



October 9, 2019

On September 11th, the National Osteoporosis Foundation released a report, *Medicare Cost of Osteopathic Fractures*. To promote the release, Steadfast Communications conducted media outreach to national, trade and broadcast media.

A few highlights include:

- Six original news stories in [Health Leaders](#), [Medscape](#), [HealthDay/Physician's Briefing](#), [McKnight's Long-Term Care](#), [Rheumatology Network](#), and [Hospimedica](#).
- An original story in [STAT: Morning Rounds](#) that appeared in advance of the event at the National Press Club.
- Coverage of the study in *Morning Consult*, which reaches 300,000 subscribers (see attached).

The press release sent through PR Newswire was re-printed by more than 140 online and broadcast outlets.

Attached, please find updated coverage, as well as the PR Newswire report.

# Prevalence of Osteoporosis-Related Fractures is Alarmingly High

By [Rheumatology Network Editorial Staff](#)

October 4, 2019

[Osteoporosis](#), [Joint/Bone Health](#), [News](#), [Rheumatology](#)

The clinical burden of fracture on Medicare fee-for-service beneficiaries is significant, with patients continuing to experience additional fractures at high rates. The survival after a subsequent fracture is approximately 180 days, shows a report issued in August by the National Osteoporosis Foundation.

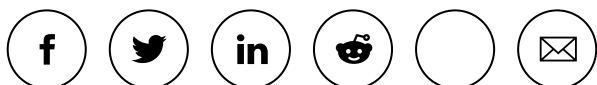
In this slideshow, we highlight the findings from the report.



[News](#) > [Clinical Daily News](#)

October 3, 2019

# Secondary fracture prevention could save Medicare billions: report

[Alicia Lasek](#)

Elizabeth Thompson, CEO

Preventing secondary osteoporotic fractures could save Medicare billions, according to a recent [report](#) released by the National Osteoporosis Foundation.

Investigators found that the additional cost to Medicare fee-for-service totaled \$6.3 billion for beneficiaries who suffered a secondary fracture within two to three years after an initial fracture. Reducing secondary fractures by 5% to 20% in 2015 could have reduced Medicare FFS spending by up to \$1.2 billion over the same post-fracture time period, the report concluded.

Despite the exorbitant costs, prevention efforts are a fraction of what they should be, said Elizabeth Thompson, CEO of NOF. In fact, only 9% of female beneficiaries were found to have been screened for osteoporosis within six months following an initial fracture.

“The good news is that we have the tools to stem this crisis,” Thompson said. She recommends that clinicians step up bone density testing and FDA-approved drug treatments for osteoporosis, both covered by Medicare. These can help reduce spine and hip fractures by up to 70% and cut repeat fractures by about half, she said.

Approximately 2.3 million osteoporotic fractures were suffered by two million Americans covered by Medicare in 2015.

The [NOF study](#) was conducted by Milliman.

## TOPICS:

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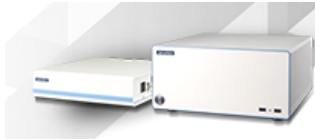


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## Osteoporosis-Related Fractures Lead Reasons for Hospitalization

By Hospimedica International staff writers

Posted on 30 Sep 2019



A new study reveals that

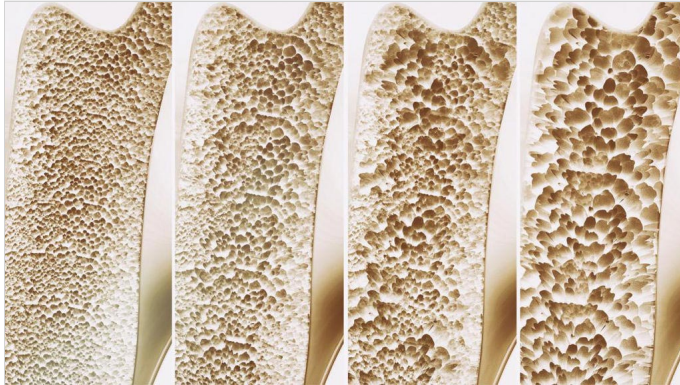


Image: Osteoporotic fractures are the leading cause of hospitalizations in the U.S. (Photo courtesy of Dreamstime).

osteoporotic fractures are responsible for more hospitalizations in the United States than heart attacks, strokes, and breast cancer combined.

A new report released by the National Osteoporosis Foundation (NOF; Arlington, VA, USA) analyses the economic and clinical impact of bone fractures suffered by American citizens registered in the Medicare program. The analysis found that despite proven preventive measures, around two million Americans on Medicare suffered over 2.3 million osteoporosis-related bone fractures during 2015. The analysis also provides insights on the potential economic savings that could be realized if the rate of secondary (repeat) fractures were reduced through model prevention practices.

Undertaken by actuarial firm Milliman (Seattle, WA, USA), the findings are based on a review of an extensive database of Medicare fee-for-service claims paid in 2015. Analysis showed that female beneficiaries had a 79% higher rate of osteoporotic fracture than males, and the most common fractures involved the spine and hip, representing 40% of all osteoporotic fractures; hospitalization rates were more than 90% among those sustaining a hip fracture. Nearly 20% died within 12 months of a new osteoporotic fracture, and those with a hip fracture had the highest mortality, with 30% dying within 12 months.



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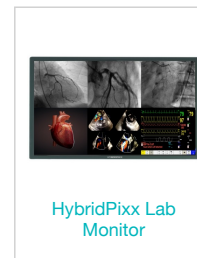
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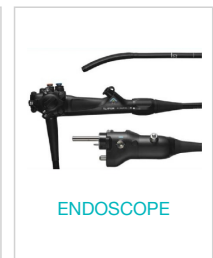
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The report also focused on "new" osteoporotic fractures, by excluding beneficiaries who had another osteoporotic fracture in the prior 6- to 12- months. The results revealed that about 15% of those who experienced a new osteoporotic fracture had one or more subsequent fractures within 12 months of the initial fracture. Despite this, only nine percent of women who suffered an osteoporotic fracture were screened with a bone mineral density test within six months of the first fracture. In fact, the percentage of patients aged 50 and older who received a registered therapy for osteoporosis within twelve months of a hip fracture declined from 40% in 2002 to 21% in 2011.

“The health care system is failing the more than 54 million people who either already have osteoporosis or are at high risk of the disease. The good news is that we have the tools to stem this crisis. Medicare pays for state-of-the-art bone density testing to identify those who are at risk of bone fractures,” said Elizabeth Thompson, CEO of NOF. “Medicare also pays for drug treatments for osteoporosis that can help reduce spine and hip fractures by up to 70% and cut repeat fractures by about half. And new models of coordinated care for patients post-fracture have proven to reduce rates of fractures and lower costs.”

#### Related Links:

[National Osteoporosis Foundation](#)

[Milliman](#)



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# Brutal Toll of Osteoporotic Fractures Revealed in New IOF Report

Nancy A. Melville

September 20, 2019

A new report provides striking details about the toll osteoporotic fractures take on the individual and at a societal level in the United States, showing that as many as 2 million Medicare beneficiaries sustained 2.3 million osteoporotic fractures in 2015.

Moreover, nearly one in five died within 12 months of a new fracture.

This [latest report](#) from the National [Osteoporosis](#) Foundation (NOF) "provides real-world data from Medicare claims that shows how the healthcare system is failing the 55 million Americans who have or who are at high risk of osteoporosis," Elizabeth Thompson, CEO of the NOF, told Medscape Medical News.

The data show that, remarkably, "osteoporotic fractures are responsible for more hospitalizations than heart attacks, strokes, and [breast cancer](#) combined."

"The biggest surprise from this report is that things are worse than we thought," Bart Clarke, MD, president of the American Society for Bone and Mineral Research (ASBMR), told Medscape Medical News.

"We've known the risk of a secondary fracture is high, that if people don't take therapy they will continue to have fractures and that many people don't get bone density testing after their first fracture," said Clarke, who is a clinician and researcher with the Division of Endocrinology, Metabolism, Diabetes, and Nutrition at the Mayo Clinic College of Medicine in Rochester, Minnesota.

Now, it's obvious from these new figures that "in some cases, these rates are worsening, so this is...of great interest," he added.

The findings send the message that fractures can have more detrimental implications than many realize, Clarke stressed.

"People tend to think 'this is normal for me — my mother had a fracture, as did my grandmother, and now I have one,' and so they're not overly concerned," he explained.

"But we, as clinicians, see these as sentinel events for future fractures."

"We know that when you break a bone, your risk of having a second fracture in the next 2 years is at least double the risk for the first fracture," he emphasized.

"This not something I think a lot of patients or even physicians realize."

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## Those With a Hip Fracture Had Highest Mortality Rate a Year Later

The report focused on "new" osteoporotic fractures by excluding beneficiaries who had another osteoporotic fracture in the prior 6- to 12- months.

According to the analysis, female beneficiaries had a 79% higher rate of osteoporotic fracture than males, after adjusting for age, and the most common fractures involved the spine and hip, representing 40% of all osteoporotic fractures in the Medicare population in 2015.

The rates are alarming because hip fractures are in fact among the most detrimental of osteoporotic fractures, and the analysis supports that, showing hospitalization rates were more than 90% among those sustaining a [hip fracture](#).

Overall, nearly 20% of patients died within 12 months of a new osteoporotic fracture, and those with a hip fracture had the highest mortality, with 30% dying within 12 months.

In addition, approximately 15% of those who experienced a new osteoporotic fracture had one or more subsequent fractures within 12 months of the initial fracture.

And clinical follow-up after a first fracture — seen as critical in the prevention of a secondary fracture — is low, as supported by the finding of the analysis that only 9% of women who suffered an osteoporotic fracture were screened for osteoporosis with a bone mineral density test within 6 months following their initial fracture.

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## Prevention Efforts Could Be Boosted by Fracture Liaison Service

Indeed, NOF's Thompson noted, patients sometimes don't even report fractures to their primary care physician.

"One of the things we learn over and over again is people will present at the emergency room with a fracture such as a broken wrist, toe, or shoulder, and they will have it fixed there, but may never even tell their primary care doctor about it, and right now the onus is not on that hospital or orthopedic surgeon to initiate or provide osteoporosis care," she explained.

But introducing fracture liaison services could substantially improve matters, the experts say.

As part of these services, dedicated staff follow-up with patients to make sure their primary care provider is informed of the fracture and that proper preventive measures, such as a bone density evaluation, are being offered.

Centers reporting success with such programs include the Geisinger Health System's High-Risk Osteoporosis Clinic (HiROC), which in a [recent study](#) reported increases in bone density tests in women over age 65 years, from 40% to 74%, in their program, so as many as 75% of eligible patients received prescriptions for osteoporosis drugs compared with just 13.8% in the primary care population as a whole.

Thompson added that "Medicare needs to incentivize the use [of programs such as fracture liaison services] by helping to defray any upfront costs and/or creating a bundled payment model."

Key measures could also make an important difference at the primary level, Thompson asserted.

"We recommend physicians put a check-off box in their chart asking patients questions, including whether they have had a fracture, if so, when? What body part?" she said.

"We also recommend a check-off box asking if the patient has had a bone density test. It's recommended that every woman starting at age 65 and man at age 70 should have a baseline bone mineral density," Thompson explained.

Extensive details for the prevention of secondary fractures are outlined in new [consensus guidelines](#) published by the ASBMR.

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## Costs of Second Fractures Are Substantial

In addition to the health effects, the economic costs associated with second fractures are also substantial.

According to the report, the incremental medical cost to Medicare of a subsequent fracture over the 180-day period following a new osteoporotic fracture was more than \$20,700.

Translated to the estimated 307,000 Medicare Fee For Service (FFS) beneficiaries who suffered a subsequent fracture during a follow-up of 2- to 3 years and survived at least 180 days after the second fracture, the amount would exceed \$6.3 billion in allowed cost to Medicare FFS, the authors note.

However, reductions of just 5% to 20% in the rate of subsequent fractures could have led to savings of \$310 million to \$1.2 billion, respectively, they estimate.

Thompson is the CEO of the NOF. Clarke is the president of the ASBMR and has reported no relevant financial relationships.

NOF. Published September 11, 2019. [Full text](#)

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# HealthLeaders

## ANALYSIS

# OSTEOPOROSIS, BONE FRACTURES COST MEDICARE \$6.3B

BY [JACK O'BRIEN](#) | SEPTEMBER 11, 2019

The study predicts that the total cost of care associated with osteoporotic fractures will be \$95 billion in 2040.

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## KEY TAKEAWAYS

- **Only 9% of beneficiaries were screened for osteoporosis within six months of sustaining their initial fracture.**
- **The report indicates that a 15% to 20% reduction in "secondary" fractures could have reduced Medicare spending by between \$310 million to \$1.2 billion in 2015.**
- **Nearly 20% of Medicare beneficiaries died within a year of suffering an additional fracture.**

The additional costs of osteoporosis and subsequent bone fractures topped \$6.3 billion, according to a Milliman study commissioned by the [National Osteoporosis Foundation \(NOF\)](#) Wednesday morning.

According to the report, 2 million Medicare recipients suffered 2.3 million fractures in 2015, however, only 9% of beneficiaries were screened for osteoporosis within six months of sustaining their initial fracture.

The study's findings point to both the sizable financial impact of osteoporotic fractures as well as the lack of robust utilization for preventative measures.

In the 12-month period after sustaining an osteoporotic fracture, the direct medical cost exceeded \$21,800 per Medicare beneficiary, more than twice the costs incurred in the 12-month period prior to the injury.

Perhaps most notably, while more than 40% of Medicare beneficiaries who suffered an osteoporotic fracture were hospitalized within a week, nearly 20% died within a year of suffering an additional fracture.

### **Related: New Labels Coming for Osteoporosis Drugs**

In 2018, the total annual expense of providing care associated with osteoporosis fractures was \$57 billion and is expected to rise to \$95 billion in 2040, according to NOF.

Elizabeth Thompson, CEO of NOF, said the healthcare system has failed millions who suffer from osteoporosis but added that there are proven methods to curb its impact.

"Medicare pays for state-of-the-art bone density testing to identify those who are at risk of bone fractures, allowing for early and effective preventive steps and interventions.

Medicare also pays for FDA-approved drug treatments for osteoporosis that can help reduce spine and hip fractures by up to 70 percent and cut repeat fractures by about half," Thompson said in a statement. "And new models of coordinated care for patients post-fracture have proven to reduce rates of fractures and lower costs."

The NOF report indicates that a 15% to 20% reduction in "secondary" fractures, those that occur after the initial injury, could have reduced Medicare spending by between \$310 million to \$1.2 billion in 2015.

The report also offered recommendations for Medicare, including incentives for evidence-based care management and coordination for those with an osteoporotic fracture, eliminating cuts to payment rates for screenings, and establishing quality measures for screening and treatment options.

### **Related: More People Are Living With, Not Dying From, Hip Fractures**

*Jack O'Brien is the finance editor at HealthLeaders, a Simplify Compliance brand.*

STAT



# morning rounds

REPORTING FROM THE FRONTIERS  
OF HEALTH AND MEDICINE



By Shraddha Chakradhar

## Osteoporosis-related fractures could cost Medicaid more than \$6 billion in hospital costs

A [new report](#) from the National Osteoporosis Foundation finds that Americans covered by Medicare suffered more than 2 million fractures due to osteoporosis in 2015, a figure the report claims was responsible for more hospitalizations than heart attacks, strokes and breast cancer combined. Here's more:

- **Fracture type and trends:** 40% of all the fractures were hip and spine fractures, and female Medicare patients had nearly 80% higher rates of osteoporotic fractures than males.
- **Secondary fractures:** Those with osteoporosis are at risk for having recurrent fractures, and some 307,000 people suffered such fractures in 2015. The additional cost to Medicare from hospitalizations for these fractures was over \$6 billion.
- **Screening:** Only 9% of women who suffered an osteoporotic fracture had been screened for bone mineral density in the six months after their injury.



## Morning Consult Health: Health Insurers to Pay \$743 Million in Consumer Rebates Under ACA Rule

# HEALTH

By Yusra Murad

### Events Calendar (All Times Local)

09/11/2019

HHS National Advisory Committee on Rural Health and Human Services

9:00 am

Health Spending: Moving From Theory to Action

9:00 am

Health Affairs and the National Pharmaceutical Council forum on health spending

10:15 am

House Education and Labor subcommittee hearing: "The Importance of Trauma-Informed Practices in Education to Assist Students Impacted by Gun Violence and Other Adversities"

12:00 pm

Hill briefing: The Future of Cancer Immunotherapy

12:00 pm

Major New Report on The Economic and Human Toll of Osteoporosis

**Medicare cost of osteoporotic fractures**

**Milliman**

We report on the economic and clinical burden of new osteoporotic fractures that occurred in 2015 in the Medicare fee-for-service (FFS) population using information from a large administrative medical claims database. We focus on “new” osteoporotic fractures by excluding beneficiaries who had another osteoporotic fracture in the prior six- to 12- month period.



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# New Report on Burden of Osteoporosis Highlights Huge and Growing Economic and Human Toll of the Disease

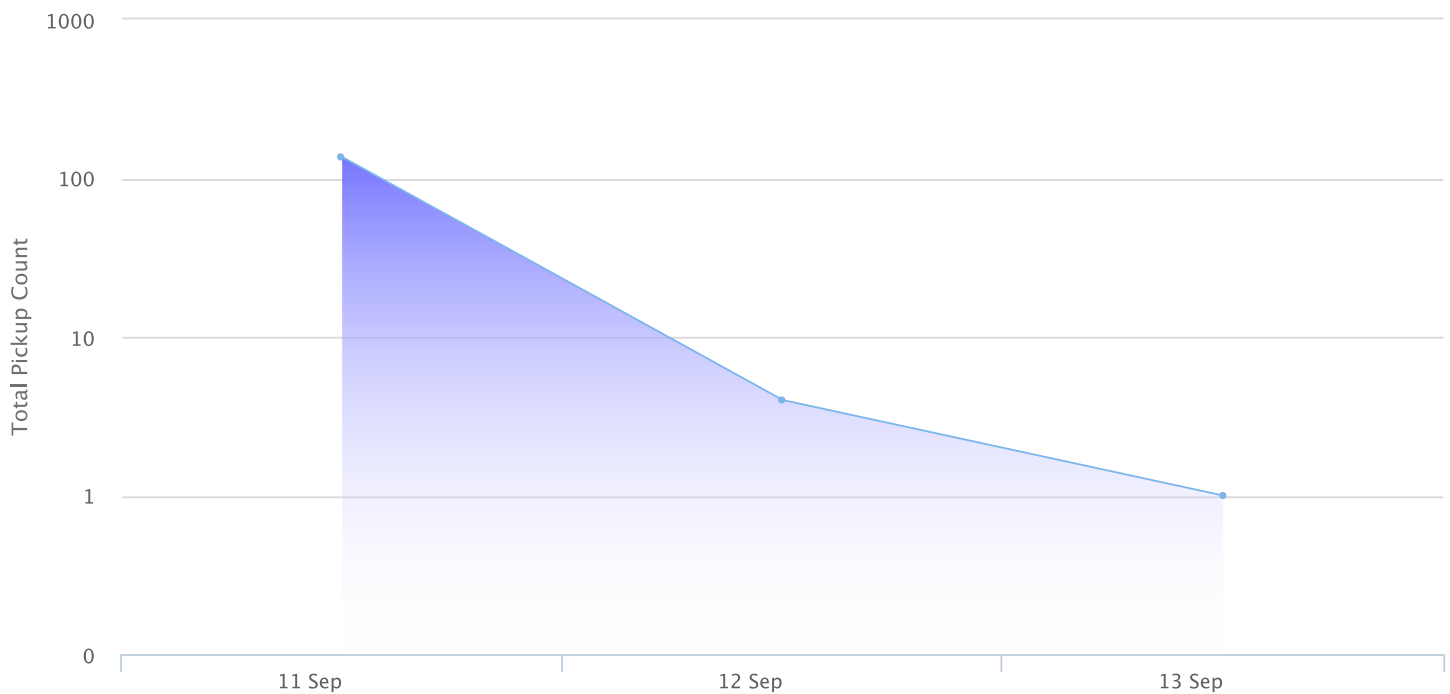
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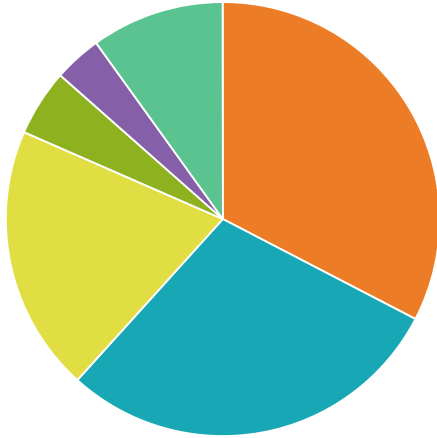
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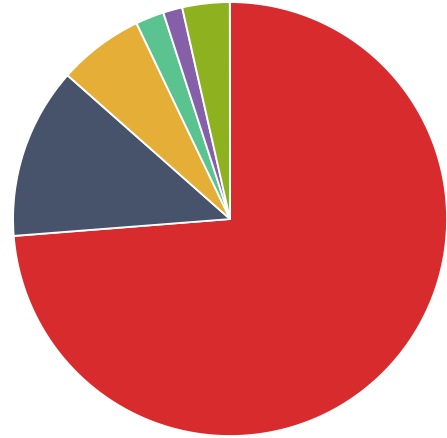


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