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-forservice beneficiaries receiving a bone mineral density (bmd) test within six months following a new osteoporotic fracture MOST WITH FRACTURES GO UNTREATED?

Model Care Coordination Practices Are Not Widely Utilized² Preventing Secondary Osteoporotic Fractures Yields Big Medicare Savings.

REDUCING SECONDARY FRACTURES

COULD \$1.2B

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.

^{*} The additional and in the 340 day period following a accord fracture to Mindians 200 for the 307,000 beneficiaries who suffered a accord fracture in the 2.5 years after an initial astroposotic fracture and servined for at least 100 days after the strand fracture.

F. Dominsky, Marrian, Mar. 30 p. (1920) (1944).

¹ The report conclude: that reducing between 5 persons and 20 persons of those "according" fluctures in 2015 could have reduced the facilities for far correct (2015) generaling by \$255 million to \$1.2 billion core a failtree up person that below up to \$2 to 5 pears after a new astroporodic flucture;

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Colorado. Department of Health Care Policy and Financing

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Federal Register, 2006 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 Code of Federal Regulations United States. Department of Veterans Affairs, 2000 Special edition of the Federal register containing a codification of documents of general applicability and future effect as of July 1 with ancillaries

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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,2021-08-02 As the focus of the health care delivery system continues to move toward a coordinated and accountable system there is an increasing need for a single resource that focuses on analytics for population health Population Health Analytics addresses that need by providing detailed information and a how to guide for achieving population health analytics Comprehensive current and practical this logically organized text builds from understanding data sources to contextualizing data modeling data and gleaning insights from that data which is a natural progression for organizations in progressing to higher levels of analytic capabilities Furthermore these frameworks for the population health process and analytics are grounded in an evidence base that is also aligned with theories and processes used in healthcare disciplines This first of its kind text will prepare students to improve health outcomes understand patterns of health behavior and more

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Best's Review ,1995 A Case Study in Benefit-cost Analysis with Application to the California Water Project
Willard Thomas Price,1976 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 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 Managed Dental Care Donald S. Mayes, 1993 Healthcare Guide to the Internet ,1999 Making a Killing Jamie Court, Francis Smith, 1999 Court a nationally recognized consumer advocate and founder of a health care watchdog project and Smith an attorney and president of a public policy consulting firm expose appalling practices of HMOs and the corrupt world of managed care They telltrue stories of patient victims who got caught and killed in the system and expose the profit motive behind the misery revealing the collusion of the insurance industry s powerful lobbyists with Congress and state legislatures to block any serious reforms They supply an HMO patients self defense kit to help patients overcome HMO stonewalling Budget Request Colorado. Department of Health Care Policy and Financing, 2003

EBRI Issue Brief ,1992 The Executive's Guide to Controlling Health Care and Disability Costs Bruce N.

Barge, John G. Carlson, 1993-07-30 Recent polls have shown that CEOs today consider rising and uncontrollable health care costs to be the number one threat to keeping their organizations competitive Even worse many executives feel there is little they can do to regain control of exploding health and disability costs This is the first book written specifically for executives providing both a strategic blueprint and real world examples for how employers can control and even reduce these spiraling costs The Executive's Guide to Controlling Health Care and Disability Costs addresses the issues of health care workers compensation and disability costs from a managerial and strategic perspective You'll find innovative new ways to take action and examples from leading organizations that have achieved success

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

BNA Pension & Benefits Reporter , 2009

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