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Abstract
BACKGROUND: Osteoporosis-related fractures impose a large and growing societal burden, including adverse health effects and direct medical costs. Postfracture utilization of health care services represents an alternative measure of the resource costs associated with these fractures.

METHODS: We use a 5% random sample of Medicare claims data to construct annual cohorts (2000-2004) of beneficiaries diagnosed with incident fractures at one of seven sites--clinical vertebral, hip pelvis, femur, tibia/fibula, humerus, and distal radius/ulna. We use person-specific changes in health services utilization (eg, inpatient acute/postacute days, home health visits, physical, and occupational therapy) before/after fractures and probabilities of entry into (long-term) nursing home residency to estimate the utilization burden associated with fractures.

RESULTS: Relative to the prior 6-month period, rates of acute hospitalization are between 19.5 (distal radius/ulna) and 72.4 (hip) percentage points higher in the 6 months after fractures. Average acute inpatient days are 1.9 (distal radius/ulna) to 8.7 (hip) higher in the postfracture period. Fractures are associated with large increases in all forms of postacute care, including postacute hospitalizations (13.1-71.5 percentage points), postacute inpatient days (6.1-31.4), home health care hours (3.4-8.4), and hours of
physical (5.2-23.6) and occupational (4.3-14.0) therapy. Among patients who were community dwelling at the time of the initial fracture, 0.9%-1.1% (2.4%-4.0%) were living in a nursing home 6 months (1 year) after the fracture.

CONCLUSIONS: Fractures are associated with significant increases in health services utilization relative to prefracture levels. Additional research is needed to assess the determinants and effectiveness of alternative forms of fracture care.

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