

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 BILLION<sup>1</sup>



### 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.



# OF REPEAT FRACTURES COULD BE AVOIDED

with cost-effective and well-tolerated treatments<sup>2</sup>

### Tools to Prevent Secondary Osteoporotic Fractures Are Not Being Used.

ONLY 9% RECEIVED A BMD TEST

MOST WITH FRACTURES GO UNTREATED<sup>2</sup>

Based on female Medicare fee-forservice beneficiaries receiving a bone mineral density (bmd) test within six months following a new osteoporotic fracture Model Care Coordination Practices Are Not Widely Utilized<sup>2</sup>



Preventing Secondary Osteoporotic Fractures Yields Big Medicare Savings.

# REDUCING SECONDARY FRACTURES BY JUST 20% COULD \$1.2B<sup>3</sup>





# Innovative care models are not being used



Geisinger

#### AMERICAN ORTHOPAEDIC ASSOCIATION



Providers & patients united for improved care.



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



Solomon DH et al. J Bone Miner Res. 2014;29:1929–1937.



J Bone Miner Res. 2014;29:1929



## Osteoporosis Care Lags Behind Other Major Diseases and Conditions

Fall Risk Discussion	35.00
COPD Spirometry Testing	36.30
Testing/Treatment after Fracture (65-85 year old	40.70
Fall Risk Intervention	58.60
Blood Pressure Control in Diabetes	61.90
Hemoglobin A1c (HbA1c) Control	62.70
Colorectal Cancer Screening	67.40
Controlling High Blood Pressure	67.90
Eye Exams in Diabetes	68.80
Flu Vaccinations (65 and older)	72.40
Breast Cancer Screening	72.70
Disease-Modifying Anti-Rheumatic Drug Therapy	77.10
Beta-Blocker Treatment After a Heart Attack	90.90
Hemoglobin A1c (HbA1c) Screening	93.20
Monitoring Nephropathy in Diabetes	95.50

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



# any shortfalls in your diet.

Discontinuation of supplemental calcium for safety reasons is **not necessary and may be** 

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.

# Getting enough calcium and vitamin D



### 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 coagencies 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

https://cdn.nof.org/wp-content/uploads/COVID-19-HCP-Survey-Results.pdf

### 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.

