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## Osteoporosis; Perfect Storm Brewing in Women's Bone Health, Says Physician Groups

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2007 OCT 13 - ( NewsRx.com) -- With new **Medicare** reimbursement rates for osteoporosis testing in effect just 9 months, nearly one-third of all physicians providing bone density screening will have eliminated this service from their practice by the end of the year. With additional cuts to reimbursement and full implementation by 2010, 93 percent of physicians say they will no longer provide osteoporosis screening in their practices, this according to a study conducted by a consortium of professional medical societies (see also Osteoporosis).

This reduced access to care comes as osteoporosis reaches epidemic proportions with 1 out of every 2 American women sustaining a fracture in their lifetime, yet less than 20 percent of eligible American women are tested annually. Osteoporosis related fractures currently add \$16.9 billion to the national healthcare costs and lead to more deaths annually than breast cancer (20 percent of those who sustain hip fractures die within the following year). An additional 20 percent of those with hip fractures end up permanently living in a nursing home.

A low cost imaging test called **DXA** (dual energy x-ray absorptiometry) can identify people at increased fracture risk so they can start treatments before they break a bone. **DXA** is a key service included in the 'Welcome to **Medicare**' exam and has been a central component of many federal and state disease prevention and quality enhancement initiatives. **DXA** is universally recognized as the gold standard for the diagnosis and monitoring of osteoporosis treatment and was hailed by the Surgeon General in 2004 as "one of the most significant advances in the last quarter century" yet, it is this very test that threatens to be eliminated from the women's health care arsenal.

Unlike higher cost imaging services, the indications for **DXA** testing have been written by Congress so there is no potential for abuse. With a median cost of \$134, **DXA** is a relatively low cost procedure that can be performed by the patient's primary physician or an osteoporosis specialist. Yet, **DXA** has received one of the deepest reimbursement cuts of all imaging services.

The Centers for **Medicare** & Medicaid Services' (CMS) cuts to **DXA** screening in the physician

offices (where two-thirds of all tests are performed) when combined with congressionally mandated cuts to all imaging services as part of the Deficit Reduction Act will actually add to the national health care costs. A new study by the Washington-based Lewin Group estimates that retaining adequate payment for **DXA** would result in a five-year savings of \$1.14 billion in the cost of treating osteoporosis due to fracture prevention.

The current **Medicare** reimbursement is approximately \$81 - and it's projected to plunge to approximately \$35 by 2010 when all the planned cuts are fully implemented. Unable to cover operating costs, most doctors in private practice have indicated they will be forced to give up **DXA** testing, leaving patients with diminished access to this critical service.

"Osteoporosis care in the United States is so seriously deficient that quality improvement and increased accountability has become a high priority for the medical community," said Richard Hellman, MD, FACP, FACE, President of the American Association of Clinical Endocrinologists. "Federal payment policies should not worsen the gap in care in one of the more seriously deficient areas of medical care in the United States."

"With nearly two-thirds of all **DXA** services provided by physicians outside of the hospital setting, the elimination of this service is a major blow to patient care," said Dr. Andrew Laster, Vice President of the International Society for Clinical Densitometry. "These cuts by CMS would cripple the exact preventive services that CMS is striving to develop, further jeopardizing women's health care and costing many additional lives."

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# THE HILL



Preserve Medicare funds for DXA imaging

From Andrew Laster, M.D., vice president, International Society for Clinical Densitometry

Your Sept. 12 article, "Medical imaging executives lobby White House advisers on Medicare payments," highlighted congressional efforts to save Medicare dollars by reining in spiraling imaging costs through the Deficit Reduction Act. However, in the case of osteoporosis testing, the cost-cutting measures will have the opposite effect.

DXA (dual energy X-ray absorptiometry) is the gold-standard test used to diagnose and treat osteoporosis. The test is different from advanced imaging procedures and therefore was not an appropriate target of the DRA.

Indications for DXA testing are well defined and legislated. In addition, local Medicare carriers require specific diagnostic codes for reimbursement. As such, inappropriate use of the test is effectively prevented.

Despite appropriate increases in DXA volume, osteoporosis screening remains abysmal, with only 9 percent of qualified women tested in 2006.

With a median cost per test of \$134, DXA is a relatively low-cost procedure. Unlike other advanced imaging services, DXA is most often done by primary care physicians as part of clinical preventive services that CMS promotes in the "Welcome to Medicare" exam.

The impact of the DRA cuts to DXA reimbursement is already being felt, as 37 percent of practices will eliminate this service by the end of 2007. When additional cuts take effect, dropping DXA reimbursement by 75 percent to \$35 in 2010, nearly all practitioners in the office setting - 93 percent - indicate they will stop performing DXA for Medicare beneficiaries.

This reduced access to care comes as osteoporosis reaches epidemic proportions, with 1 out of every 2 American women sustaining a fracture in their lifetime. Moreover, U.S. healthcare costs for osteoporosis are already at \$16 billion per year and lead to more deaths annually than breast cancer.

A recent study by the Lewin Group estimates that freezing DXA reimbursement rates at 2006 levels would result in an actual five-year savings of \$1.14 billion from reduced osteoporotic fractures.

Congress needs to act now to guarantee that all qualified women have access to DXA testing. Like mammography, which was exempted from the DRA, DXA testing should not be included with other advanced imaging services.

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## COMMENTARY

### Medicare Cuts DXA to the Bone

By Christine Simonelli, M.D.

#### **Availability of a cost-effective screening for osteoporosis is threatened by federal budget cuts.**

Osteoporosis, a disease of low bone mass and increased risk of fracture, affects some 10 million Americans. An additional 34 million have osteopenia, low bone density that can lead to osteoporosis. At least 1.5 million people in the United States suffer an osteoporotic fracture each year, leading to more than 800,000 emergency room visits, 500,000 hospitalizations, 2.6 million physician office visits, and almost 180,000 nursing home placements. Estimates of the direct costs range from \$12.2 billion to \$17.8 billion and are projected to increase to more than \$25 billion annually by 2025; the indirect costs associated with lost productivity by both patients and family caregivers add billions more to the tab. Osteoporotic fractures are also associated with substantial mortality; more deaths occur annually from complications following hip fracture than from breast cancer.

To reduce the impact of osteoporosis and osteopenia on individuals and society, it is essential to identify persons at increased risk of fracture and initiate therapy to reduce that risk. Bone density measurement with central DXA (dual energy X-ray absorptiometry) is currently the gold standard and the only technology for diagnosing osteoporosis and osteopenia using the World Health Organization classification system. Central DXA also allows physicians to monitor patients' response to therapy. A recent enhancement of central DXA is vertebral fracture assessment (VFA), which enables better detection of vertebral fractures, two-thirds of which are asymptomatic and often go undetected. VFA, combined with DXA, has the potential to identify those at greatest risk for future fractures. However, access to these screening technologies in physicians' offices is likely to decrease because reimbursements are being reduced to levels far below the cost of performing these screenings.

#### **Costly Cuts**

Osteoporosis and osteopenia are predominantly diseases of age, and the U.S. population is aging. Today, it is estimated that half of 50-year-old women and one-quarter of 50-year-old men will suffer an osteoporotic fracture during their lives. The most frightening of these fractures, of course, is a hip fracture. One in four Americans older than 50 who suffer a hip fracture dies within a year of the incident; many never regain even limited mobility. The cost of treating a hip fracture is tens of thousands of dollars; the cost of a DXA exam in a physician's office in 2006 was approximately \$140.

Recognizing the consequences of failure to prevent fractures in the aging population and the availability of an effective diagnostic technology, Congress took action a decade ago to increase bone density screening. Specifically, it passed the Bone Mass Measurement Act of 1997, which called for education about osteoporosis, screening of women older than 65 using DXA, and prevention of the disease. A U.S. Preventive Services Task Force report affirmed the call for

more screening, and primary care physicians and specialists alike began screening more patients. As a result, Medicare claims for DXA screening exams increased from 77,000 in 1994 to more than 1.25 million in 1999. In 2004, 2.5 million claims for such tests were filed under Medicare. But even with that dramatic increase in the number of people screened for the disease, approximately 75 percent of all female Medicare beneficiaries remain unscreened.

This year, the Medicare reimbursement rate for DXA was slashed by more than 40 percent to just over \$80. By 2010, it is slated to drop to \$35 per screening. At the same time, the reimbursement rate for VFA is slated to drop 43 percent, from \$40 in 2006 to \$19.22 in 2010. The effect of such cost cutting carries over to private insurers, as they base their reimbursements on those paid by Medicare.

There are two main reasons behind the drastic cuts. The first is the Deficit Reduction Act (DRA) of 2005, which took effect January 1. Section 5102 of that act, "Adjustments in Payments for Imaging Services," was inserted into the bill at the last minute and was not debated. This reduced reimbursement for DXA screening done in physicians' offices to match the amount paid to hospitals for screenings done in outpatient departments, which is typically less than \$100.

The other factor is the mandated five-year review undertaken by the Centers for Medicare and Medicaid Services (CMS). Every five years, CMS sets reimbursement rates for thousands of medical services based on complex calculations of physician time and effort, the cost of equipment and supplies needed to perform a service, equipment utilization rates, and the cost of malpractice insurance for those who perform the service. Unfortunately, CMS used a set of flawed assumptions to create its reimbursement rates for DXA and VFA this year:

- CMS estimated physician time and effort at only two-thirds of the time actually reported by doctors who perform the tests in a survey conducted last year by the International Society for Clinical Densitometry (ISCD), the doctors' group that speaks for all practitioners who do bone screening, regardless of their medical specialty.
- CMS used as its figure for the cost of equipment that of a last-generation machine, which accounts for fewer than one in five being used today. The cost of the current technology is nearly double.
- CMS also estimated a utilization rate for the equipment used for DXA and VFA based on the utilization of imaging equipment found in radiology facilities. Only 4.3 percent of doctors who responded to the ISCD survey are radiologists. Fully 70 percent are internists, family physicians, and OB/GYN practitioners. Primary care providers have a far lower utilization rate for imaging equipment because they are busy providing their patients with more comprehensive services. Thus, primary care physicians' costs for providing these screenings in their clinics are likely higher than those of physicians working in high-volume radiology facilities.

Without adequate reimbursement, it can be expected that bone densitometers will be removed from primary care providers' offices. Consequently, osteoporosis screening rates will decline, and that will lead to an increase in the number of fractures. This is clearly a "penny-wise, pound-foolish" approach that will ultimately increase Medicare expenditures.

### **What Can Be Done?**

At this point, the most important action physicians can take is supporting federal legislation to prevent the reduction of DXA testing for both screening and follow-up. Specifically, Rep. Carolyn McCarthy (D-NY) has introduced a bill, H.R. 1293, that will place a two-year moratorium on the

DRA's proposed imaging cuts until a study of their impact is conducted by the Government Accountability Office. McCarthy's bill would apply the DRA's reimbursement reductions only to advanced diagnostic imaging procedures, thereby excluding DXA and VFA that screen for fracture risk.

Other more important proposals are being developed by patient advocacy and clinical groups. These would establish the 2006 reimbursement for DXA and VFA as a floor for future rates. It is expected that such bills will be introduced this summer. Information on legislative developments can be found on the ISCD website, [www.iscd.org](http://www.iscd.org).

This is a critical time for those of us who are passionate about preventing osteoporotic fractures. Combined legislative and regulatory efforts seem destined to destroy the field of osteoporosis prevention, and this will lead to unnecessary fractures with costly consequences. Physicians need to inform their elected officials about this issue and urge them to preserve access to these low-cost screenings. The time to act is now. Contact your congressional representatives and ask them to support H.R. 1293. **MM**

**Christine Simonelli is medical director of HealthEast Osteoporosis Care in Woodbury and associate clinical professor of medicine at the University of Minnesota. She is on the board of directors of the International Society for Clinical Densitometry and is the work-group leader for the Institute for Clinical Systems Improvement's guideline on osteoporosis.**

Congress took an important step toward protecting patient access to essential osteoporosis care with the introduction of H.R. 4206 "Medicare Fracture Prevention and Osteoporosis Testing Act of 2007," sponsored by Congresswoman Shelley Berkley (D-1st-NV). The bill calls for a reversal of drastic Medicare cuts to DXA (dual energy x-ray absorptiometry), the imaging procedure accepted as the gold standard for measuring bone mass to diagnosis osteoporosis. This legislation will build on Federal initiatives already in place to improve the detection and treatment of this common and debilitating disease.

In response to the introduction of this bill, a coalition including the National Osteoporosis Foundation, the largest osteoporosis patient advocacy group in the United States; the American Association of Clinical Endocrinologists; the American College of Rheumatology; The Endocrine Society; the International Society for Clinical Densitometry issued the following joint statement:

"Ten years ago, Congress recognized the importance of diagnosing and treating osteoporosis by enacting legislation that allowed for bone mass measurements in all qualified Medicare beneficiaries. It is estimated now that osteoporosis causes more than 2 million fractures yearly with costs estimated at \$18 billion. Numerous Federal initiatives to improve on the low osteoporosis diagnosis rates are now endangered because of recently enacted Medicare reimbursement cuts.

Congresswoman Berkley and the 41 co-sponsors to H.R. 4206 have recognized that DXA is an important disease prevention tool. This bill would ensure that the more than 44 million Americans affected by osteoporosis and low bone mass have access to early diagnosis and treatment to prevent debilitating fractures. A recent study by the Lewin Group revealed that restoring DXA payment rates to the 2006 level will actually save the Medicare program \$1.14 billion over five years due to reduced fractures.

We applaud Congresswoman Berkley and all of the co-sponsors and urge Congress to pass this legislation quickly to ensure that Americans have continued access to this critical health service."

### **About Osteoporosis**

Osteoporosis is characterized by fragile bones that are prone to break or fracture with minimal trauma. Because bone thinning occurs gradually over time and without symptoms until fractures occur, DXA can identify people early in the disease process so they can take the necessary precautions to prevent bone loss and subsequent fractures. While half of all women will suffer from an osteoporotic fracture in their lifetime, only 14 percent of eligible women received a DXA test in 2006. Because projected Medicare cuts in the office setting drop DXA reimbursement by 75 percent below operating cost, 93 percent of physicians have indicated that they will abandon DXA testing by 2010. By the end of this year, more than one-third of all in-office DXA sites will have closed, according to a recent study performed by medical societies that comprise the osteoporosis care infrastructure.