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

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Provider and Patient Surveys

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


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


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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

Regions of respondents

- Europe: 28%
- Asia Pacific: 24%
- North America: 19%
- Middle East: 17%
- Latin America: 12%

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)

Clinical settings represented by respondents to surveys (% of total responses)
- 41% Academic Medical...
- 33% Hospital-based Clinic
- 1% Primary Care Clinic
- 11% Large, private...
- 14% Small or solo...

Specialties of respondents (% of total physicians’ responses)
- Rheumatology
- Endocrinology
- Orthopaedics
- General internal medicine
- Radiology
- Obstetrics/Gynecology
- Physical medicine
- Nephrology

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 ≥65 years of age
• 95% live in their home or apartment
• 4% live in independent senior living

Primary Provider Managing Bone Health

- Rheumatologist 17%
- Endocrinologist 30%
- Gynecologist 6%
- Geriatrician 1%
- Other 7%
- Primary Care/Internal Medicine 40%

Access to Care
Mode of Patient Interaction

Reporting by Providers

- Telephone consultations: 33%
- Video consultations: 21%
- Face to face appointments: 26%
- Urgent 'in person' visits: 4.30%
- Other (instant messaging, attendance for parenteral therapies): 3%

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

New and follow-up patients by telemedicine

- Diagnostic services for established patients: 28%
- Treatment decisions for established patients: 40%
- Assessment of new patients: 19%
- Assessment of other patients: 4.50%
- No telemedicine appointment*: 10%

*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

Access and Mode of Interaction

Reporting by Patients

Percent attending an in-person appointment

- Yes: 18%
- No: 82%

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

- Yes: 28%
- No: 72%

Reasons for Cancelling or Changing Appointments

- Medical office is on hospital premises: 14%
- Fear of crowded waiting room/lack of social distancing: 24%
- Fear of your own vulnerability to COVID-19 virus: 40%
- Appointment not urgent/can be postponed easily: 40%
- Other: 38%

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”

Satisfaction with Telemedicine

Patient Perspective

77%

• Convenient
• Easy
• Good quality visit
• Increased direct contact time
• Undivided attention
• Safe

33%

• Technology issues
• Not a proxy for in-person visits
• Needed health care services that require an in-person visit (physical exam, labs, etc.)

Reimbursement for telemedicine

**Ability to request reimbursement for telemedicine appointments (% of total responses)**

- **Yes**: 48%
- **No**: 20%
- **Not sure**: 14%
- **Not applicable**: 17%

“Not sure” : unsure about reimbursement policies or status
“Not applicable” : reimbursement for telemedicine not applicable to their health care system or funding system

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

Prescribed osteoporosis medications during the survey period (% of total responses)

- Oral bisphosphonates: 49%
- Raloxifene: 12%
- Denosumab: 15%
- iv zoledronate: 8%
- MHT: 7%
- Other: 9%

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\(^1\).

• 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.


“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.”

“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

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THANK YOU

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

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