MEDICARE COST OF OSTEOPOROTIC FRACTURES

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.

OSTEOSPOROTIC 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%.