

Profiles of Home Health Patients Who Receive Rehabilitation Services

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DOI: 10.5014/ajot.2022.76S1-PO143

Date presented: April 1, 2022

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PURPOSE: To reduce costs and address the needs of a rapidly growing aging population, care provision has shifted to patients' homes instead of institutional stays over the last decade (Landers et al., 2016). Medicare expenditures for home health (HH) care services have grown substantially and have raised questions about the value of rehabilitation services within HH (Medicare Payment Advisory Commission, 2018). The first step to understanding the value of OT services with HH is to characterize patients who receive HH rehabilitation services.

DESIGN: We analyzed 2017-2018 100% Medicare Home Health claims. We included patients admitted to HH either from the community (n = 349,042) or following an institutional stay (hospital, inpatient rehabilitation or skilled nursing facility) (n = 708,523). We used CMS Patient Driven Groupings Model (PDGM) diagnostic categories to identify patients with musculoskeletal and neuro/stroke diagnoses. Each patient was classified by receipt of any rehabilitation services, including occupational, physical, or speech therapy (yes/no).

METHOD: We used descriptive analyses and multilevel logistic regression to identify significant patient- and facility-level characteristics associated with receipt of rehabilitation services for the two diagnostic groups (musculoskeletal, neuro/stroke) in each entry cohort (community, institutional).

RESULTS: We observed varied probability in patient-level and facility-level characteristics of receiving HH rehabilitation services between community versus institutional entry and diagnostic groups. For example, in the neuro/stroke group, compared to their counterparts, patients who were female (Odds Ratio [OR] = 1.2 (1.1-1.2)) and aged 81+ (OR = 1.3 (1.2-1.4)) had significantly higher odds of using HH rehabilitation services; patients who were non-White had significantly lower odds (e.g., Black: OR = 0.8 (0.8-0.9)) of receiving HH rehabilitation services, but only for community entry. Regardless of entry type, patients receiving caregiver assistance had higher odds of receiving HH rehabilitation services compared to patients who needed caregiver assistance but did not receive adequate assistance (e.g., institutional entry: OR = 1.6 (1.4-1.7) versus 1.40 (1.3-1.5) for musculoskeletal group; 1.8 (1.6-2.1) versus 1.5 (1.3-1.8) for neuro/stroke group, for adequate assistance vs. inadequate assistance). Patients of HH agencies with a higher quality star rating (3-5 stars) had higher odds of receiving rehabilitation services compared to HH agencies with lower star ratings (1-2 stars), across both entry types and diagnostic groups (musculoskeletal group: OR = 1.5 (1.3-1.6) and 1.5 (1.4-1.7); neuro/stroke group: OR = 1.3 (1.2-1.5) and 1.8 (1.4-2.4) for institutional entry and community entry, respectively).

CONCLUSION: We found different patient profiles for receipt of HH rehabilitation services based on institutional versus community entry and diagnostic groups. Caregivers may advocate for patients' need for rehabilitation services. Higher quality HH agencies provided more rehabilitation services indicating rehabilitation services may be underused for lower quality HH agencies.

IMPACT STATEMENT: Studies examining OT services within home health are scarce. New healthcare policies incentivize patients receiving care at home. This transition to home care offers an opportunity for OT practitioners to advocate for the profession's value on the HH care team. Findings from this study provides key information for OT practitioners to understand which patient- and facility-level factors are associated with receipt of rehabilitation services and which patients may be missing the opportunity to benefit from rehabilitation services.

References

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