

# BoneCast

CSA Edition

## How Has COVID-19 Affected Osteoporosis and Post-Fracture Care?

Prof Nicholas Harvey

Dr Nicholas Fuggle

Dr Andrea Singer



# HOUSEKEEPING



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# Speakers



Prof Nicholas Harvey



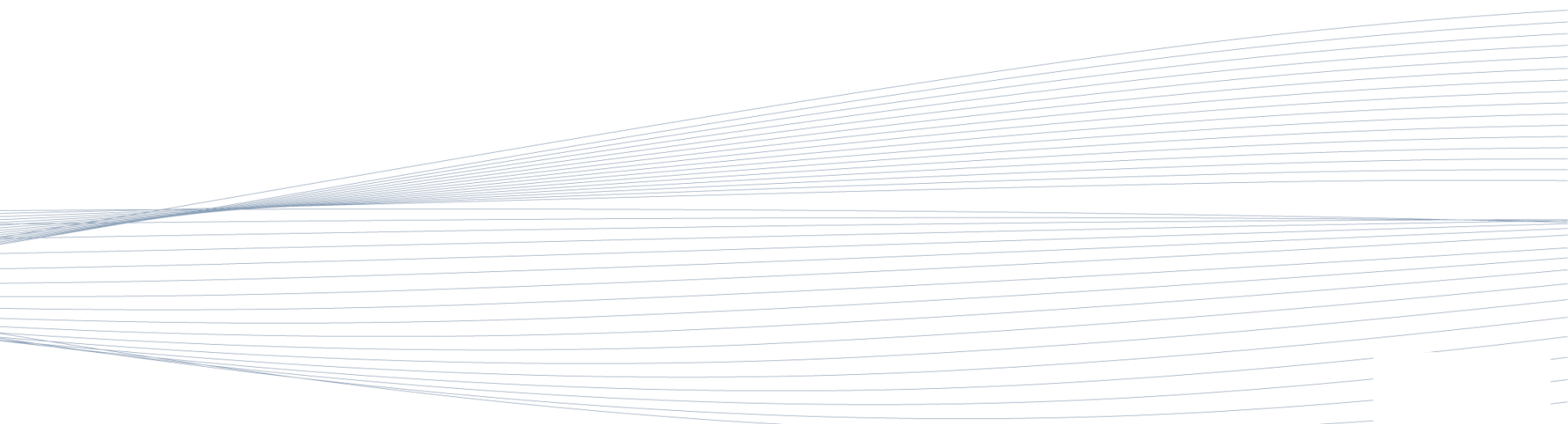
Dr Nicholas Fuggle



Dr Andrea Singer



# How Has COVID-19 Affected Osteoporosis and Post-Fracture Care?




# Provider and Patient Surveys

Osteoporosis International  
<https://doi.org/10.1007/s00198-020-05793-3>

VIEWPOINTS



## How has COVID-19 affected the treatment of osteoporosis? An IOF-NOF-ESCEO global survey

N. R. Fuggle<sup>1,2</sup> · A. Singer<sup>3</sup> · C. Gill<sup>4</sup> · A. Patel<sup>4</sup> · A. Medeiros<sup>4</sup> · A. S. Mlotek<sup>5</sup> · D. D. Pierroz<sup>5</sup> · P. Halbout<sup>5</sup> · C. N. Harvey<sup>1</sup> · J.-Y. Reginster<sup>6,7</sup> · C. Cooper<sup>1,8</sup>  · S. L. Greenspan<sup>9</sup>

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<https://link.springer.com/article/10.1007/s00198-020-05793-3>

Osteoporosis International (2021) 32:619–622  
<https://doi.org/10.1007/s00198-021-05836-3>

VIEWPOINTS



## COVID-19 and effects on osteoporosis management: the patient perspective from a National Osteoporosis Foundation survey

A.J. Singer<sup>1,2</sup> · N.R. Fuggle<sup>3,4</sup> · C.B. Gill<sup>5</sup> · A.R. Patel<sup>5</sup> · A.P. Medeiros<sup>5</sup> · S.L. Greenspan<sup>6</sup>

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<https://link.springer.com/article/10.1007/s00198-021-05836-3>



# How has COVID-19 affected osteoporosis care?

IOF-NOF-ESCEO COVID-19 global survey and NOF patient survey

## Key Findings

COVID-19 has impacted the management of chronic diseases including osteoporosis. These impacts include:

- Changes in access to care and traditional care delivery systems
- Increases in telemedicine consultations and use of virtual care
- Delays in DXA scanning (risk assessment) and testing
- Interruptions in the supply of medications, challenges in obtaining prescriptions
- Delays and reductions in administration of parenteral medication

# IOF-NOF-ESCEO COVID-19 Global Survey

## Methods

### IOF survey

- May 18 to June 8, 2020
- The *SurveyMonkey*® platform
- 526 Healthcare providers
- The IOF Committee of Scientific Advisors (CSA) and the Committee of National Societies (CNS)

### NOF survey

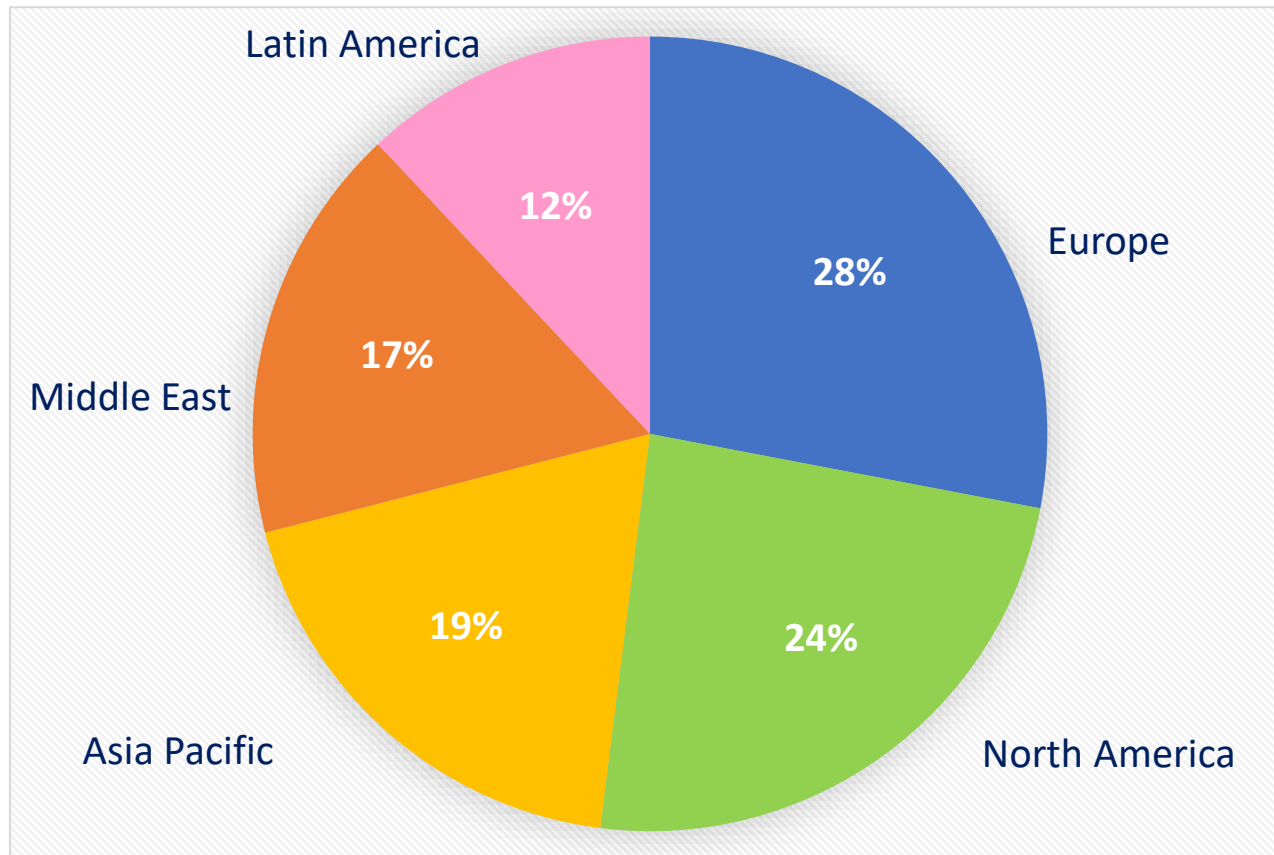
- April 15 to April 24, 2020
- The *SurveyMonkey*® platform
- 400 Healthcare providers
- NOF's Professional Partner Network membership program

**The results of IOF&NOF surveys were collected from 209 respondents, 53 countries**

Fuggle NR, Singer A, Gill C, et al. *Osteoporos Int* 2021;32:611-617

# IOF-NOF-ESCEO COVID-19 Global Survey

## Regions of respondents



Fuggle NR, Singer A, Gill C, et al. Osteoporos Int 2021;32:611-617

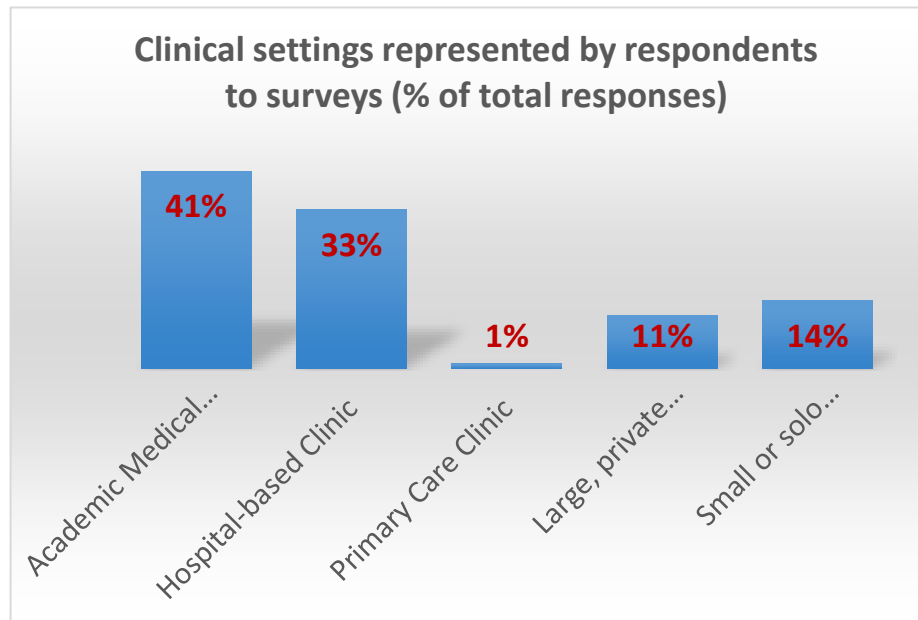
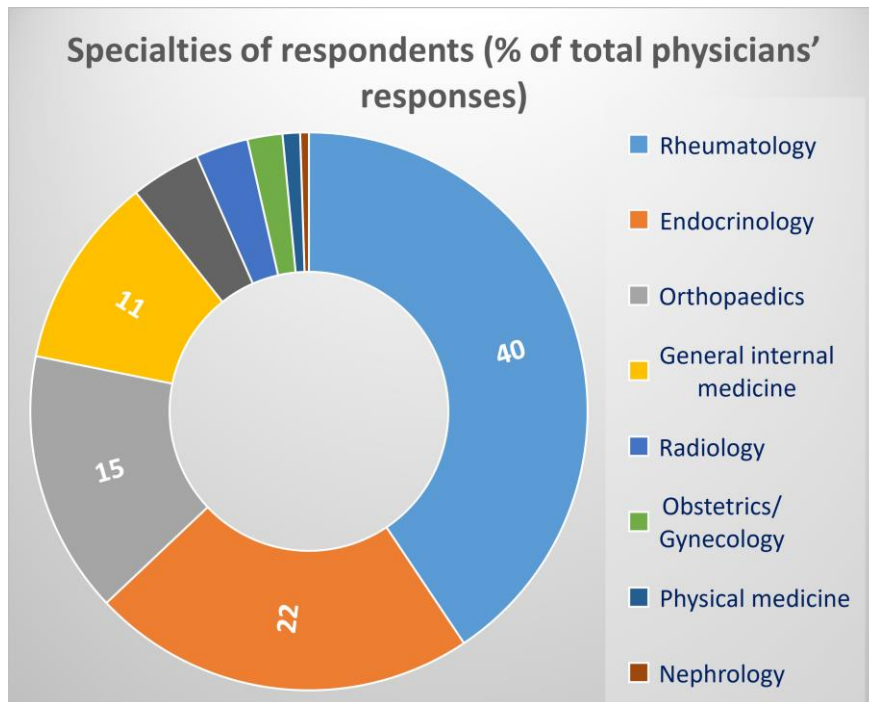


# IOF-NOF-ESCEO COVID-19 Global Survey

## Type of respondents

- 85% of respondents were physicians
- 7% PAs, 2% physical therapists, 3% nurses/NPs, 3% others (in management)

## Respondents' clinical settings



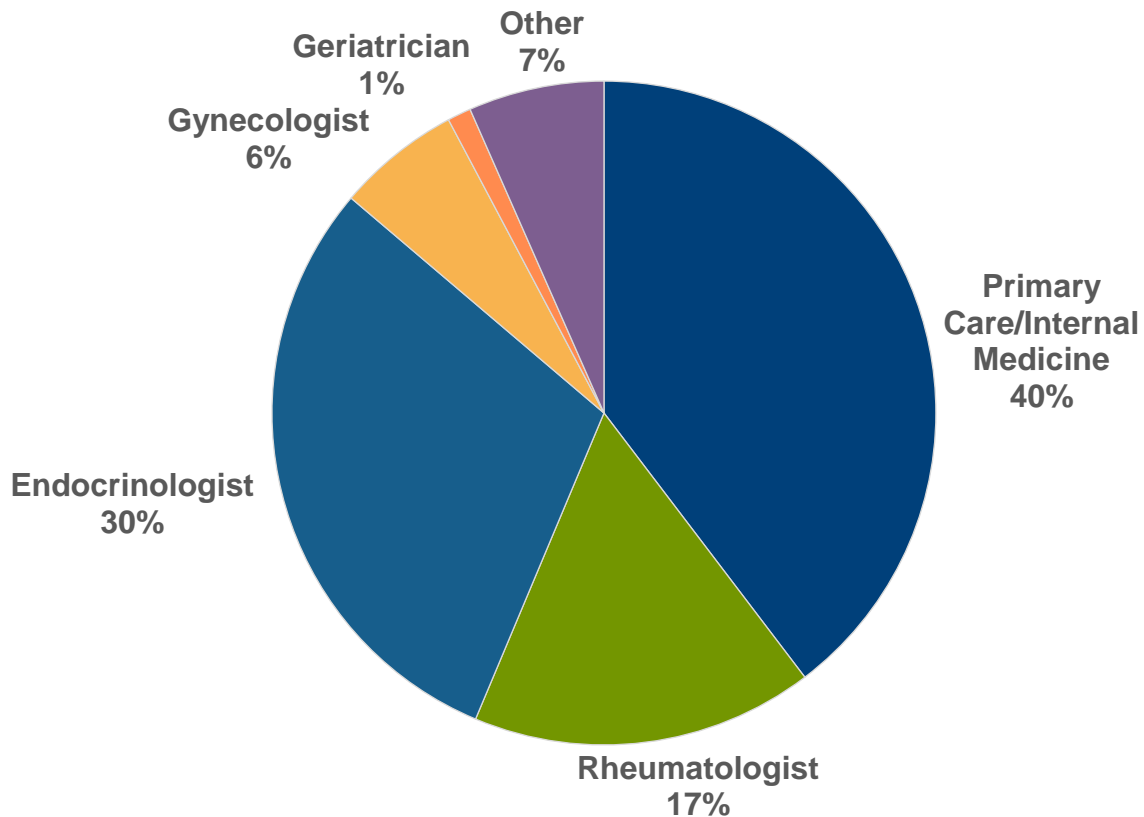
Fuggle NR, Singer A, Gill C, et al. Osteoporos Int 2021;32:611-617

# NOF COVID-19 Patient Survey

## Methods and Participant Characteristics

- May 11 to May 29, 2020
- The *SurveyMonkey*® platform
- 348 patients/caregivers
- NOF's Online Support Community of patients and caregivers
- From 45 states plus Puerto Rico, Canada, Iraq, Turkey, UK
- 77% were  $\geq 65$  years of age
- 95% live in their home or apartment
- 4% live in independent senior living

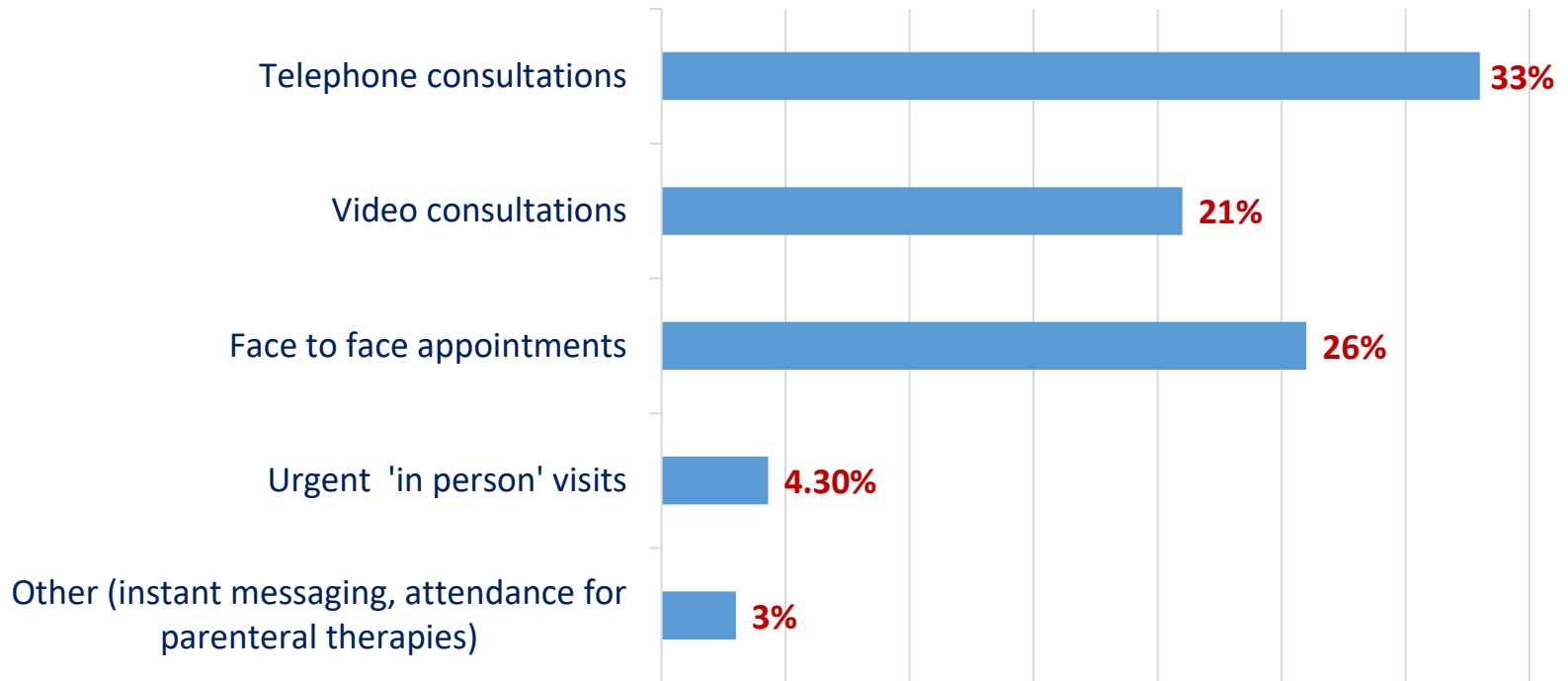
## Primary Provider Managing Bone Health



# Access to Care

# Mode of Patient Interaction

## Reporting by Providers

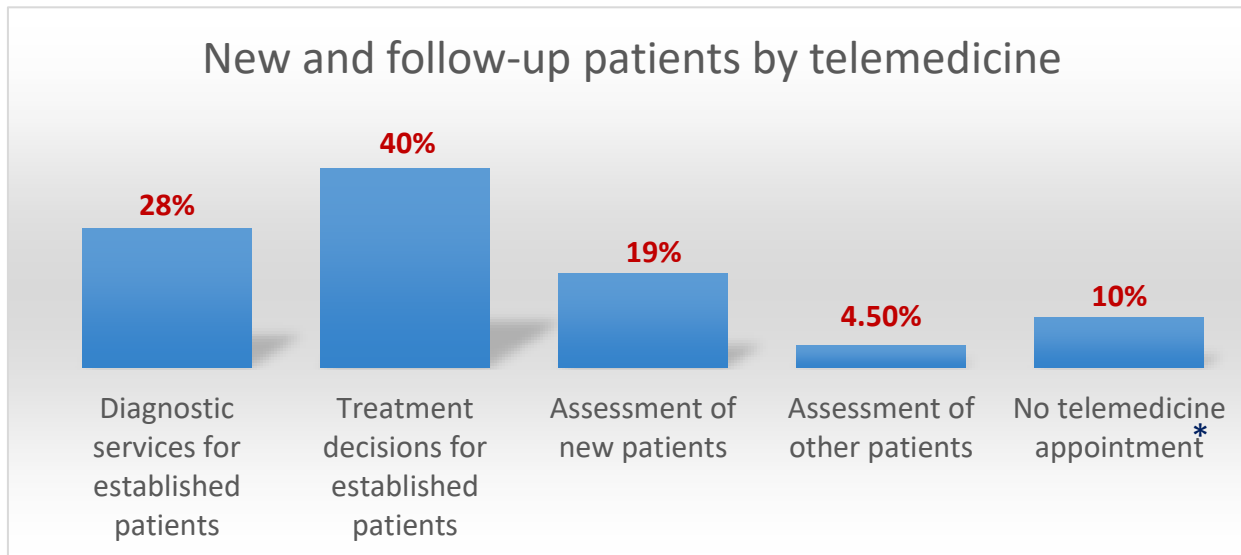


Fuggle NR, Singer A, Gill C, et al. Osteoporos Int 2021;32:611-617

# Impact on Service Delivery

## Reporting by Providers

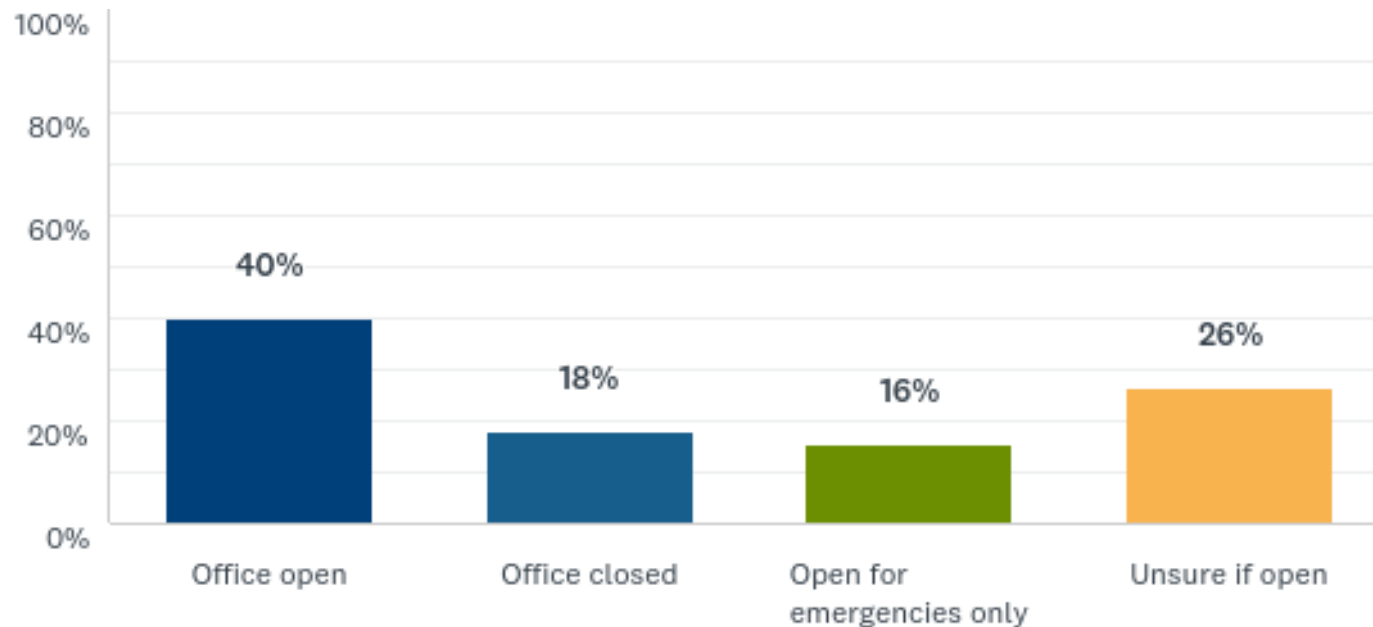
- 21% of institutions were open for face to face / telemedicine consultations for emergency only
- 23% for non-acute / routine visits
- 57% for both emergency and routine appointments
- 7% were closed



\*including those affected by COVID-19 or those undergoing quarantine who required repeat prescription of medication

# Access to Primary Bone Health Provider

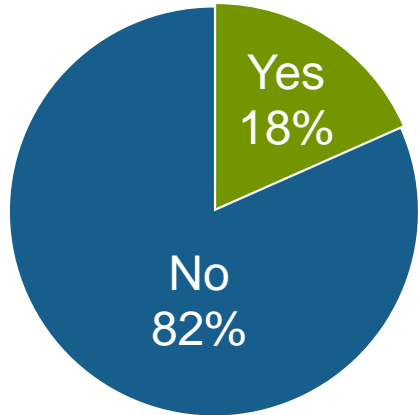
## Reporting by Patients



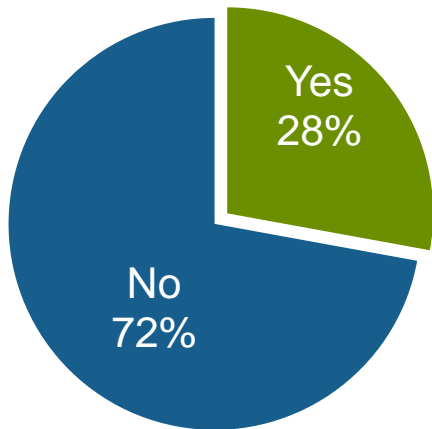
Singer AJ, Fuggle NR, Gill C, et al. Osteoporos Int 2021;32:619–622

# Access and Mode of Interaction

## Reporting by Patients

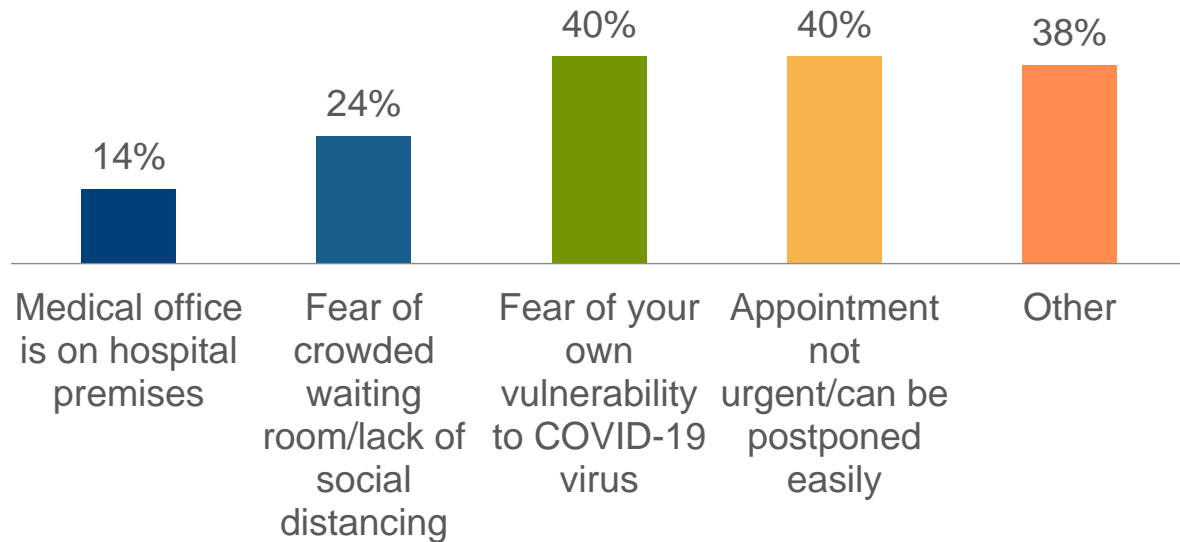


Percent attending an in-person appointment



Percent who changed or cancelled an appointment with their bone health provider

## Reasons for Cancelling or Changing Appointments



Singer AJ, Fuggle NR, Gill C, et al. Osteoporos Int 2021;32:619–622

# Satisfaction with Consultations and Telemedicine

## Provider Perspective

- 45% reported no change in time
- 39% reported increase in time need for charts/electronic health record (EHR) input
- 9% reported less time
- Varied experiences in communication with patients/patient care

### Communication with the patient

*“ Older persons being reticent to meet via telemedicine “*

*“ More time required to provide explanations”*

*“ Responding to COVID-19 related concerns “*

*“ Clinicians providing laboratory results over the phone”*

### Patient care

*“ Patient using specialist appointments to address all medical issues due to a paucity of medical availability elsewhere “*

*“ Extra time required for sanitisation”*

*“ Assessment of patient risk for COVID-19 “*

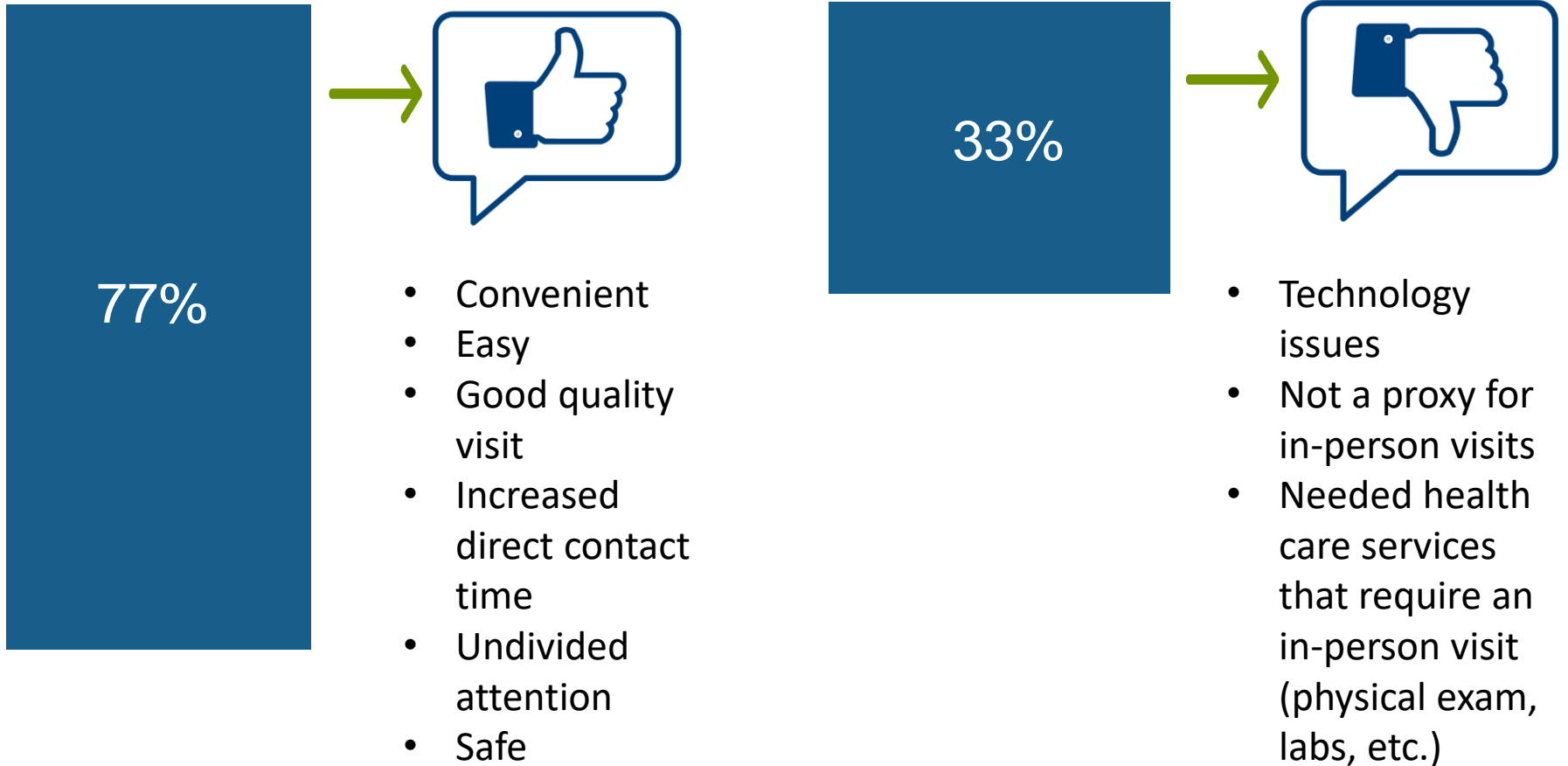
*“ Complexity of EHR “*

Fuggle NR, Singer A, Gill C, et al. Osteoporos Int 2021;32:611-617



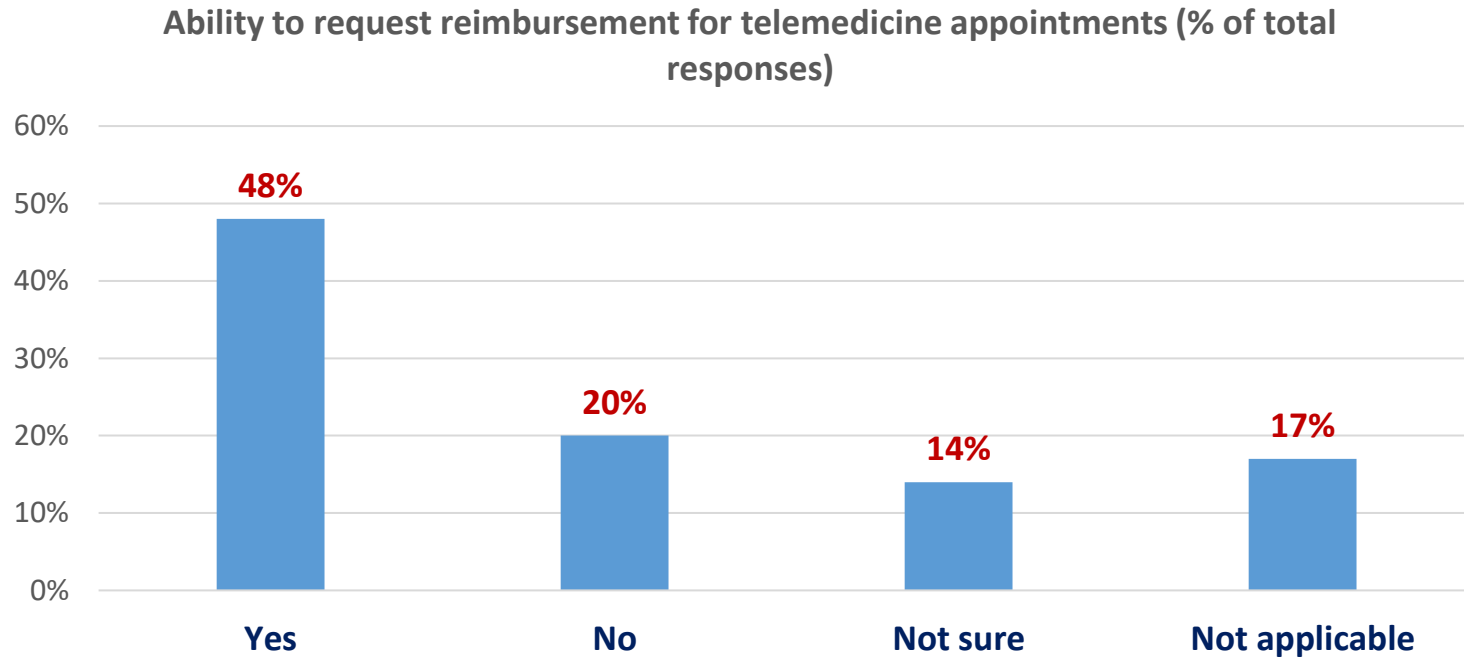
# Satisfaction with Telemedicine

## Patient Perspective



# IOF-NOF-ESCEO COVID-19 global survey

## Reimbursement for telemedicine



“Not sure” : unsure about reimbursement policies or status

“Not applicable” : reimbursement for telemedicine not applicable to their health care system or funding system

Fuggle NR, Singer A, Gill C, et al. Osteoporos Int 2021;32:611-617

# Access to and Delays in Testing

# Impact on Osteoporosis Risk Assessment and Testing

## Provider Survey

- **29%** : scheduled a DXA as soon as possible to make treatment decisions
- **33%** : arranged a DXA for when the risk of COVID-19 infection was likely to have lessened
- **22%** : assessed patients based on a calculator + a planned DXA at a later date
- **11%** : assessed patients based on a clinical risk calculator (e.g. FRAX®) alone
- **5%** responded that their DXA unit was currently closed / referring to an osteoporotic fracture clinic service

## Patient Survey

- **22%** changed and **33%** cancelled appointments for bone health testing (DXA, labs) or were unlikely to obtain the tests requested by their providers

# Challenges in Osteoporosis Treatment

# Antiosteoporosis Treatment Issues During the Pandemic

- 43% of clinicians experienced difficulties arranging antiosteoporosis medications (AOM) for patients
- 57% reported no prescribing issues related to the COVID-19 pandemic

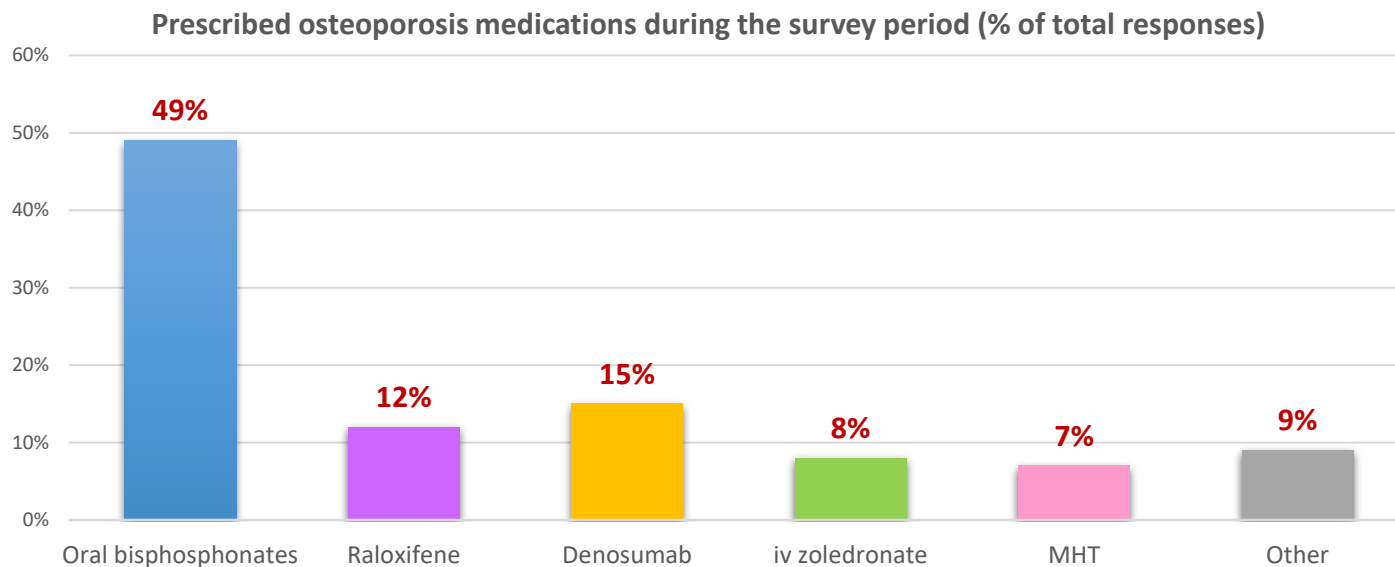
## Main reported problems from clinicians and patients:

- Limited supply of or difficulty in acquiring medications
- Delay in administration of parenteral agents normally provided by a healthcare professional (both infusions and injections)
- Reluctance on the part of patients to present for medication administration appointments
- Travel restrictions, self-isolation, office closure or appointment postponement resulting in patients being unable to attend office visits

# Antiosteoporosis Treatment Considerations

## Primary care physicians were responsible for osteoporosis prescriptions

- 46% of respondents felt their patients had sufficient safeguards in place to minimize the risk for in person medication administration visits
- 21% suggested delaying treatment until COVID-19 risk had abated
- 13% recommended a switch to an oral medication
- 3% had moved these treatments to an alternate clinical location
- 8% considered arranging in-home administration



# Discussion

- COVID-19 has had **profound effects on healthcare**
- The surveys captured **some alterations in osteoporosis assessment and treatment** from a broad cross-section of healthcare providers and patients
- The move toward **telemedicine may be advantageous in the long-term** :
  - financial savings
  - increased efficiencies for healthcare systems
  - increased convenience and patient satisfaction
- **Not** all of the potential benefits may be observed **in the short-term**
- **The availability of osteoporosis medications** has been affected due to delivery/logistical issues, patients being unable or reluctant to attend visits for injections or infusions, primary care closures
- Perhaps the most disturbing were the **lack of concern for fracture risk and patients' perceptions that appointments for osteoporosis or bone healthcare were not necessary and could readily be postponed**. Lack of timely evaluation and treatment is particularly alarming for those who may have already sustained fractures.



# Discussion

continued...

- **The limited or delayed access to DXA** may change ‘usual practice’, according to a previous IOF survey of DXA usage<sup>1</sup>
- **The traditional gold standard assessment of osteoporosis patients** was not performed in the majority of cases during the pandemic.
- In some countries, **temporary adjustments made for telemedicine reimbursement** rates are being evaluated for post public health crisis implications and opportunities.
- Despite the global reach of COVID-19, **some countries were at different points** in the course of the pandemic, which may also be reflected in the variability of responses received.

Fuggle NR, Singer A, Gill C, et al. Osteoporos Int 2021;32:611-617  
Singer AJ, Fuggle NR, Gill C, et al. Osteoporos Int 2021;32:619-622

1. Clynes MA et al (2020) Bone densitometry worldwide: a global survey by the ISCD and IOF. Osteoporos Int 31:1779-1786

# IOF-NOF-ESCEO COVID-19 global survey

Professor Cyrus Cooper, IOF President

*“The survey indicates that the identification and management of osteoporosis in patients has been profoundly affected by the pandemic, by delays in obtaining a DXA scan or in providing medication. There is a concern that the traditional gold standard assessment and management of osteoporosis patients was not performed in the majority of cases during the pandemic, leaving many patients without assessment and treatment.”*

Professor Susan L. Greenspan, NOF President

*“There appears to be a substantial impact on reimbursement, which may have implications for the ability to sustain and offer various osteoporosis clinical services and tests such as DXA. In the USA, despite Medicare allowing greater flexibility for home administration of injectable medication, some 39% of survey respondents were either not sure about the new arrangement or would not consider using this option. This could potentially lead to a reduction in resources, and corresponding decrease in the assessment and treatment of patients with osteoporosis and related fracture.”*

# Q&A



Prof Nicholas Harvey



Dr Nicholas Fuggle



Dr Andrea Singer

# THANK YOU

On behalf of IOF, we thank you for your participation in this webinar

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