

MEDICARE COST OF OSTEOPOROTIC FRACTURES

The National Osteoporosis Foundation (NOF) contracted with the independent actuarial firm, Milliman, to conduct an analysis of the the clinical and cost burden of fractures caused by osteoporosis. The analysis also provides insights on potential economic savings that could be realized if the rate of secondary (repeat) fractures were reduced.



In 2015,
2 MILLION
Medicare patients
suffered
2.3 MILLION
fractures

Secondary Osteoporotic Fractures Are Costly.



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 UNTREATED³**

**Model Care
Coordination
Practices Are Not
Widely Utilized³**

Preventing Secondary Osteoporotic Fractures Yields Big Medicare Savings.

REDUCING SECONDARY FRACTURES

BY JUST **20%** 
COULD SAVE **\$1.2B³**

SUMMARY: 54 million Americans age 50 and over either already have or are at risk of osteoporosis. Osteoporosis-related bone fractures are responsible for more hospitalizations than heart attacks, strokes and breast cancer combined. As the nation ages, this problem will continue to worsen, exacting a major economic and human toll on Medicare beneficiaries, their caregivers and taxpayers. Yet the problem is rarely a focus of public discussion or policymaker priority. Preventing secondary osteoporotic fractures may result in significant Medicare savings while at the same time, reduce suffering for older Americans.

¹ The additional cost in the 360-day period following a second fracture to Medicare for the 307,000 beneficiaries who suffered a second fracture in the 2-3 years after an initial osteoporotic fracture and survived for at least 360 days after the second fracture.

² Evidence: Harman, et al. 2012 (link) 10/12

³ The report concludes that reducing between 5 percent and 30 percent of these "secondary" fractures in 2015 could have reduced Medicare fee-for-service (FFS) spending by \$100 million to \$1.2 billion over a following period that lasted up to 2 to 3 years after a new osteoporotic fracture.

Milliman Health Cost Guidelines

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The Paul Wellstone Mental Health and Addiction Equity Act of 2007 (H.R. 1424) United States. Congress. House. Committee on Education and Labor. Subcommittee on Health, Employment, Labor, and Pensions, 2008 *Federal Register*, 2006 *State Coverage Initiatives* United States. Congress. House. Committee on Ways and Means. Subcommittee on Health, 2009 **Population Health Analytics** Martha L. Sylvia, Ines Maria Vigil, 2021-03 Binding PB **Review and Evaluation of the VA Enrollee Health Care Projection Model** Katherine M. Harris, James P. Galasso, Christine Eibner, 2008 The Department of Veterans Affairs relies on the Enrollee Health Care Projection Model EHCPM to project veteran enrollment enrolled veterans use of health care services and the cost of providing those services This evaluation of the EHCPM examines its accuracy and validity identifies potential model enhancements and assesses the risks and benefits posed by the VA's reliance on the model for budgeting and planning **Contingencies**, 2004 *Group Insurance* William F. Bluhm, 2012 This text is a comprehensive treatment of all aspects of group insurance in the United States and Canada It addresses life and health insurance as well as government programs and more specialized forms of insurance Emphasis is placed on the actuarial aspects of this important field of insurance including pricing regulation underwriting financial reporting and modeling Since its original publication in 1992 *Group Insurance* has become the resource of choice for experts as well as beginners It is an essential tool for anyone who wishes to practice in the group benefits field The Sixth Edition has been updated for the industry and regulatory changes which have occurred since 2007 Of particular note is the impact that healthcare reform in the United States will have on all facets of this topic **Best's Review**, 1995 Managed Care, Outcomes, and Quality Steven F. Isenberg, 1998 The first section leads us through the complicated and risky business of capitation and examines reimbursement in a managed care environment The idiosyncrasies of managed care contracts are detailed and you will learn how to negotiate with managed care companies There is a focus on practice profiling and the presentation of an expertise on referral guidelines The final chapter explores the ethical issues of managed care In section II you will find a description of outcome research and youseful information for the implementation of outcomes research in community based office practices The third section begins with two chapters on improving office efficiency and managing staff in a managed care environment The next chapter leads us through the important and complicated software selection process for the individual practitioner's needs A private practitioner offers his insight into managing a medical practice and the section completes with some helpful pointers to avoid malpractice claims Section IV provides the physicians response to managed care The legal issues of mergers and networks are discussed Several practicing physicians outline their personal experiences in the rapidly changing world of physician network development The book's final chapter leaves us with an expertise on how physicians can take back healthcare *The Standard*, 1940 Pensions, Bonuses, and Veteran's Relief U S Office of the Federal Register, 2011-09-23 The Code of Federal Regulations is a codification of the general and permanent

rules published in the Federal Register by the Executive departments and agencies of the United States Federal Government

Statistical Record of Health & Medicine Charity Anne Dorgan,1995 Indicators Health status of Americans Health care establishment Lifestyles and health Health in the workplace Health expenditures and funding Health care programs Health care industries Medical professions Medical establishment Politics opinion and law International comparisons **EBRI Issue Brief** ,1992 *BNA's Health Care Policy Report* ,2003 **Code of Federal Regulations, Title 38, Pensions, Bonuses, and Veterans' Relief, Pt. 0-17, Revised as of July 1 2005** Office of the Federal Register (U.S.) Staff,Office of the Federal Register,2005-10 The Code of Federal Regulations is a codification of the general and permanent rules published in the Federal Register by the Executive departments and agencies of the United States Federal Government *Essentials of Managed Health Care* Peter Reid Kongstvedt,2001 How can you help students master the complexities of managed health care For years instructors nationwide have counted on one text to convey a solid understanding of fundamental concepts Peter R Kongstvedt s *Essentials of Managed Health Care* Now in its Fourth Edition this best selling textbook continues to supply a clear and accessible explanation of how managed care actually works Web site serves as a launching pad to numerous activities and resources where ready to use PowerPoint slides additional readings organized by chapter and a test bank for instructors are available **BNA Pension & Benefits Reporter** ,2009 **Managed Care Contracting** Douglas A. Conrad,1996 However successful managed care contracting is a daunting challenge requiring a range of skills from creating an organizational vision and strategy to pricing specific services *Managed Care Contracting* provides all the necessary tools to meet the challenge of managed care contracting Standard & Poor's Creditweek ,2005 National Underwriter ,1946

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