

Key Facts in Rural Health

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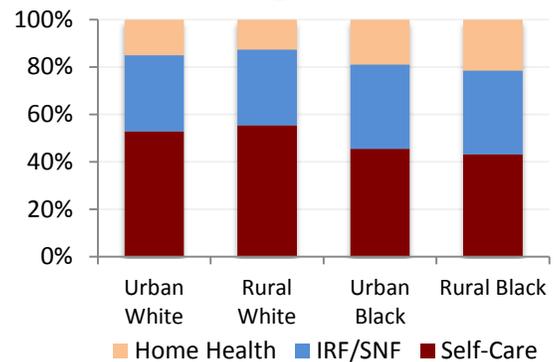
Post-discharge Rehabilitation Care Delivery for Rural Medicare Beneficiaries with Stroke

After hospital discharge, rehabilitation is essential to ensuring the best possible outcomes and quality of life among stroke survivors. Stroke survivors requiring rehabilitation services after hospital discharge may be transferred to institutional care in inpatient rehabilitation facilities (IRF), long-term care or skilled nursing facilities (SNF), or some other inpatient facility (neither IRF nor SNF), or may receive care provided by home health agencies (HHA). However, not all patients receive these services. We examined the post-discharge rehabilitation care (PDRC) among a sample of Medicare patients who were hospitalized for stroke in 2009 (12,563 patients) to examine potential disparities.

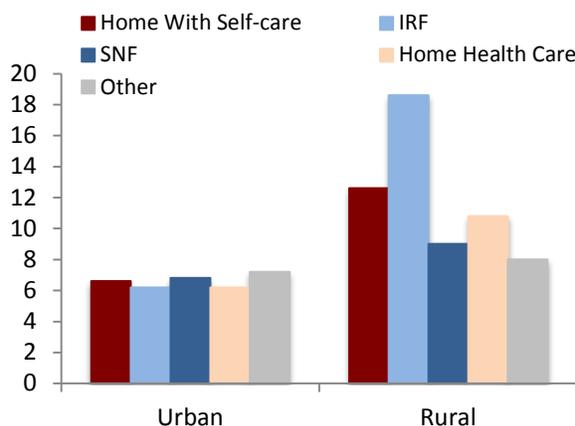
Key Findings:

- Slightly more than half of all patients were discharged home with self-care only (51.9%; no formal rehabilitation care)
- Compared to urban beneficiaries, rural beneficiaries were more likely to be discharged without rehabilitation care (51.1% versus 54.0%, respectively).
- White beneficiaries were more likely to be discharged without formal care (53.2%) than African American (44.8%) or other (47.9%) beneficiaries.

Post discharge rehabilitation care for Medicare beneficiaries with stroke, by race and residence, 2009



Type of PDRC recorded, by average miles between patient's home and discharge hospital and rurality, 2009



- Within white beneficiaries, rural stroke patients were more likely to be discharged with no PDRC than their urban peers (55.4% versus 52.9%, respectively).

- Among rural patients, distance between hospital and home was greater among those discharged to an IRF than for other discharge settings; this difference was not present for urban patients.