

ARIZONA STATE LEGISLATURE

AD HOC COMMITTEE ON OSTEOPOROSIS

Minutes of Meeting

Monday, December 16, 2002 – 1:30 p.m.

Senate Hearing Room 1

Members Present:

Senator Virginia Yrun, Chair

Kathy Brewer

Oscar Gluck

Jane Canby

Timothy Lohman

Margie Tate

Terri Verason

Members Absent:

Senator Toni Hellon

Jeffrey Lisse

Staff: Julie Keane, Senate Health Analyst

Brandy Martin, Senate Assistant Analyst

Chair Yrun called the meeting to order at 1:40 p.m., and attendance was noted. She asked the members to introduce themselves and to comment and identify the outcomes that they would like to see for the Committee.

Jennifer Koslo, M.S., R.D., Arizona Department of Health Services (DHS), Nutrition and Chronic Disease Prevention Services (NCDPS), presented an overview of osteoporosis and its effect on the population of Arizona. She provided an outline of her presentation to the Committee (Attachment A). She emphasized that osteoporosis is a pediatric disorder that manifests itself in the aging process; however, it is never too early to begin prevention efforts. She said after age 30 a gradual decline in bone mass occurs, and a healthy lifestyle is critically important to maintaining strong bones. She commented that bone fractures significantly increase

health care costs and decrease the quality of life. She said osteoporosis is known as the “silent disease” because the loss of bone occurs over a long period of time. She noted that while there are treatments for osteoporosis, there currently is no cure. The four important steps in the prevention of osteoporosis are diet, activity, lifestyle and bone density testing.

Ms. Koslo identified the risk factors as modifiable and non-modifiable. The modifiable factors are calcium intake, weight-bearing exercise, smoking and medications. The non-modifiable factors are age, gender, ethnicity and genetics. She indicated that certain medications used in treating other chronic conditions could also contribute to the thinning of bones.

Ms. Koslo commented on the prevalence and incidence data outlined on page 2 of the handout.

Presentation by the Osteoporosis Coalition

Kathy Brewer, PT, GCS, MEd, Arizona Osteoporosis Coalition, presented an overview on Item II of Attachment A pertaining to costs and projections for the years 2000-2025. She noted that the role of bone mineral testing is critical. She commented on the human factor statistics regarding bone fractures as highlighted in the handout. Ms. Brewer reviewed the findings of surveys taken of various health plans regarding insurance reimbursement issues.

In response to Senator Yrun’s inquiry regarding bone replacement therapy, Dr. Gluck outlined the various treatments currently available.

Ms. Brewer stated that there are various programs in other states, which are listed in the handout. She said Arizona is involved in several programming activities that have been successfully implemented throughout the country. She addressed three osteoporosis program efforts currently underway in Arizona:

- Maricopa County Office of Nutrition Services
- Healthy Women for a Lifetime
- Arizona Osteoporosis Coalition

Ms. Brewer noted that web site resources are available as listed on the handout. She stated that proposals have been submitted to various sources of funds for expansion of the public awareness programs.

Senator Yrun asked whether any data is available on the number of eligible women in Arizona who actually receive Medicare-sponsored screening. Ms. Brewer responded that information could possibly be extrapolated from a national database through the Medicare system. She suggested that the percentage is probably fairly low, which indicates there is room for improvement.

In response to Ms. Verason, Ms. Brewer presented an overview on the programs in Arizona regarding possible continuance and funding.

Senator Yrun asked whether a medical standard exists to indicate that bone screening should begin prior to age 65. Dr. Gluck responded that the National Prevention Task Force published two months ago that all women over 65 should be screened. Also, women 60 years of age or older with a risk factor should be screened. Dr. Lohman stated that it is preferable for screening to occur sooner because women at 65 have already lost 10% to 25% of bone density during their late twenties.

Ms. Verason commented on the importance of having bone density testing. She stated that the Academy of Pediatrics has emphasized the importance of teenagers to exercise and to have enough calcium in their diets to help prevent osteoporosis and related costs later in life.

Review Committee Charge and Begin Developing a Plan for the Next 12 Months

Senator Yrun asked the members to comment on the outcomes they would like to see on this issue during the next twelve months. Ms. Canby responded that the issue of data collection needs to be addressed, and the best way to use the available resources to collect the data. Senator Yrun asked Ms. Koslo to address the issue of collecting incidence data and to distinguish the differences between prevalence and incidence data. Ms. Koslo responded that prevalence data indicates the portion of population that has the disease obtained through available data. Incidence data indicates new cases within a period of time, which involves screening and re-screening. She noted that data is very costly to collect. Ms. Canby remarked a previously-funded program that could possibly be expanded is the Behavioral Risk Factor Survey. She indicated new questions could be added to the survey regarding osteoporosis risk factors. Ms. Koslo noted that the added cost would amount to \$1,200 per question on the survey, and she described some examples of questions. In response to Senator Yrun, Ms. Tate said the survey is administered by DHS, but is nationally sponsored by the Center for Disease Control (CDC). She noted that CDC provides some funding to the states for a core module of the survey, and the cost for any additional questions would have to be funded by the states.

Ms. Brewer added that a data research committee conducted a study in 2000. She indicated it was an attempt to capsule the issues related specifically to Arizona, and said it would be the intention to repeat and update the study every two to three years.

Dr. Gluck stated a primary outcome that would be helpful is to partner with Arizona hospitals in accumulating data on routine bone fractures. He said it would be helpful to have a baseline of knowledge regarding the patients who experience bone fractures along with intervention with other partnering entities. He stated that the Center of Medicare and Medicaid Services (CMS) would likely be interested in partnering.

Ms. Verason stated that Dr. Gary Chan at the University of Utah is currently conducting research on children and bone density, and similar research is underway in other parts of the country. She commented that the issue of children and adolescence leads to the topic of primary and secondary prevention. Primary prevention is building strong bones and appropriate health behaviors. Secondary prevention is the prevention of fracture. She said there are many approaches and perspectives to address this issue through public and private means.

Ms. Tate stated that osteoporosis is perceived as a disease of the elderly; however, it is important to note that it is a life-spaning disease. She said primary prevention takes place with elementary and school-age children, and then evolves into a secondary and treatment-type prevention.

Dr. Lohman stated statistics indicate that those treated with fractures are not generally tested for bone density at the time of the treatment. Dr. Gluck stated it could be feasible within a year to collaborate with other entities to conduct a study on patients treated for bone fractures. He said data gathering could be undertaken in the form of a questionnaire at the time a patient receives treatment for a common bone fracture.

Senator Yrun stated that a representative from the Hospital Association should be included on the Committee when Senator Bennett reappoints the members. Dr. Gluck suggested that Anita Murcko would also be a welcome addition to the Committee.

Dr. Gluck indicated that the cost of the project would depend on the amount of data obtained. He suggested including women over age 50 and men over age 60, and anyone who is treated for a bone fracture at a hospital facility would be given the questionnaire. Senator Yrun wanted to know if data exists regarding the percent of all fractures that are treated at a hospital versus another facility. Dr. Gluck responded that approximately 90 percent of hip fractures are treated at hospitals, and only a third of spine or vertebrae fractures are discovered clinically. He said the focus should be based on hip fractures or those fractures that require intervention by a surgeon.

Senator Yrun commented another factor to consider is lost productivity as a result of fractures. She asked whether any data is available on loss of work due to fractures. Dr. Gluck responded such data exists, but may not be available in Arizona. He indicated that if the hospital project is successful, the study could also be expanded at a later date to include children and other age groups.

Ms. Canby noted that the Committee report is due in November 2004. Dr. Gluck stated there is enough time to conduct the project before the report is due.

Dr. Lohman stated that screening is one of the most important factors, and he suggested examples of how to conduct the screening.

Senator Yrun suggested that the members could be divided into two groups. One group would focus on the hospital study, and another group could handle the screening issue.

Liana Martin, Legislative Liaison, DHS, responded to Senator Yrun regarding the hospital project and costs. She said depending on how the project is handled, any possible federal funding to Arizona would be a decision of CMS.

Senator Yrun commented that the screening survey would be an expensive undertaking, but perhaps private grants may be available. She said it is doubtful that any State funds would be available due to the current budget deficit. Ms. Canby said perhaps some private funding sources may be interested, such as pharmaceutical companies. She said another issue to consider is who would be analyzing the data, writing the report and duplicating the report.

Dr. Gluck stated that the project would include data gathering, intervention and other issues, which would require certain expertise. He said the results of the project could be divided into certain geographical areas, and the ultimate results would improve the quality of care for the State.

Ms. Verason referred to the screening portion of the project. She said many groups handle screenings throughout the State. She asked whether there is a way to survey those groups with respect to the data being collected.

Dr. Lohman said although he is not sure how comprehensive it would be, but certainly those groups would have data that could be useful to this project.

Dr. Gluck commented that a recent nationwide Nora Project sponsored by certain pharmaceutical companies worked in conjunction with physicians' offices to measure patient bone density. He said 300,000 women were screened and the bone density findings were published in the Nora Project report, which is available. He noted that Arizona is unique in terms of population and needs. He added there is a significant elderly population, and he is interested in knowing how Boswell Hospital data compares with that of other hospitals regarding the required information for this project.

Senator Yrun suggested dividing the Committee into two groups. One group would consist of Dr. Gluck, Ms. Tate, Dr. Lisse, and Dr. Anita Murcko. Dr. Gluck indicated he would contact Dr. Murcko. He would also like input from the University of Arizona. Dr. Gluck also suggested adding Dr. Michael Maricic to the group, and said he would contact him. Ms. Koslo would also be a member of that group.

Senator Yrun said she will also contact the Hospital Association to find out how to proceed. Ms. Keane indicated she will have a representative from the Hospital Association contact Dr. Gluck. Senator Yrun asked Ms. Keane to provide a directory of Committee members, their telephone numbers and email addresses for the Committee's use.

The other group will include Dr. Lohman, Ms. Canby, Ms. Brewer, and Ms. Verason. Senator Yrun stated that Senator Hellon will probably be chairing the full Committee henceforth. When Senator Bennett reappoints the Committee, a suggestion will be made to include the additional names of Dr. Anita Murcko and Dr. Michael Maricic.

In response to Senator Yrun, Ms. Liana Martin stated that today's meeting provided a good discussion on the issue. She said as progress develops, DHS could provide some advice on funding needs and other issues for the Committee. Senator Yrun asked Ms. Martin to check with the Director of DHS to see if partnering could be provided as needs are identified and developed in this project regarding epidemiology input.

Dr. Lohman asked whether an interim report would be available as the project moves along. Senator Yrun stated that the Committee is required to submit a final report, but is not prohibited from issuing an interim report. Dr. Lohman suggested an interim report would be very helpful, and Senator Yrun agreed. She said as most of the survey work will be completed in the first

year, it could lead to suggestions for revisions or initiating public policy in the second year. Therefore, an interim report would be very beneficial as back-up data.

At Senator Yrun's request, Ms. Keane introduced herself and explained her role with the Committee. Senator Yrun explained that the groups would meet at their convenience.

Public Testimony

There was no public testimony.

There being no further business, the meeting adjourned at 3:10 p.m.

Respectfully submitted,

Nancy L. DeMichele, Committee Secretary

(Tapes and attachments on file in the Secretary of the Senate's Office/Resource Center, Room 115)

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Senate Ad Hoc Committee

On Osteoporosis

December 16, 2002

Page 1