

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.



307,000 Medicare patients suffered
1 or MORE additional fractures
at a cost to Medicare of over
\$6.3 BILLION¹

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 UNTREATED²

Model Care Coordination Practices Are Not Widely Utilized²

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 180-day period following a second fracture to Medicare FFS 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 180 days after the second fracture.

² Lewiecki, Harmon, doi: 10.1002/jbmr4.10192

³ The report concludes that reducing between 5 percent and 20 percent of these "secondary" fractures in 2015 could have reduced Medicare fee-for-service (FFS) spending by \$310 million to \$1.2 billion over a follow-up period that lasted up to 2 to 3 years after a new osteoporotic fracture.