Preventing Avoidable and Costly Secondary Osteoporotic Fractures: 
An Urgent Need and Promising Opportunity 
Celebrating National Osteoporosis Month 
May 2020
Osteoporosis: A Major and Growing Medicare Concern

- **54 million** adults 50+ have osteoporosis or low bone mass
- Over **16%** of adults 65+ have osteoporosis; for women it is **25%**
- **25%** of adults 80+ have osteoporosis; for women it is **35%**
Osteoporosis: A Major and Growing Medicare Concern

• **$57 billion** total annual expense of providing care for osteoporotic fractures among Medicare beneficiaries, including direct medical costs as well as indirect costs related to productivity losses and informal caregiving.

• As the nation ages, the number of osteoporotic fractures suffered annually will **grow 68% by 2040**.

• **Total annual expense will grow from $57 billion to over $95 billion in 2040.**
Fragile bones increase the risk of fractures

Leads to loss of independence, additional hospitalizations and increased likelihood of death
New NOF/Milliman Report on Secondary Fracture Costs to Medicare
In 2015, 2 MILLION Medicare patients suffered 2.3 MILLION fractures.

- 79% higher fracture rate for women
- 90% w/hip fractures hospitalized
- 30% w/hip fractures die w/in year
- 19% of all developed pressure sores
- 15% suffer one or more additional/bone breaks
Secondary Osteoporotic Fractures Are Costly.

307,000 Medicare patients suffered 1 or MORE additional fractures at a cost to Medicare of over $6.3 BILLION¹
Near Term Risk is Substantial in the Year Following a Hip Fracture

The risk of subsequent fracture after a recent hip fracture is similar to the risk of subsequent acute myocardial infarction (AMI) after initial AMI.

- 8.3% of patients have a risk of a subsequent fracture within 1 year of hip fracture
- 9.2% of patients have a risk of subsequent AMI hospitalization within 1 year of their initial AMI.

What happens with proactive diagnosis and treatment?

- 96% of patients receive medication (beta blockers) post AMI. And, there are quality measures and evaluation in place to determine quality care for patients.
- 21-23% of patients (two studies with slightly different numbers) receive medication for their osteoporosis following a hip fracture.
50% of repeat fractures could be avoided with cost-effective and well-tolerated treatments²

Tools to Prevent Secondary Osteoporotic Fractures Are Not Being Used.

Only 9% received a BMD test

Based on female Medicare fee-for-service beneficiaries receiving a bone mineral density (BMD) test within six months following a new osteoporotic fracture

Most with fractures go untreated²

Model Care Coordination Practices Are Not Widely Utilized²
Preventing Secondary Osteoporotic Fractures Yields Big Medicare Savings.

Reducing secondary fractures by just 20% could save $1.2B.
Innovative care models are not being used
Osteoporosis Care Gap: Treatment After Hip Fracture

Review of US insurance claims data (commercial + Medicare) in 96,887 patients hospitalized with hip fracture, 2002-2011

Osteoporosis Care Lags Behind Other Major Diseases and Conditions

<table>
<thead>
<tr>
<th>Health Care Practice</th>
<th>Performance Rate</th>
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<tbody>
<tr>
<td>Fall Risk Discussion</td>
<td>35.00</td>
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<tr>
<td>COPD Spirometry Testing</td>
<td>36.30</td>
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<tr>
<td>Testing/Treatment after Fracture (65-85 year old...)</td>
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<tr>
<td>Fall Risk Intervention</td>
<td>58.60</td>
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<tr>
<td>Blood Pressure Control in Diabetes</td>
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<tr>
<td>Hemoglobin A1c (HbA1c) Control</td>
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<tr>
<td>Colorectal Cancer Screening</td>
<td>67.40</td>
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<tr>
<td>Controlling High Blood Pressure</td>
<td>67.90</td>
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<tr>
<td>Eye Exams in Diabetes</td>
<td>68.80</td>
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<tr>
<td>Flu Vaccinations (65 and older)</td>
<td>72.40</td>
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<tr>
<td>Breast Cancer Screening</td>
<td>72.70</td>
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<tr>
<td>Disease-Modifying Anti-Rheumatic Drug Therapy</td>
<td>77.10</td>
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<tr>
<td>Beta-Blocker Treatment After a Heart Attack</td>
<td>90.90</td>
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<tr>
<td>Hemoglobin A1c (HbA1c) Screening</td>
<td>93.20</td>
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<tr>
<td>Monitoring Nephropathy in Diabetes</td>
<td>95.50</td>
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2016 State of Health Care Quality (2015 HEDIS Medicare HMO data)
• Raise Awareness
• End Stigma and Ageism
• Access to Screening and Treatment
• Replicate and Incentivize Best Practices
A national education and action campaign to raise awareness about bone health and drive action to improve appropriate fracture and falls prevention, screening and treatment.
Coalition to Strengthen Bone Health
What’s Next

New Report from Milliman on State Specific Data
• Generate state-by-state estimates of the prevalence and cost of fractures

Advocate for Federally Sponsored Education Campaign
• Letters to the Appropriations Committees for FY21 budget requesting funding for HHS and co-agencies to lead a falls and fracture prevention education campaign
• Continue meetings with HHS and CMS to determine resources and opportunities

Incentivize Post Fracture Care
• Continue meetings with CMS to determine best options for care coordination/FLS reimbursement
• Revise and enhance quality measures to address the needs of osteoporosis patients
Opportunities to Get Involved

NOF Support Groups
Building Strength Together®
COVID-19 Crisis Reminder

Webinars for Healthcare Providers
• https://www.nof.org/covid-19-updates/

Survey Responses from HCPs

Survey of Patients and Caregivers
• https://www.surveymonkey.com/r/COVID19PatientSurvey

Webinar for Patients and Caregivers
• Coming Soon!
Questions on Milliman Report or Advocacy Efforts?

We welcome your questions or comments at any time. Please email us at info@nof.org.