

October 25, 2019

Rep. Mike Thompson
231 Cannon House Office Building
Washington, DC 20515

Rep. David Schweikert
1526 Longworth House Office Building
Washington, DC 20515

Sen. Brian Schatz
722 Hart Senate Office Building
Washington, DC 20510

Sen. John Thune
511 Dirksen Senate Office Building
Washington, DC 20510

Sen. Mark Warner
703 Hart Senate Office Building
Washington, DC 20510

Rep. Peter Welch
2187 Rayburn House Office Building
Washington, DC 20515

Rep. Bill Johnson
2336 Rayburn House Office Building
Washington, DC 20515

Sen. Roger Wicker
555 Dirksen Senate Office Building
Washington, DC 20510

Sen. Benjamin Cardin
509 Hart Senate Office Building
Washington, DC 20510

Sen. Cindy Hyde-Smith
702 Hart Senate Office Building
Washington, DC 20510

Dear Telehealth Caucus:

The undersigned organizations, representing health care providers and scientists concerned with bone health and patients suffering from bone-related diseases such as osteoporosis, urge you to include a provision in telehealth legislation to reduce secondary fractures for people with osteoporosis.

Fifty-four million adults aged 50 and older have osteoporosis and low bone mass in the United States.¹ It is an important risk factor for fragility fractures in older adults, which cost the U.S. more than \$57 billion in direct and indirect costs to treat.² In 2015, Medicare fee-for-service (FFS) beneficiaries suffered over 1.6 billion osteoporotic fractures, but only 21 percent receive appropriate follow-up care to reduce the risk of future fractures.³ Secondary fractures are experienced by 205,000 Medicare FFS beneficiaries within 12 months of the original fracture, at an estimated cost to Medicare of over \$20,000 per patient.⁴ In a two to three year follow-up period, 307,000 Medicare FFS beneficiaries suffered a subsequent fracture, accounting for over \$6.3 billion in allowed costs to Medicare.⁵ Reducing the number of subsequent fractures by 5 to 20 percent could save Medicare between \$310 million and \$1.23 billion.⁶ We believe there are opportunities to reduce costs and improve outcomes for Medicare patients with

¹ Osteoporosis Fast Facts. National Osteoporosis Foundation. Accessed June 11, 2019. <https://cdn.nof.org/wp-content/uploads/2015/12/Osteoporosis-Fast-Facts.pdf>

² Lewiecki EM, Ortendahl JD, Vanderpuye-Orgle J, et al. Healthcare Policy Changes in Osteoporosis Can Improve Outcomes and Reduce Costs in the United States. *JBMR Plus*. May 2019. doi:10.1002/jbm4.10192

³ Medicare cost of osteoporotic fractures: the clinical and cost burden of an important consequences of osteoporosis. National Osteoporosis Foundation. August 2019. <https://www.bonehealthpolicyinstitute.org/full-milliman-report>

⁴ *Ibid.*

⁵ *Ibid.*

⁶ *Ibid.*

osteoporosis through the implementation of a telehealth pilot that would reduce the number of secondary fractures.

The use of telehealth provides an opportunity to increase the number of individuals with post-osteoporotic fractures who receive standard-of-care treatment. Following a fracture, many patients receive post-acute care in a Skilled Nursing Facility. Existing models of care have failed to appropriately screen or treat individuals for osteoporosis following a fracture. We recommend creating a pilot to evaluate whether a telehealth visit with an endocrinologist, geriatrician, or another health care provider with expertise in bone health would improve outcomes in this patient population and care setting (e.g. reducing subsequent fractures, hospital readmissions, and mortality).

For those people 65 years and older who have experienced a fracture, a physical exam is not necessary to diagnosis the patient with osteoporosis, making this an ideal use of telehealth services. During the telehealth visit, the endocrinologist, geriatrician, or other health care provider with expertise in bone health would review the patient's medical history to diagnose the patient with osteoporosis and potentially prescribe a bisphosphonate, or alternative therapy, which is used to treat the disease and reduces a patient's long-term risk for hip fracture by up to 50 percent and vertebral fracture by up to 70 percent.⁷ These medications are generic and have minimal cost to the patient and Medicare. This would require waiving the current statutory originating site requirement, which has been a barrier in accessing care for effective disease management.

We strongly encourage you to support the implementation of this telehealth pilot for patients with osteoporosis to reduce costs and improve health outcomes. For additional information on the proposed pilot, please contact Meredith Dyer, Director of Health Policy at the Endocrine Society, at mdyer@endocrine.org, or Stephanie Kutler, Director, Policy & Advocacy at the Endocrine Society at skutler@endocrine.org.

Sincerely,

Academy of Nutrition and Dietetics
American Bone Health
American Physical Therapy Association
American Society for Bone and Mineral Research
Endocrine Society
National Osteoporosis Foundation
United States Bone and Joint Initiative

⁷ Osteoporosis Fast Facts. National Osteoporosis Foundation. Accessed June 11, 2019. <https://cdn.nof.org/wp-content/uploads/2015/12/Osteoporosis-Fast-Facts.pdf>