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## **OPINION**

## **A Rare Win for Patients** and the System: Addressing **America's Bone Health** Crisis

BY ELIZABETH THOMPSON October 10, 2019

There is a daily debate in Washington about how to lower U.S. health care costs that often pits increasing patient access against lowering costs to our health care system. However, in addressing America's bone health crisis – where half of Americans age 50 and up are at risk of an osteoporotic fracture at an annual cost of \$52 billion to Medicare – policymakers have a unique opportunity to support legislation that both improves patient health and decreases this staggering cost.

Congress must take action and pass S. 283/H.R. 2693 (the Increasing Access to **Osteoporosis** Testing for Medicare Beneficiaries Act) to reap the benefits.

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While osteoporosis, or weakening of the bones, is common, it's significantly underdiagnosed and undertreated. In fact, many people first learn of the disease after their first bone break.

Broken bone recovery for someone with osteoporosis presents many challenges, such as repeated fractures, hospitalizations and long-term care needs — or worse. For example, 1 in 5 older adults dies within 12 months of a hip fracture and 1 in 4 ends up in a nursing home, which often means something that's more terrifying than death: a lifetime dependent on others for care.

This all amounts to a significant toll on patients and the health system, but there is a straightforward solution. Dual-energy Xray absorptiometry screening, which tests bone density, is the gold standard for diagnostic testing. It is recommended for all women over 65 and those under 65 with risk factors, as well as men at increased risk for osteoporosis, and can help identify bone health issues to facilitate proper prevention and treatment.

However, DXA scans are on the decline. Doctors are struggling to administer these tests and maintain the equipment based on the Medicare reimbursement rate, which has dropped 70 percent since 2006.

It's simply not economically feasible for providers, and patients suffer from reduced access; DXA scan reduction has resulted in diminished osteoporosis diagnosis and treatment, leading to an increase in fractures. In fact, it's estimated more than 3.6 million fewer women have received a DXA scan since 2008, resulting in an estimated 43,661 additional hip fractures and 9,518 additional hip fracture-related deaths in the United States.

More screening and treatment are the answers to turn this tide. Unlike many diseases, osteoporosis is a model for disease prevention with accurate, cost-effective diagnostic tools and inexpensive treatments that work at reducing fractures. Medicare beneficiaries who have a DXA bone density test have 35 percent fewer hip fractures and 22 percent other fragility fractures.

A recent study in the Journal of Bone and Mineral Research confirmed further potential; it found that increasing DXA screening could have substantial benefits, preventing 3.7 million fractures and reducing total direct medical costs of osteoporosis by nearly \$55 billion through 2040.

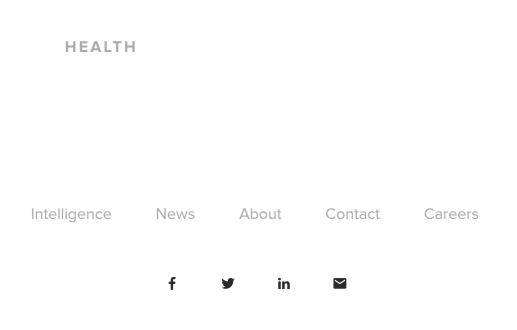
The great majority of osteoporosis patients, including those at highest risk for fracture, remain untreated, which has individual and systemic consequences. Improving diagnosis can help more people get their condition under control and even before a bone break.

Congress has a significant moment in time to help older Americans. Now's the time to act and support the legislation that can enable more patients to get DXA scans.

Elizabeth Thompson serves as the chief executive officer of the National Osteoporosis Foundation, the nation's only organization dedicated to preventing osteoporosis and broken bones, promoting strong bones for life and reducing human suffering through awareness programs for the public and clinicians, education, advocacy and research.

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