

The association between Medicare eligibility and rehabilitative care

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Rehabilitation is an essential component of high-quality health care. Several studies have shown that insurance status is a key factor in determining a patient's access to rehab, but little is known about how recent policy changes have affected insurance coverage and therefore access to rehab. Using regression discontinuity (RD) models, researchers at the Center for Surgery and Public Health at Brigham and Women's Hospital found that becoming Medicare eligible at age 65 (as compared to age 64) was associated with an abrupt 6.4 percentage-point decline in the number of people who were uninsured and a 9.6 percentage-point increase in rehabilitation. In other words, Medicare coverage was associated with a significant gain in access, allowing an additional one-in-ten patients to take advantage of rehabilitative care.

The study, published in *Annals of Surgery*, used RD models to examine the extent to which insurance changes were associated with variations in rehabilitation access/use among adults ages 64 versus 65 years old (the age at which they became eligible for Medicare), using data extracted from the 2007-2012 National Trauma Data Bank.

RD models are quasi-experimental, and designed to mimic the results of [randomized controlled trials](#). Developed for use in educational psychology and economics, this is the first time that they have been employed in a surgical outcomes study.

"As a nation, it's imperative that we continue to study the impact of ongoing healthcare reform, particularly when it comes to the effect that

health [insurance status](#) has on access to rehabilitation," explained Adil Haider, MD, MPH, FACS, lead author of the study and Kessler Director of the Center for Surgery and Public Health. "We must carefully consider how patients, especially older adults, are accessing rehab. Whether it's discharge to a skilled nursing facility, acute inpatient facility, or care provided at home, rehabilitation is a key step in the healing and recovery process and every patient deserves equitable access."

More information: Cheryl K. Zogg et al, The Association Between Medicare Eligibility and Gains in Access to Rehabilitative Care, *Annals of Surgery* (2016). [DOI: 10.1097/SLA.0000000000001754](https://doi.org/10.1097/SLA.0000000000001754)

Provided by Brigham and Women's Hospital

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