

Fracture Prevention

Because it dramatically increases the risks for chronic disability and mortality, osteoporosis-related fracture poses a serious public health issue, especially in higher-risk populations such as the elderly. Even as the US population ages, commercial health plans have been largely insulated from the impact of osteoporosis-related fractures. However, the recently implemented Medicare Modernization Act (MMA) may sharply reverse this trend.

The centerpiece of the MMA, a prescription drug benefit plan for senior citizens who qualify for Medicare benefits, is administered by private insurers, either as a stand-alone program or as a component of an expanded Medicare Advantage Program. Formerly named Medicare + Choice, Medicare Advantage offers financial incentives to attract managed care organizations back to the Medicare program, and, in 2006, this program will create new regional Preferred Provider Organization options that may attract new beneficiaries, especially in rural regions. These initiatives, together, may spur an influx of elderly individuals into the managed care system, elevating the importance of osteoporosis management to an indispensable step in controlling downstream fracture-related costs.

This supplement, based on presentations and discussions from a roundtable, "Fracture Prevention in Osteoporosis," held October 4, 2005, in Nashville, Tenn, examines approaches for identifying patients at risk for osteoporosis-related fracture, methods for assessing the level of fracture risk, and strate-

gies for reducing the risk for fracture—topics of growing interest to managed care.

In the first article, Joseph R. Tucci, MD, explores the epidemiology and pathophysiology of, and the risk factors for, osteoporosis and osteoporosis-related fracture, as well as the treatment options available to reduce the risk of fractures. In the second article, Diana Brixner, PhD, RPh, examines the role of observational studies in assessing the "real world" cost-effectiveness of bisphosphonates in reducing the risk of nonvertebral fractures and in evaluating the cost associated with bisphosphonate-related side effects, a separate driver of overall treatment costs. The final article, "Managing Osteoporosis in a Managed Care Population," reflects the highlights and conclusions from faculty discussion groups that focused on issues such as the challenges related to identifying and engaging patients at higher risk for osteoporosis-related fracture in the managed care setting, who should be tested and treated for osteoporosis in commercial populations, and what steps can be taken by managed care organizations to improve osteoporosis management and, in turn, reduce the risk of costly osteoporosis-related fractures.

For managed care professionals and physicians, these articles provide insights and perspectives that can contribute to an appreciation of the subpopulations at higher risk for osteoporosis-related fractures and the cost-effective interventions that can reduce the risk of fracture, and perhaps, may blunt the anticipated spike in costs related to treatment among expanding elderly managed care populations.

The logo for The American Journal of Managed Care (AJMC) is a circular emblem. It features a central caduceus (a staff with two snakes entwined around it and wings at the top) superimposed over a background of a stylized human figure. The letters "AJMC" are prominently displayed in a serif font across the middle of the emblem.

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