

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 UNTREATED³**

**Model Care
Coordination
Practices Are Not
Widely Utilized⁴**

Preventing Secondary Osteoporotic Fractures Yields Big Medicare Savings.

REDUCING SECONDARY FRACTURES

BY JUST **20%** 
COULD SAVE **\$1.2B⁵**

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 to the Medicare program following a second fracture to Medicare is \$19 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 100 days after the second fracture.

² Evidence: Harmon, et al. 2012(2)(week 2012)

³ The report concludes that reducing between 5 percent and 30 percent of these "secondary" fractures in 2015 could have reduced Medicare fee-for-service (FFS) spending by \$100 million to \$1.2 billion over a follow-up period that lasted up to 2 to 3 years after a new osteoporotic fracture.

For the full Milliman Report, visit www.bonehealthpolicyfund.org.

Milliman Cost Guidelines

Michal Rosen-Zvi



Milliman Cost Guidelines:

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

Code of Federal Regulations ,2000 Special edition of the Federal Register containing a codification of documents of general applicability and future effect with ancillaries **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

Contingencies ,2005 *Review and Evaluation of the VA Enrollee Health Care Projection Model* Katherine M. Harris,James P. Galasso,Christine Eibner,2008 The Department of Veterans Affairs relies on the Enrollee Health Care Projection Model EHCPM to project veteran enrollment enrolled veterans use of health care services and the cost of providing those services This evaluation of the EHCPM examines its accuracy and validity identifies potential model enhancements and assesses the risks and benefits posed by the VA s reliance on the model for budgeting and planning

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
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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
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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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