Travel Distance: A Barrier to Osteoporosis Screening?

Volume 19, Number 8, June 2009

“Yes,” say several LHC Scholars and their colleagues. “Travel distance to a dual-energy x-ray absorptiometry (DXA) provider is an important factor associated with receipt of a DXA test. In this study, persons who traveled between 10 and 24 miles were about 20% less likely to receive DXA screening than people who traveled less than 5 miles. Rural populations could be particularly affected if DXA providers discontinue testing due to declining Medicare reimbursement.”

A DXA test measures bone mineral density and identifies osteoporosis. Diagnosing osteoporosis before a fracture occurs can lead to therapy to reduce fracture risk. DXA testing is reimbursed by Medicare and is recommended for all women over the age of 65; some groups also recommend testing for men over the age of 70. Despite DXA’s important role in osteoporosis management, recent legislative and regulatory changes have reduced reimbursement for DXA at non-facility providers (physician offices or other outpatient settings). Because of these cuts, some DXA providers who operate devices in non-facility settings will find it too expensive to continue this service. If so, DXA tests may be shifted from non-facility sites like a rural physician’s office to hospital based facilities which may increase travel distances and hinder access to DXA testing.

To evaluate trends in the number and locations of DXA testing, the researchers used national Medicare data from 1999-2006. In 2006, 2.9 million DXAs were performed, a 103% increase since 1999. During 2005-2006, 8.0% of persons were tested at non-facility sites compared to 4.2% at facility sites; the remainder (88%) had no DXA. In addition, rural residents relied more than urban residents on the availability of DXA from non-facility providers.

“Besides travel distance, there likely are other factors that would be affected if DXA tests are shifted to facility providers,” say the researchers. “These factors include less continuity of care and higher patient co-payments. Additional work to evaluate the impact of recent and ongoing cuts in DXA reimbursement is needed to determine the extent to which access to this important service has been affected.”

Osteoporosis International, published online: 24 December 2008