out screening.



## A reimbursement model that incentivises improved health outcomes

Quality indicators are useful in promoting best practices, but they are currently lacking in osteoporosis care. Defining measures of optimal osteoporosis care and implementing them to improve treatment and maximise prevention could be helpful, particularly toward preventing a second fracture.

To begin, a programme that identifies and implements quality indicators could be piloted at regional level. If proven effective, it could be given greater investment to expand into other regions throughout Belgium.

Pilot programme funding could also establish roles, responsibilities, clarify best practice measures and identify appropriate forms of incentive.

# Conclusions

Stakeholders across Belgium should work with policymakers to implement solutions to these unmet needs. By crafting solutions and bridging gaps in care, policy reform can produce a more patient-centred care pathway for people living with osteoporosis.



## Reference

Kanis JA, Norton N, Harvey NC, et al. SCOPE 2021: a new scorecard for osteoporosis in Europe. Archives of Osteoporosis. 2021;16(1):82. doi: 10.1007/s11657-020-00871-9.



### About the European Alliance for Patient Access

The European Alliance for Patient Access is a division of the Global Alliance for Patient Access, an international platform for health care providers and patient advocates to inform policy dialogue about patient-centered care.

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