

June 25, 2019

Susan Collins
Chair
Senate Special Committee on Aging
Washington, DC 20510

Robert Casey
Ranking Member
Senate Special Committee on Aging
Washington, DC 20510

Dear Chair Collins and Ranking Member Casey,

Thank you for the opportunity to provide comments to the committee on the prevention and management of falls and fall-related injuries. As discussed in your request for information, falls are a leading cause of fatal and non-fatal injuries in older Americans. These injuries are both costly and, to some extent, preventable if treated appropriately and quickly. On behalf of more than 18,000 members who provide care for patients with endocrine conditions and who research diseases such as osteoporosis, we appreciate that the committee is examining best practices to reduce the risk of falls and fall-related injuries.

We believe there are opportunities to reduce costs and improve outcomes for Medicare patients with osteoporosis through the implementation of a telehealth pilot. 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 costs the U.S. more than \$19 billion to treat. Each year, more than 300,000 people 65 and older are hospitalized for hip fractures, but only 20 percent of these patients are treated to reduce the risk of future fractures and these individuals do not often receive appropriate follow-up care.²

The use of telehealth provides an opportunity to increase the number of individuals with post-osteoporotic fractures who receive standard-of-care treatment. Post-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 would improve outcomes in this patient population while they are receiving post-acute care (e.g. reducing subsequent fractures, hospital readmissions, and mortality).

During the telehealth visit, the endocrinologist would diagnose the patient with osteoporosis and potentially prescribe a bisphosphonate, 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.³ These medications are generic and have minimal cost to the patient and Medicare.

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 Ibid.

³ Ibid.



We strongly encourage you to explore the implementation of this telehealth pilot for patients with osteoporosis to reduce costs and improve health outcomes. This would require waiving the originating site requirement, which has been a barrier in accessing care for effective disease management.

Thank you for the opportunity to provide feedback on your request for information on telehealth. Attached please find additional background information and data to support the importance of addressing this issue. We would be happy to work with you on these ideas. Should you have any questions, please contact our director of health policy, Meredith Dyer, at mdyer@endocrine.org.

Sincerely,

A handwritten signature in blue ink that reads "E. Dale Abel". The signature is stylized, with the first letters of the first and last names being prominent.

E. Dale Abel, MB.BS., D.Phil. (M.D., Ph.D.)
President, Endocrine Society