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One in three Medicare beneficiaries don't receive home health rehabilitation after ICU stay

AT A GLANCE

- 1 in 3 Medicare patients referred for home health rehabilitation after the ICU don't receive any services, and those who do get very few visits, according to a first-of-its-kind study being presented at SCCM's Critical Care Congress.
- It can take up to 6 months for many of these patients to recover function after an ICU stay if they recover at all.
- Those who lived alone or in rural areas were least likely to receive home rehabilitation.
- All patients who spend time in the ICU should be screened for rehabilitation needs, as many will be at risk for post-intensive care syndrome.

ORLANDO, Fla. – Home health rehabilitation can help seniors get stronger and resume activities after an intensive care unit (ICU) stay, yet 1 in 3 Medicare patients don't receive this care, according to a first-of-its-kind study being presented at the Society of Critical Care Medicine's 49th Critical Care Congress.

The study is the first to look at the use of home rehabilitation – including physical, occupational and speech therapy – in Medicare patients after an ICU stay and assess why some receive few or no visits. Researchers found that those who did get home rehabilitation had very few visits and that those who live alone or in a rural setting are less likely to receive this important care.

“Disability in walking, bathing, swallowing and speaking are common in older adults after being in the ICU and at a minimum, patients who are discharged and are homebound should be evaluated by physical, occupational and speech therapists,” said Jason Falvey, D.P.T., Ph.D., lead author of the study and a post-doctoral fellow at Yale School of Medicine, New Haven, Conn. “Our findings are concerning because it typically takes three to six months

for older ICU survivors to recover function, and home rehabilitation can really help in that regard.”

People who spend time in the ICU are at risk for post-intensive care syndrome (PICS), or problems that remain after critical illness. One of those problems is ICU-acquired muscle weakness, and people who were admitted for sepsis (a severe infection), or spent a week or longer in the ICU are at increased risk. Rehabilitation is an important part of post-discharge care which improves the chance of recovery.

There are no established guidelines for the number of visits these patients should receive. Instead, it is recommended that patients who have been in the ICU and are going home – especially if they are at risk for PICS – should be screened for rehabilitation needs, but many are not, Dr. Falvey said. Most of the patients in the study were homebound, meaning they could not leave the house without significant effort.

The researchers analyzed 3,176 Medicare beneficiaries who were discharged directly to home health rehabilitation after a stay in the hospital that included at least 24 hours in the ICU in 2012. Overall, they received a median of 3.5 home rehabilitation visits over 30 days and 33% received no visits. Patients who lived alone received 11% to 15% fewer visits and those in a rural area received 6% to 10% fewer visits. The numbers are likely to worsen this year due to recent changes in the Medicare home health payment system, leading many home health agencies to reduce the amount of therapy provided, Dr. Falvey said.

People who live in rural areas often have limited access to home rehabilitation because agencies that serve these areas often are short staffed and therapists have to travel further distances. Therefore, the lower numbers for this group, while not ideal, were not surprising, he said.

“But we were surprised that those living alone often did not receive rehabilitation, and we’re not sure why,” said Dr. Falvey. “It might be that those who lived alone were healthier and higher functioning or that they were perceived that way, so they weren’t provided referrals to home rehabilitation.”

He said the results indicate healthcare providers should be particularly mindful that patients who live alone or in rural areas may be more vulnerable to disparities in post-discharge care than previously recognized and should focus on these issues when preparing patients to return home to ensure they have the help they need to regain mobility.

THE SOCIETY OF CRITICAL CARE MEDICINE

The Society of Critical Care Medicine (SCCM) is the largest nonprofit medical organization dedicated to promoting excellence and consistency in the practice of critical care. With members in more than 100 countries, SCCM is the only organization that represents all professional components of the critical care team. The SCCM Critical Care Congress brings together intensivists and critical care experts from around the world to share the latest scientific research, develop solutions to common issues and improve the care of critically ill and injured patients. Visit sccm.org for more information. Follow [@SCCM](https://twitter.com/SCCM) on Twitter or visit us on [Facebook](https://www.facebook.com/SCCM).

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