

# Geriatric Orthopaedic Surgery & Rehabilitation

<http://gos.sagepub.com/>

---

## International Geriatric Fracture Society CORE Certification: Turning Knowledge into Action

Simon C. Mears, Michael Suk, Fraser Cobbe and Stephen L. Kates

*Geriatric Orthopaedic Surgery & Rehabilitation* 2014 5: 91

DOI: 10.1177/2151458514546982

The online version of this article can be found at:

<http://gos.sagepub.com/content/5/3/91>

---

Published by:



<http://www.sagepublications.com>

Additional services and information for *Geriatric Orthopaedic Surgery & Rehabilitation* can be found at:

**Email Alerts:** <http://gos.sagepub.com/cgi/alerts>

**Subscriptions:** <http://gos.sagepub.com/subscriptions>

**Reprints:** <http://www.sagepub.com/journalsReprints.nav>

**Permissions:** <http://www.sagepub.com/journalsPermissions.nav>

>> [Version of Record](#) - Sep 1, 2014

[What is This?](#)

# International Geriatric Fracture Society CORE Certification: Turning Knowledge into Action

Geriatric Orthopaedic Surgery  
& Rehabilitation  
2014, Vol. 5(3) 91-92  
© The Author(s) 2014  
Reprints and permission:  
sagepub.com/journalsPermissions.nav  
DOI: 10.1177/2151458514546982  
gos.sagepub.com



**Simon C. Mears, MD, PhD, Michael Suk, MD, JD, MPH, FACS,  
Fraser Cobbe, and Stephen L. Kates, MD**

The publication of the Blue Book in 2011<sup>1</sup> represented a sentinel moment in the global initiative to improve quality and efficiency in the delivery of geriatric fracture care. The publication was a collaboration of leading thought-leaders focused on an inter-disciplinary team approach to co-management of geriatric fractures. The Blue Book has aided clinicians across the world as they strive to improve their care of fragility fractures.

The Blue Book has served to increase awareness of the need to develop outcome standards for of geriatric fracture care programs. In North America, an estimated 150 geriatric fracture care programs are in operation. Clinicians and facilities have been adopting such a care model driven by the best available scientific evidence to address this growing challenge.

The burden of geriatric fractures on society has been well documented:

- Osteoporosis-related fractures cost more than \$17 billion in the United States alone.<sup>2</sup>
- Hip fracture is the number three most expensive condition to Medicare.<sup>3</sup>
- The International Osteoporosis Foundation and European Federation of Pharmaceutical Industry Associations concluded that the European Union spent €37 billion on geriatric fracture care in 2010, yet 80% of fracture patients are not screened for osteoporosis.<sup>4</sup>
- Despite treatment guidelines published by the National Osteoporosis Foundation, there is only a 28.5% probability that patients who have suffered an initial hip fracture where using osteoporosis medication within 12 months after discharge. In the past, decade treatment rates have decreased in two separate studies.<sup>5,6</sup>

As the International Geriatric Fracture Society (IGFS) has developed a method to drive knowledge into action. The IGFS has developed a framework for certification of geriatric fracture care programs. The IGFS has developed the CORE Certification Program.

The CORE Certification Program is designed to collect and benchmark data from the numerous fracture care programs around the globe. This data will be used to improve quality

of care, set benchmarks for outcomes and prove the concepts of geriatric fracture care as delineated by the Blue Book. We will recognize achievement and best practices. We will document increased value and outcomes for our patients. And we will make the business case that these quality improvements can drive reductions in resource allocation and spending.

During the American Academy of Orthopaedic Surgeons Annual Meeting in New Orleans, the IGFS announced the first five programs that have achieved the highest level of certification through the CORE program. These programs documented their ability to adopt the principles and exceed national benchmarks on the key indicators of quality fracture care management.

The CORE Certification program is the first such program in the world to independently verify and certify the achievements of geriatric fracture care programs on key indicators of quality. It is an outcomes-focused program that prioritizes achievement in measures such as time to surgery, readmission rates, osteoporosis education, and standardized order sets.

While hospitals, clinicians and statisticians will focus on the data and quality improvement the CORE certification program can deliver, the real value of the program will be the enhanced care rendered to this vulnerable patient population. The initial data collected by the IGFS proves that patients will be the beneficiaries of better quality care rendered by an inter-disciplinary care team including; higher rates of osteoporosis education and treatment, reduced time to surgery, decreased readmission rates, and lower mortality.

The publishing of the Blue Book started the conversation of how we can deliver greater value to patients and address this looming crisis in geriatric fracture care management. The next progression of this global initiative is to translate that knowledge into action through a program that recognizes achievement and incentivizes clinicians and health systems to drive quality improvement. The CORE certification program will drive successful concepts into action.

## Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

## References

1. Bukata SV, Digiovanni BF, Friedman SM, Hoyer H, Kates A, Kates SL, Mears SC, Mendelson DA, Serna FH Jr, Sieber FE, Tyler WK. A guide to improving the care of patients with fragility fractures. *Geriatr Orthop Surg Rehabil*. 2011 Jan;2(1):5-37.
2. Becker DJ<sup>1</sup>, Kilgore ML, Morrisey MA. The societal burden of osteoporosis. *Curr Rheumatol Rep*. 2010 Jun;12(3):186-91.
3. Cutler DM, Ghosh K. The potential for cost savings through bundled episode payments. *N Engl J Med*. 2012 Mar 22;366(12):1075-7.
4. Hernlund E, Svedbom A, Ivergård M, Compston J, Cooper C, Stenmark J, McCloskey EV, Jönsson B, Kanis JA. Osteoporosis in the European Union: medical management, epidemiology and economic burden. A report prepared in collaboration with the International Osteoporosis Foundation (IOF) and the European Federation of Pharmaceutical Industry Associations (EFPIA). *Arch Osteoporos*. 2013;8(1-2):136. doi: 10.1007/s11657-013-0136-1. Epub 2013 Oct 11.
5. Solomon DH, Johnston SS, Boytsov NN, McMorrow D, Lane JM, Krohn KD. *Osteoporosis Medication Use after Hip Fracture in U.S. Patients between 2002 and 2011*. *J Bone Miner Res*. 2014 Feb 18. doi: 10.1002/jbmr.2202.
6. Balasubramanian A, Tosi LL, Lane JM, Dirschl DR, Ho PR, O'Malley CD. Declining rates of osteoporosis management following fragility fractures in the U.S., 2000 through 2009. *J Bone Joint Surg Am*. 2014 Apr 2;96(7): e52. doi: 10.2106/JBJS.L.01781.