

MEDICARE COST OF OSTEOPOROTIC FRACTURES

THE CLINICAL AND COST BURDEN OF AN IMPORTANT CONSEQUENCE OF OSTEOPOROSIS

The objective of this report is to provide national and state-level insights into the economic and health impact of osteoporotic fractures on Medicare FFS beneficiaries and the Medicare program.



OSTEOPOROTIC FRACTURES EXACT A HUGE HUMAN AND ECONOMIC TOLL

Approximately
1.8 MILLION
Medicare beneficiaries
suffered approximately
2.1 MILLION
OSTEOPOROTIC
FRACTURES
IN 2016

The total estimated allowed
medical cost to Medicare FFS
in the six-month period
following subsequent
fractures that were suffered
up to three years following
an initial fracture in 2016 was
\$5.7 BILLION
Actual total costs may be even higher

Preventing 20%
of subsequent
fractures in
Medicare FFS
could have
saved
\$1.1
BILLION
in 2016



OSTEOPOROTIC FRACTURE INCIDENCE AND COSTS VARY SUBSTANTIALLY IN MEDICARE FFS ACROSS THE STATES

The rate of osteoporotic fractures among the fifty states ranged from
LOWEST:
318.7 PER 10,000
IN HAWAII
HIGHEST:
472.2 PER 10,000
IN KENTUCKY

The average estimated 180-day incremental cost of a subsequent fracture ranged from
LOWEST:
ABOUT \$17,000 IN
ARKANSAS
HIGHEST:
WYOMING AT ABOUT
\$26,200



THERE ARE SUBSTANTIAL RACIAL/ETHNIC DISPARITIES IN FRACTURE INCIDENCE AND CARE

The report found that
"FRACTURE RATES VARIED
SUBSTANTIALLY BY
RACE/ETHNICITY"
After adjusting for differences in age and sex, the analysis shows that
NORTH AMERICAN
NATIVES SUFFERED
FRACTURES AT A RATE
20% HIGHER THAN THE
NATIONAL AVERAGE

While suffering fewer initial fractures and subsequent fractures,
BLACK MEDICARE FFS
BENEFICIARIES HAVE
LOWER SCREENING
RATES AND A HIGHER
HOSPITALIZATION RATE
FOLLOWING FRACTURES

Of those Black Medicare FFS Beneficiaries who suffered an osteoporotic fracture in 2016, 45% percent were hospitalized within 7 days of the fracture, compared to a national average of 42%