



How has COVID-19 affected the treatment of osteoporosis?

An IOF-NOF-ESCEO global survey

IOF-NOF-ESCEO COVID-19 global survey

Osteoporosis International
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VIEWPOINTS



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

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How has COVID-19 affected the treatment of osteoporosis?

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Main findings

The effects of COVID-19 have the potential to impact on the management of chronic diseases including osteoporosis.

A global survey has demonstrated that **these impacts include:**

- an increase in telemedicine consultations
- delays in DXA scanning (risk assessment)
- interruptions in the supply of medications
- reductions in parental medication delivery

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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)

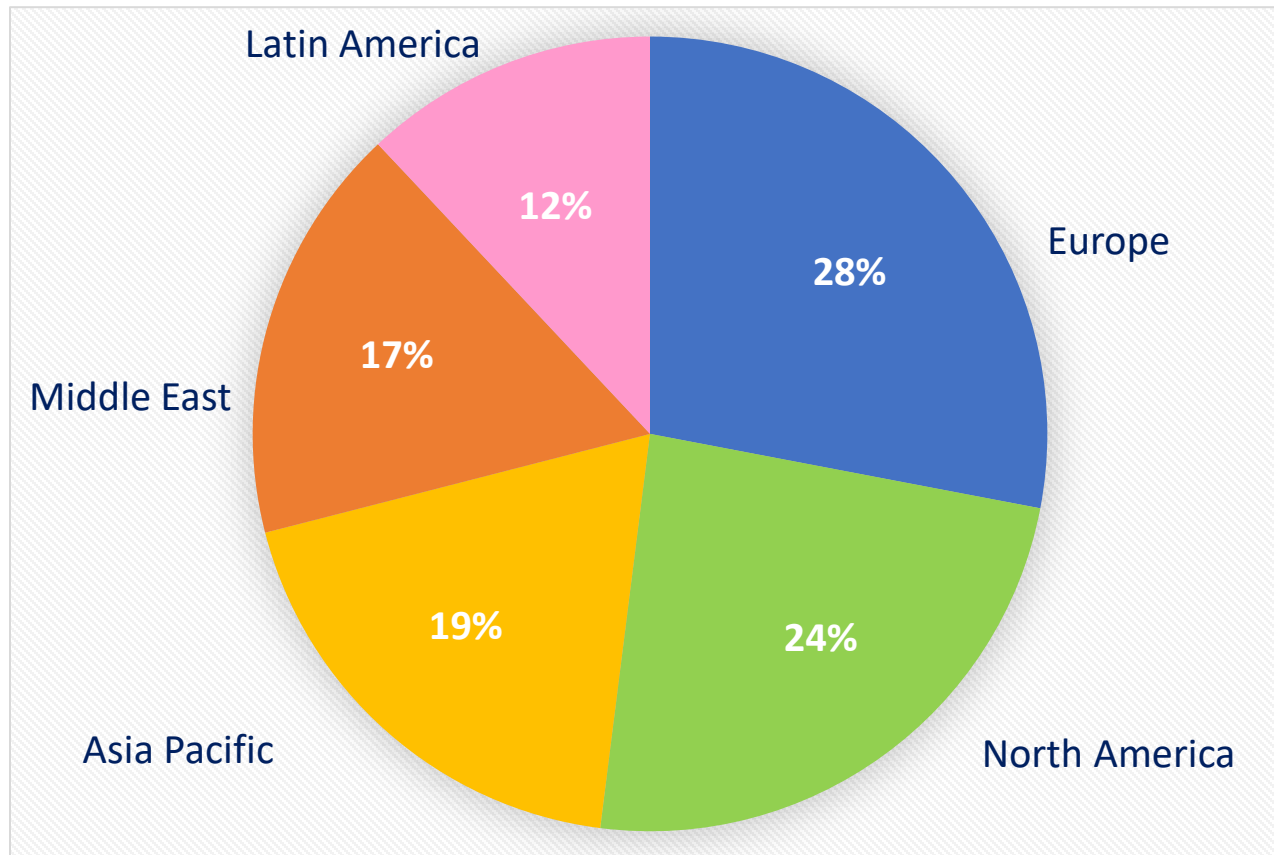
NOF survey

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

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

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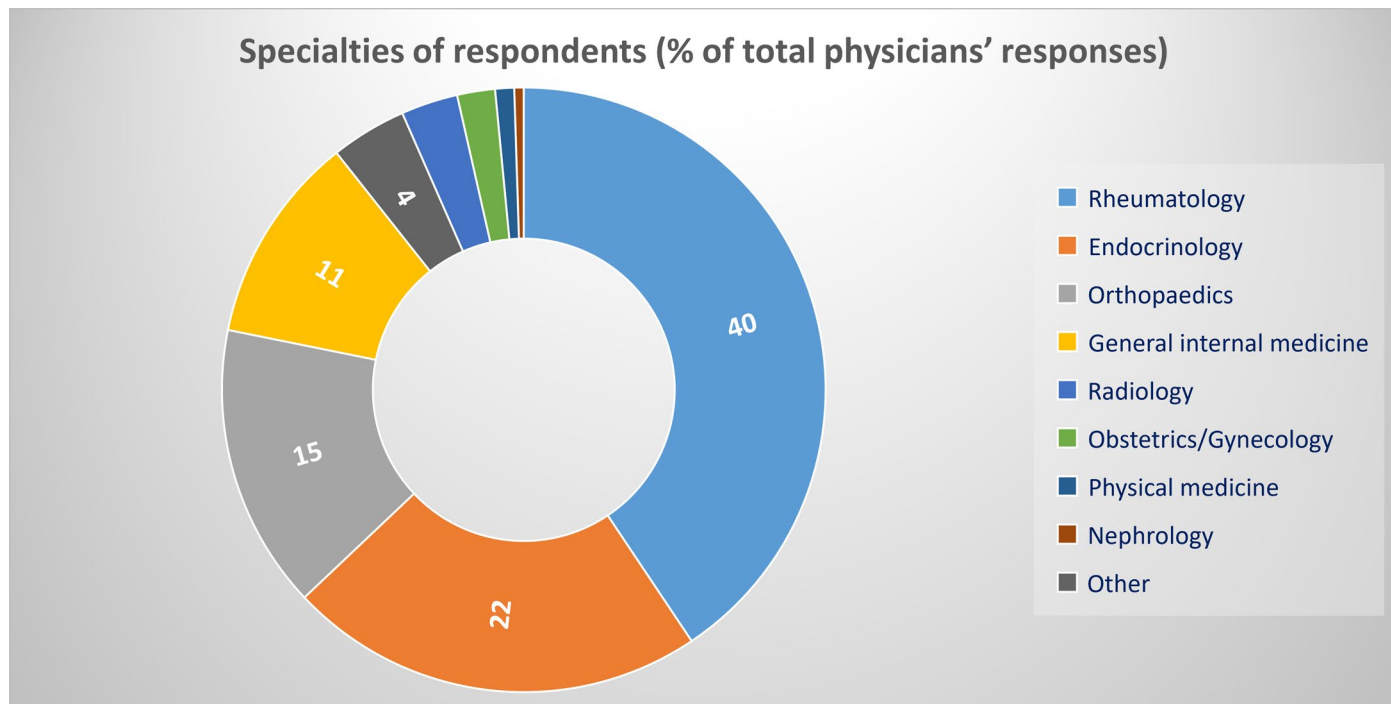
Regions of respondents



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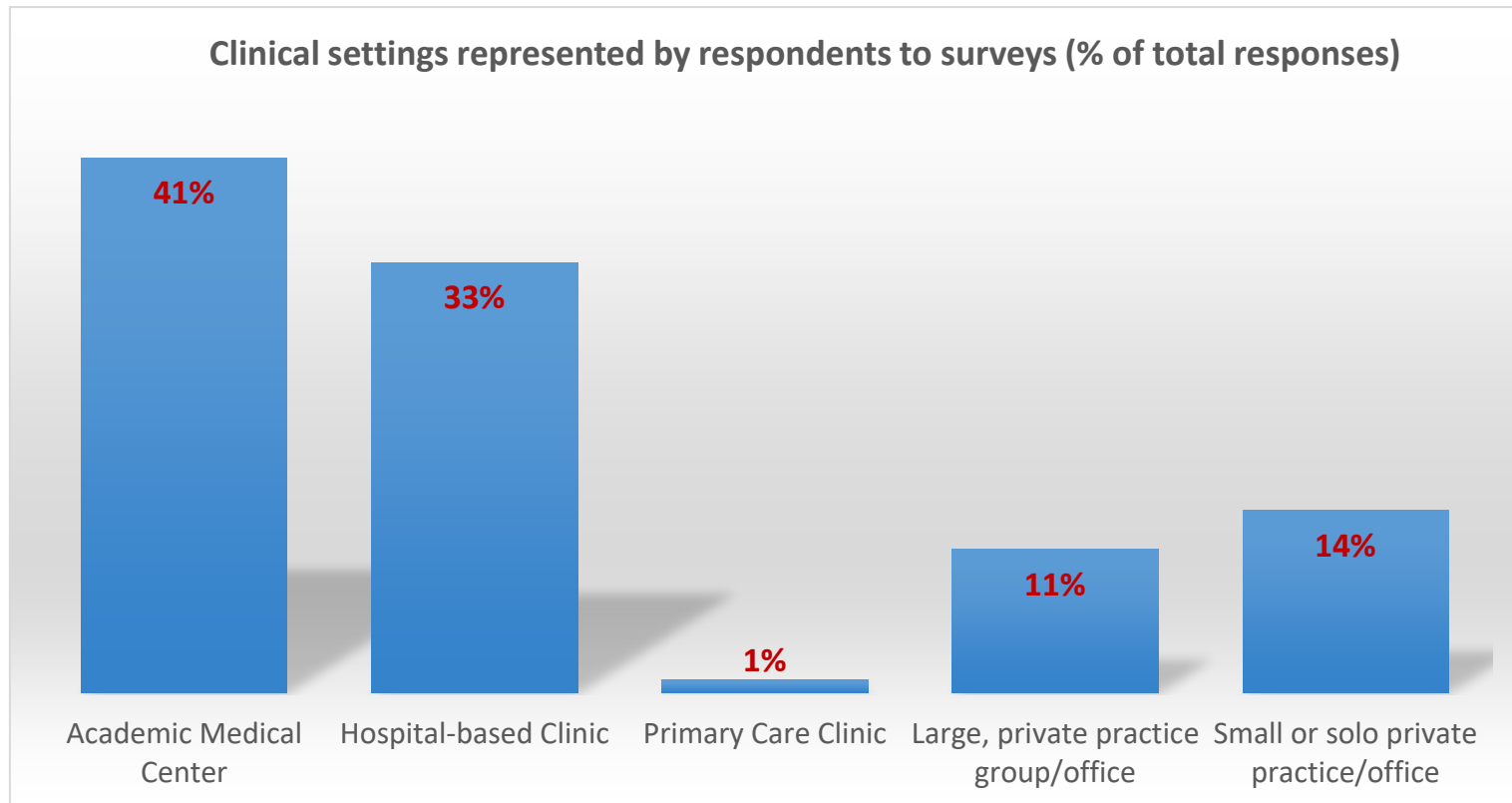
Type of respondents

- 85% of respondents were physicians
- 7% physician assistants, 2% physical therapists, 3% nurses/nurse practitioners, 3% others (in management)



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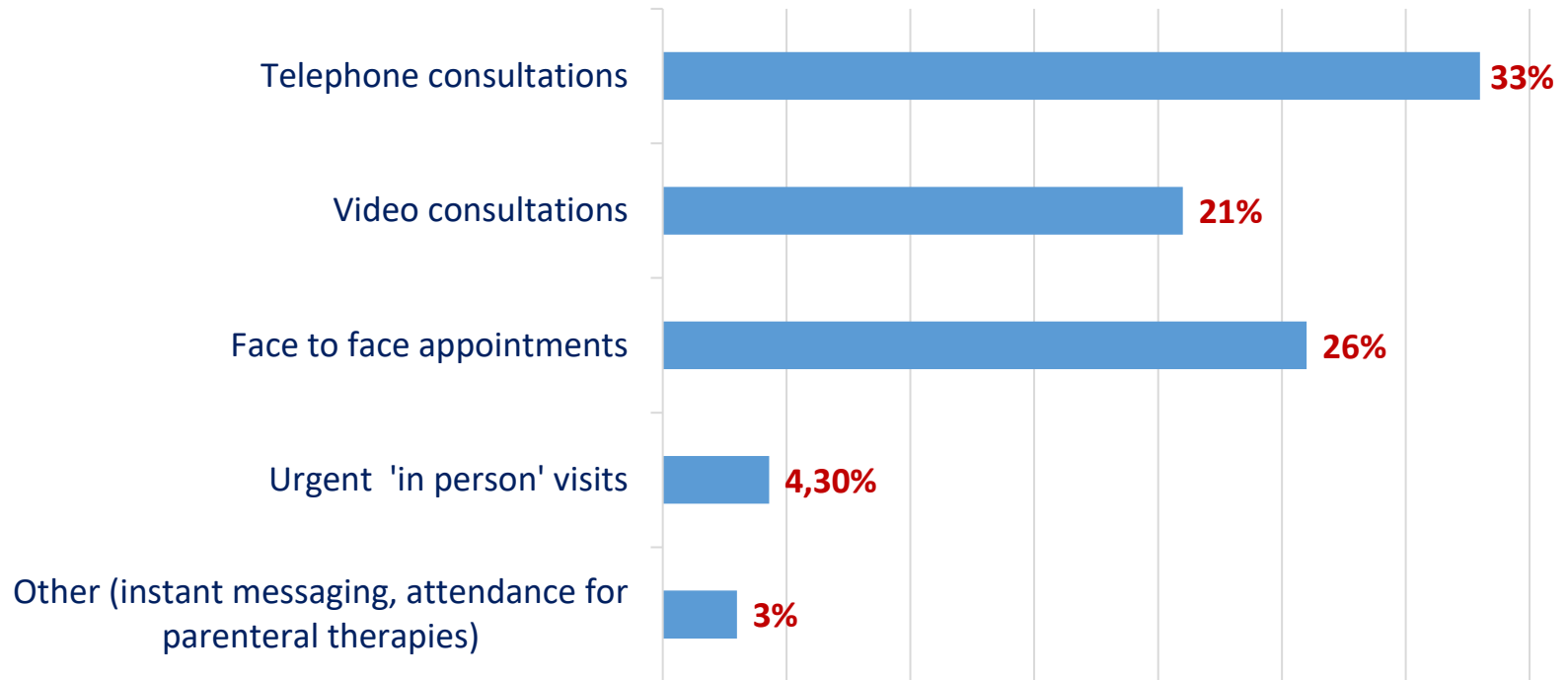
Respondents' clinical settings



Fuggle et al., Osteoporos Int 2021

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Mode of patient contact

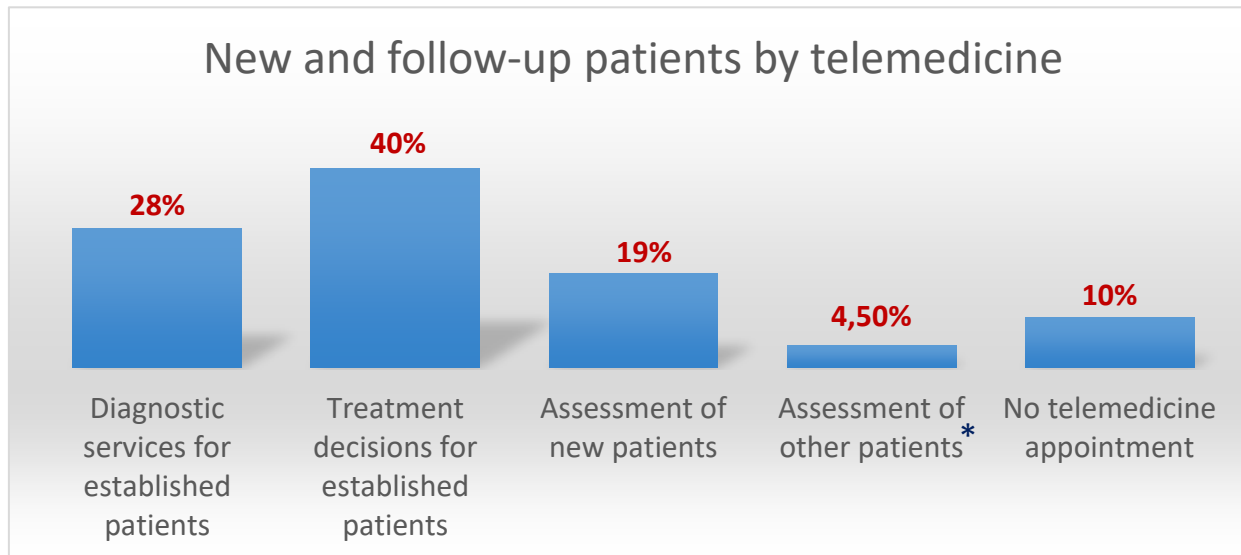


Fuggle et al., Osteoporos Int 2021

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Impact on service delivery

- 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

Fuggle et al., Osteoporos Int 2021

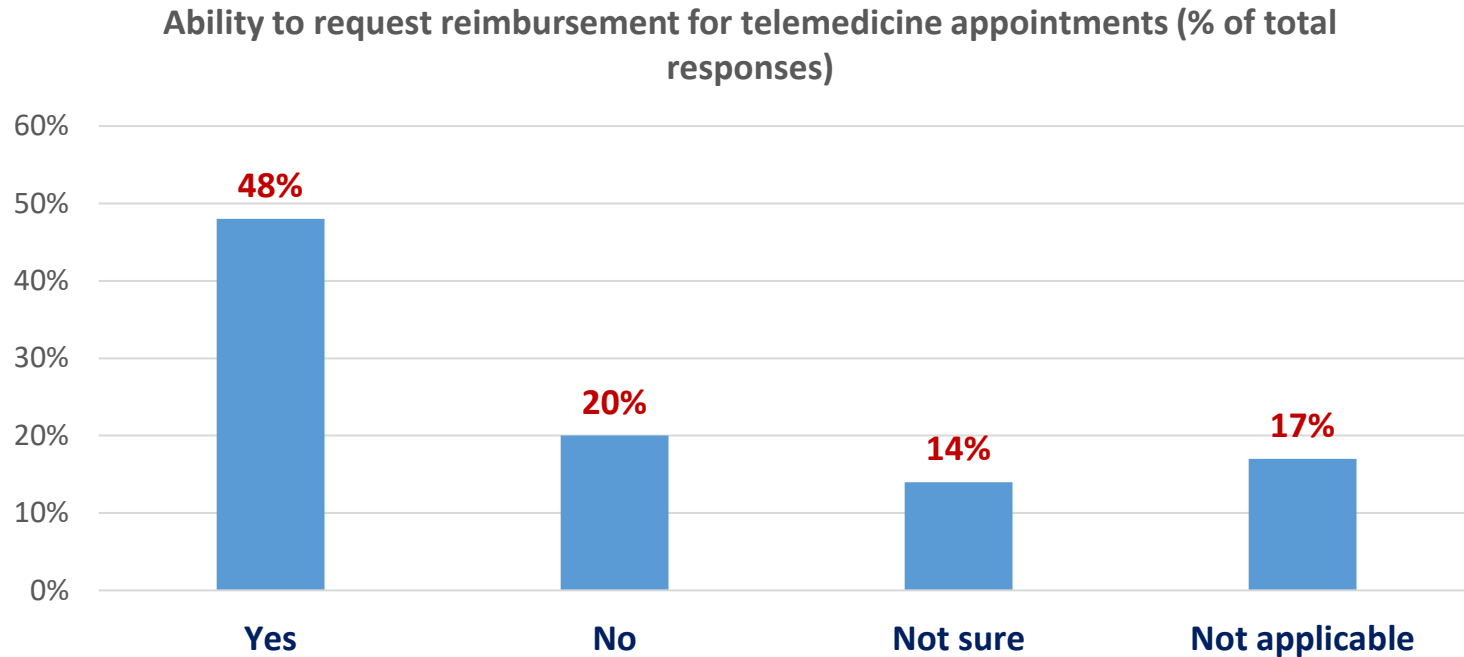
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Impact on osteoporosis risk assessment

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

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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

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Ability to arrange antiosteoporosis medications 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

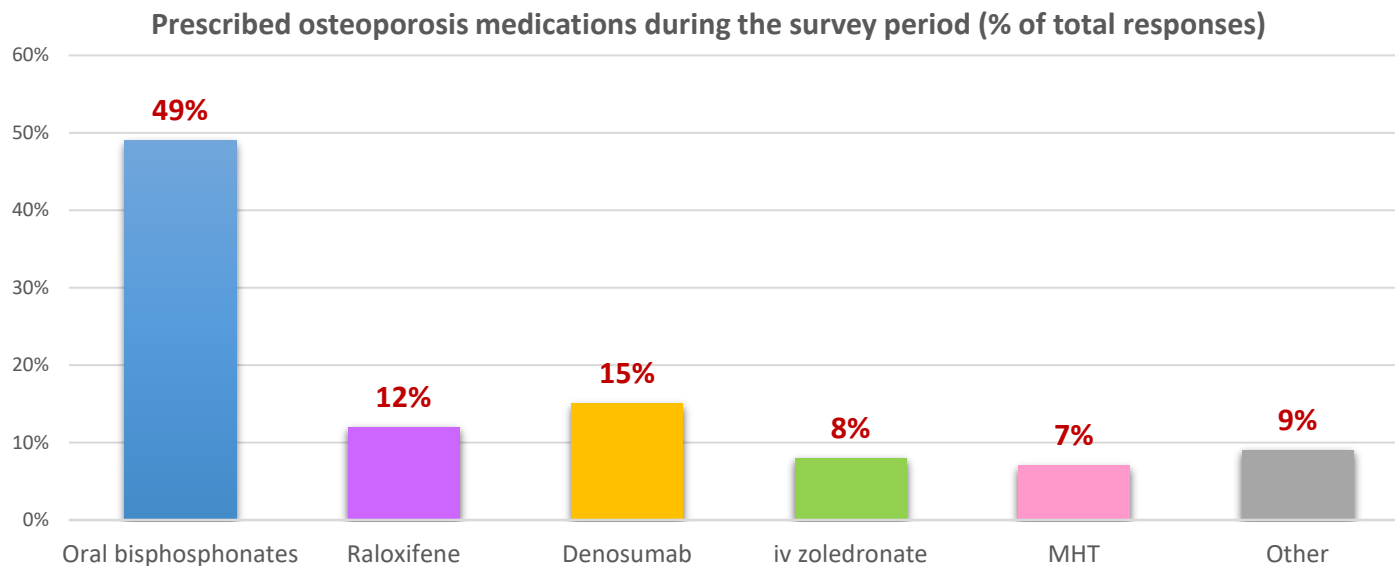
Main reported problems:

- 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 and self-isolation, resulting in patients being unable to attend office visits

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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



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Impact on timing of consultations

- 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 “

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Discussion

- COVID-19 has had **profound effects on healthcare**
- The survey captured **some alterations in osteoporosis assessment and treatment** from a broad cross-section of healthcare providers
- The move toward **telemedicine may be advantageous in the long-term** :
 - financial savings
 - increased efficiencies for healthcare systems
 - increased convenience and patients' 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/logistic issues, patients being unable or reluctant to attend visits for sc injections or iv infusions, primary care closures

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continued...

- **The limited or delayed access to DXA** may change ‘usual practice’, according to a previous IOF survey of DXA usage¹
- **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 et al., Osteoporos Int 2021

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

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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.”



Our vision is a world without fragility fractures,
in which healthy mobility is a reality for all.

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