

Key Facts in Rural Health

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Intensity of Service Provision for Medicare Beneficiaries Utilizing Home Health Services: A Closer Look at Cerebrovascular Disease, Diabetes and Joint Replacement

The research reported here examined the intensity of home health (HH) services per episode (number of visits and types of provider) and median payments per episode across levels of rurality. To ensure comparability between rural and urban patients, we restricted the analysis to patients receiving care for three conditions each analyzed separately: cerebrovascular disease (stroke and related diagnoses), diabetes and joint replacement.

Key Findings:

Beneficiaries with cerebrovascular disease (hereafter, stroke):

- While rural residents averaged more episodes than urban residents (1.5 episodes for rural versus 1.4 for urban), rural and urban beneficiaries with stroke received a similar number of HH visits overall.
- Rural beneficiaries with stroke were less likely to have been cared for by a rehabilitation specialist at some point during their care.
- The median payment, across all episodes of care, was higher for urban beneficiaries (\$4,464) than for rural beneficiaries (\$3,761).

Beneficiaries with diabetes:

- Rural and urban residents averaged a similar number of episodes (2.2 episodes), but urban beneficiaries received significantly more HH visits in total than their rural peers.
- Rural residents with diabetes were less likely to be seen by rehabilitation specialists.
- The median payment, across all episodes of care, was 21.6 percent higher for urban beneficiaries (\$4,383) than for rural beneficiaries (\$3,603).

Beneficiaries with knee or hip replacement:

- There were no rural-urban differences in the number of episodes or number of HH visits per beneficiary.
- Virtually all beneficiaries, 97.6 percent, received HH services from a physical therapist with no difference between rural and urban residents. Rural residents were less likely than urban beneficiaries to have been seen by an occupational therapist (21.5 percent rural versus 27.3 percent urban).
- The median payment, across all episodes of care, was 14.8 percent higher for urban beneficiaries (\$3,243) than for rural beneficiaries (\$2,826).