

CONCLUSION

This OTA background paper has reviewed the available information about in-hospital treatment, in-hospital and long-term mortality, post-hospital and other outpatient service use, and functional impairment following hip fracture and provided estimates of per patient expenditures for in-hospital, post-hospital, and other outpatient services for people with a hip fracture. Clearly, hip fractures have many negative outcomes. They are costly, although somewhat less costly than previous reports have indicated. Hip fractures also result in excess mortality and long-term functional impairments.

Some portion of the negative outcomes following a fracture is undoubtedly avoidable. As noted earlier, several federal agencies are currently funding studies of hip fracture treatments and outcomes. These studies are attempting to identify the most effective in-hospital treatments and post-hospital services for hip fracture. Once the most effective treatments and services are identified and implemented, outcomes may improve. Ex-

penditures for specific treatments and services may increase, but any reduction in average nursing home lengths of stay that results from improved treatments is likely to lead to equal or greater savings.

It is important to recognize, however, that many hip fracture patients are very old and frail. Some are already in a nursing home or receiving supportive services at home before their hip fracture. The capacity of such individuals to withstand the trauma of a fall, a fracture, and surgical treatment, including anesthesia, is limited, as is their capacity to participate in and respond to rehabilitative treatments. Thus, the potential for improvement in hip fracture outcomes is also limited. These limitations point to the importance of steps that may be taken throughout life to reduce the incidence of hip fractures, including steps to increase bone mass and bone strength in young people, maintain bone mass and strength in middle-aged and older people, diminish the environmental and patient characteristics that lead to falls in older people, and protect older failers from fracture.