

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 MILLIO** 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

S5.7 BILLION

Actual total costs may be even higher

Preventing 20% of subsequent fractures in **Medicare FFS** could have saved

in 2016



OSTEOPOROTIC FRACTURE INCIDENCE, **COSTS AND DEATHS 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, **CARE AND DEATHS**

The report found that "FRACTURE RATES VARIED SUBSTANTIALL RACE/ETHNICITY"

After adjusting for differences in age and sex, the analysis shows that

NORTH AMERICAN NATIVES SUFFERED **20% HIGHER** NATIONAL AVERAGE While suffering fewer initial fractures and subsequent fractures,

ACK MEDICARE FFS. HIGHER

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%.