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

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April 13, 2022

The Honorable Patty Murray, Chair
The Honorable Roy Blunt, Ranking Member
Subcommittee on Labor, Health and Human Services, Education and Related Agencies
Committee on Appropriations
U.S. Senate
Washington, D.C. 20510

Dear Chair Murray and Ranking Member Blunt,

On behalf of our 14 national organizations advocating for women's health, aging, family caregivers and bone health, we are writing to request the Subcommittee's continued attention to a costly and long neglected problem as you consider fiscal year 2023 appropriations for the Department of Health and Human Services. More than 54 million people in our nation, mostly women, either have osteoporosis (weakening of the bones leading to fractures) 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[1]. *That is more than the number of heart attacks, strokes or new breast cancer cases.* **In each of your home states of Washington and Missouri, Medicare beneficiaries suffered over 43,000 osteoporotic fractures in 2016[1].** 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.

The good news is there are tools available to stem this crisis:

- Medicare pays for high-quality bone density testing to identify those who are at risk of bone fractures, allowing for early and effective preventive steps and interventions. *However, shockingly only 8 percent of women who suffer a fracture are screened for osteoporosis and only 4 percent of Black beneficiaries are screened.*

- 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 secondary (repeat) fractures by about half. *Yet, about 80 percent go untreated, even after a fracture.*

- Leading health systems like Geisinger and Kaiser Permanente have successfully reduced repeat fractures and lowered costs by employing a well-established post-fracture coordinated care model often known as fracture liaison services (FLS). *Yet, most of those with fractures go without this cost-effective help because Medicare reimbursement mechanisms and coding/payment structures discourage broad adoption of this coordinated care approach.*

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

As noted in the attached White Paper, not only would broader adoption of these proven steps prevent more of the 2.1 million annual osteoporotic fractures, a 2021 analysis by Milliman found that preventing *just 20 percent of osteoporotic fractures in individuals who have had at least one previous fracture could reduce Medicare fee-for-service spending by about $1.1 billion over 2 to 3 years*[1].

We greatly appreciate you including language in your Fiscal Year 2021 report calling on CMS to take action in this area. We understand that CMS is now considering options to improve incentives for model post-osteoporotic fracture care. Therefore, we ask the Subcommittee to include in its FY2023 report and bill two steps that would lead to meaningful progress towards helping those with osteoporosis:

- Calling on the Center for Medicare and Medicaid Services to use its Medicare provider payment update authorities to incentivize the provision of model post-fracture care coordination for those who have suffered an osteoporotic fracture to lower their high risk of suffering another fracture; and

- Providing CDC funding for a national education and action campaign aimed at reducing the rate of bone fractures and the falls that often precipitate them.

These action steps must be accessible to those at highest risk, however. America is rapidly diversifying, thus social determinants of health, such as language and culture, must be prioritized by CMS when funding services and education campaigns. For example, Asian Americans, Native Hawaiians and Pacific Islanders, who are expected to nearly triple by 2060, have the highest prevalence of osteoporosis (38.8% women, 6.5% men) yet some investigations have documented their lower use of medication, and among immigrants, poor knowledge about osteoporosis. 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.

Attached are details for each proposal.

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.

Sincerely,

Bone Health and Osteoporosis Foundation
Alliance for Aging Research
American Bone Health
Black Women's Health Imperative
Caregiver Action Network
Carrie's TOUCH

HealthyWomen
National Asian Pacific Center on Aging
National Caucus and Center on Black Aging
National Committee to Preserve Social Security and Medicare
National Council on Aging
National Spine Health Foundation
Society for Women's Health Research
TOUCH, The Black Breast Cancer Alliance

cc: The Honorable Patrick Leahy, Chair, Committee on Appropriations
The Honorable Richard Shelby, Ranking Member, Committee on Appropriations

[2]Wu CH, Tu ST, Chang YF, Chan DC.. Fracture liaison services improve outcomes of patients with osteoporosis-related fractures: A systematic literature review and meta-analysis. Bone. 2018 Jun;111:92-100. doi: 10.1016/j.bone.2018.03.018. Epub 2018 Mar 16. PMID: 29555309.

(Center for Medicare and Medicaid Services; Program Operations)

The Committee remains concerned that 2 million older Americans suffer 2.1 million bone fractures related to osteoporosis and that Medicare is not taking advantage of available measures to prevent them. 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 this needed reform. These services have been shown to improve rates of osteoporosis screening, treatment initiation and adherence, patient and caregiver education and counseling, and comprehensive falls prevention strategies.

Background:

New analysis released in March 2021 found that up to 2.1 million osteoporotic bone fractures were suffered by approximately 2 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.** Leading health systems like Geisinger and Kaiser Permanente have successfully employed models of coordinated post-fracture care that have successfully reduced the rate of secondary (repeat) fractures and lowered costs. Most of those with fractures go without this cost-effective help because Medicare does not incentivize its use.

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]. Further details on the issue and needed reforms can be found in the attached consensus-driven white paper "**Medicare Payment for Post-Acute Osteoporosis Detection, Treatment and Management Following a Fragility Fracture",** which has been endorsed by 17 leading national organizations.

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

The Committee has included sufficient funds for the CDC to initiate 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:

Osteoporosis, or weakening of the bones leading to fractures, is a public health crisis that many people experience, yet few people know about. 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 2 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. New analysis released in March 2021 by the Bone Health and Osteoporosis Foundation found significant racial and geographic disparities in incidence, costs and deaths from osteoporotic fractures. For example, while suffering fewer fractures, Black beneficiaries have higher hospitalization and death rates and lower screening rates post-fracture.

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. 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 secondary (repeat) fractures by about half. 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—alongside 120 official partners and 20 federal agencies—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 its bold goal to prevent 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.

[2]Wu CH, Tu ST, Chang YF, Chan DC.. Fracture liaison services improve outcomes of patients with osteoporosis-related fractures: A systematic literature review and meta-analysis. Bone. 2018 Jun;111:92-100. doi: 10.1016/j.bone.2018.03.018. Epub 2018 Mar 16. PMID: 29555309.