BHOF
Bone Health & Osteoporosis FOUNDATION™
The new name of the National Osteoporosis Foundation

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April 12, 2023

The Honorable Tammy Baldwin, Chair
The Honorable Shelley Moore Capito, Ranking Member
Subcommittee on Labor, Health and Human Services, Education and Related Agencies
Committee on Appropriations
United States Senate
Washington, D.C. 20510

Dear Chair Baldwin and Ranking Member Capito,

On behalf of our 16 national women's health, aging, family caregivers and bone health organizations, we are writing to request the Subcommittee's continued attention to a highly prevalent and costly women's health crisis as you consider fiscal year 2024 appropriations for the Department of Health and Human Services. One in two women and one in four men over the age of 50 will suffer a bone fracture in their lifetime due to osteoporosis, a chronic disease which causes thinning of the bones. According to a 2021 Milliman report analyzing most recent (2016) claims data, 1.8 million Medicare beneficiaries, 70 percent of them women, suffered approximately 2.1 million osteoporotic fractures**.** *In your home states of Wisconsin and West Virginia, Medicare beneficiaries suffered over 38,000 and 15,900 osteoporotic fractures in 2016.*[1]

Osteoporotic fractures not only come with extraordinarily large costs to Medicare, but also devastating outcomes for a predominantly female population. 30 percent of hip fracture died within a year, and nearly 42,000 patients were institutionalized in nursing homes within three years. CMS has identified osteoporosis as one of the major causes of long-term opioid use and the associated risk of dependence and addiction. A recent study found 23% of opioid-naïve hip fracture patients became chronic opioid users after surgery. And the total annual cost for osteoporotic fractures among Medicare beneficiaries was $57 billion in 2018 and without reforms is expected to grow to over $95 billion in 2040, as our population ages.

We can and must do better by those who have osteoporosis. Too many Medicare beneficiaries who suffer an osteoporotic fracture are not getting the follow-up care that has been proven to reduce subsequent fractures. A comparison helps to highlight this shortcoming. Osteoporotic fractures can be as devastating for patients as a heart attack and the risk of a subsequent fracture putting patients in the hospital is about the same as having a second heart attack. However, while 95 percent of heart attack patients receive medication to prevent another heart attack, only 20 percent of hip fracture patients receive medication proven to greatly reduce the risk of a second fracture. Only 8 percent (and only 5 percent of Black Americans) are even screened for osteoporosis within 6 months of a fracture.

[1]Milliman 2021, March. Medicare cost of osteoporotic fractures – 2021 updated report.

We greatly appreciate the Subcommittee including language in its Fiscal Year 2021 report calling on CMS to tackle this problem. Since that time, a broad coalition of health professional and patient advocacy organizations has worked to develop, in consultation with CMS, a care coordination payment mechanism that assures beneficiaries who suffer an osteoporotic fracture get the evidence-based post-fracture care they need to help prevent a second fracture. CMS is now considering this mechanism for inclusion in its 2023 Medicare physician payment updates. ***Therefore, we ask the Subcommittee to include in its FY2024 report language (specific language is attached) calling on CMS to adopt changes to improve post-fracture care.*** Medicare has already implemented similar payment reforms to improve outcomes in other conditions like opioid use disorder and pain management. The same approach can improve osteoporotic fracture patient care by requiring appropriate osteoporosis and fall risk assessments and coordination of care to address risk of osteoporosis and falls, so that we can begin to prevent hip and other fractures by caring for patients at earlier stages of osteoporosis and treating the underlying chronic disease.

We also need to substantially increase public and health professional awareness about bone health, osteoporosis and the falls that often precipitate osteoporotic fractures. Greater awareness about what people can do to improve their bone health through their lifetimes and reduce their risk of fractures is essential to reducing the large and growing costs and human toll associated with osteoporosis. We greatly appreciate the Subcommittee's inclusion of report language accompanying its FY 2023 bill urging CDC to support a national education and awareness campaign. ***This year we ask you to include $1 million specifically targeted to developing and launching such an effort (specific language attached).***

For these action steps to be successful, they must be accessible to those at highest risk. As America is rapidly diversifying, social determinants of health, such as language and culture, must be prioritized when funding services and education campaigns. For example, Asian Americans, Native Hawaiians and Pacific Islanders, whose numbers are expected to nearly triple by 2060, have the highest prevalence of osteoporosis (38.8% women, 6.5% men) yet studies have documented their lower use of medication, and among immigrants, poor knowledge about osteoporosis. Also, a recent study found that Black women with postmenopausal osteoporosis (PMO) had significantly higher rates of mortality, debility, and destitution after fracture than White women.[1] Limited knowledge of osteoporosis has also been observed in Black and Hispanic communities, further necessitating culturally and linguistically tailored messaging to the most vulnerable Americans.

While securing better outcomes for many debilitating conditions requires additional research, new breakthrough treatments and/or expensive legislative changes, the expensive and worsening osteoporosis care gap can be addressed right now through administrative action.

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1 Wright NC, Chen L, Saag KG, Brown CJ, Shikany JM, Curtis JR. Racial Disparities Exist in Outcomes After Major Fragility Fractures. J Am Geriatr Soc. 2020 Aug;68(8):1803-1810. doi: 10.1111/jgs.16455. Epub 2020 Apr 26. PMID: 32337717; PMCID: PMC793546

Thank you so much for your attention to this very important and growing health crisis. We would be happy to answer any questions you may have. Please contact Claire Gill, CEO of the Bone Health and Osteoporosis Foundation at (703) 647-3025 or cgill@bonehealthandosteoporosis.org.

Sincerely,

Bone Health and Osteoporosis Foundation

Alliance for Aging Research

American Bone Health

Arthritis Foundation

Black Women's Health Imperative

Cancer Fashionista

Caregiver Action Network

Celiac Disease Foundation

Global Healthy Living Foundation

HealthyWomen

National Asian Pacific Council on Aging

National Committee to Preserve Social Security and Medicare

National Council on Aging

National Menopause Foundation

National Spine Health Foundation

Society for Women's Health Research

cc: The Honorable Patty Murray, Chair, Committee on Appropriations
The Honorable Susan Collins, Ranking Member, Committee on Appropriations

(Center for Medicare and Medicaid Services; Program Operations)

The Committee remains concerned that 1.8 million older Americans suffer 2.1 million bone fractures related to osteoporosis and that Medicare is not taking advantage of proven mechanisms to reduce these costly fractures. New analysis also reveals significant racial and geographic disparities in post-fracture care and outcomes. The Committee is pleased that CMS is considering implementing a care coordination payment mechanism for secondary prevention of osteoporotic fractures and encourages the agency to adopt this needed reform. These services have been shown to reduce the rates of costly secondary fractures through improved screening, treatment initiation and adherence, patient and caregiver education and counseling, and comprehensive falls prevention strategies.

Background:

Up to 2.1 million osteoporotic bone fractures were suffered by approximately 1.8 million Medicare beneficiaries in 2016. That is more than the number of heart attacks, strokes or new breast cancer cases. The total annual cost for osteoporotic fractures among Medicare beneficiaries was $57 billion in 2018 and without reforms is expected to grow to over $95 billion in 2040, as our population ages.

Too many Medicare beneficiaries who suffer an osteoporotic fracture are not getting the follow-up care that has been proven to reduce subsequent fractures because Medicare payment codes do not incentivize its use. Leading health systems have successfully employed models of coordinated post-fracture care that have successfully reduced the rate of secondary (repeat) fractures and lowered costs. These secondary fracture prevention models (sometimes called fracture liaison service) have been in operation for more than 15 years in leading health systems in the U.S. and in countries around the world. They are typically headed by a nurse coordinator who utilizes established protocols to ensure that individuals who suffer a fracture are identified and a care plan is established and implemented to assure receipt of appropriate screening, treatment and patient and caregiver education and counseling. Many models have incorporated a pharmacist in the care coordination team to enable prompt resolution of patient concerns related to prescribed medications and improved medication adherence. A population registry of fracture patients is typically established as well as a process and timeline for patient assessment and follow-up care. In addition to managing osteoporosis, where appropriate, these programs will refer patients to fall prevention services.

Numerous studies have demonstrated the effectiveness of model post-fracture care. For example, Kaiser Permanente demonstrated that its program reduced the expected hip fracture rate by over 40% (since 1998). If implemented nationally, Kaiser estimates a similar effort could reduce the number of hip fractures by over 100,000 and save over $5 billion/year. A recent meta-analysis of 159 publications evaluating their impact found that patients receiving care from a model post fracture program had higher rates of bone density testing (48.0% vs 23.5%), treatment initiation (38.0% vs 17.2%) and greater adherence to treatment (57.0% vs 34.1%)[1].

Wright NC, Chen L, Saag KG, Brown CJ, Shikany JM, Curtis JR. Racial Disparities Exist in Outcomes After Major Fragility Fractures. J Am Geriatr Soc. 2020 Aug;68(8):1803-1810. doi: 10.1111/jgs.16455. Epub 2020 Apr 26. PMID: 32337717; PMCID: PMC793546

(Centers for Disease Control & Prevention; Chronic Disease Prevention & Health Promotion)

The Committee has included $1 million for the CDC to plan and begin implementation of a national education and action initiative aimed at reducing fractures and falls among older Americans modeled after the successful Million Hearts campaign. Such an initiative should set national goals for improving bone health through the lifetime and reducing the rate of primary and secondary osteoporotic fractures and in the rate of falls which often precipitate fractures.

Background:

In the U.S. more than 54 million people, mostly women, either already have osteoporosis or are at high risk of the disease due to low bone density. Up to 2.1 million osteoporotic bone fractures were suffered by approximately 1.8 million Medicare beneficiaries in 2016. *That is more than the number of heart attacks, strokes or new breast cancer cases.* The total annual cost for osteoporotic fractures among Medicare beneficiaries was $57 billion in 2018 and is expected to grow to over $95 billion in 2040 as the population ages. There are also significant racial and geographic disparities in incidence, costs and deaths from osteoporotic fractures.

Greater awareness and utilization of existing tools could lead to substantial improvements. Medicare pays for the osteoporosis screening recommended by the USPSTF, allowing for early and effective preventive steps and interventions. Yet only 8 percent of people at highest risk of a fragility fracture - women who have suffered a previous fracture - are screened for osteoporosis and about 80 percent of patients with osteoporosis go untreated even after a fracture. By comparison, while those who are hospitalized for an acute myocardial infarction (heart attack) are at a 9.2 percent risk for another AMI related hospitalization in the next year, 90 percent are started on treatment. One reason for this is that in 2012, the Department of HHS started a major national education and action initiative, Million Hearts, co-led by CDC and CMS. The national initiative successfully aligned national cardiovascular disease prevention efforts around a select set of evidence-based public health and clinical goals and strategies and has made significant progress toward preventing one million heart attacks and strokes in five years.

Given the high incidence and human and economic costs associated with both fractures and falls among older Americans, a similarly aggressive initiative aimed at these related problems is warranted and would pay dividends in terms of both patient outcomes and overall health care costs. Like heart disease, we know what steps are needed to reduce the incidence of falls and fractures among older Americans. We need to educate and activate the public and health professionals about bone health through the lifetime and reduce the toll of osteoporosis. Because we know that over 95% of hip fractures occur following a fall, such a campaign must also focus on reducing the growing rates of falls among older adults.

The start-up funding of $1 million would be used (in consultation with key stakeholders and experts to: identify target audiences; set national education and action goals for the initiative; identify needed educational materials; develop plans for effective outreach to target audiences; produce educational materials, and launch educational efforts.