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Andrew F. Coburn

Elise J. Bolda

Robert G. Keith

Patricia Dushuttle

Alyce Schultz

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Do Nursing Home Discharge Rates Differ for Rural and Non-rural Residents with Hip Fracture?

THE PROBLEM: Prior studies have demonstrated higher rates of nursing home use and significant differentials in the availability and use of home health and other rehabilitative services by rural residents. Limited access to community-based long term care services in rural areas reflects the more general problem of service availability and capacity in many rural locales. To what extent do these problems affect nursing home discharge rates for patients needing short-term rehabilitation? This study examines this question using a cohort of rural and non-rural residents newly admitted to nursing home care following hip surgery. The study sought to determine whether and how rural residence, and the long term care service supply characteristics commonly found in rural communities, affect nursing home discharge rates.

KEY FINDINGS: Using resident-level records linking hospital discharge and nursing facility (NF) resident assessment and discharge data, we examined rates of NF discharge among 573 newly admitted nursing home residents in Maine with hip fracture. Rural residents who are hospitalized for hip fracture and subsequently placed in a nursing facility for a period of rehabilitation are significantly less likely than non-rural residents to be discharged within 30 days of their nursing home admission. Rural residents who stay beyond 30 days are also less likely to be discharged within six months of their admission. The magnitude of these differences is significant, with discharge rates among rural nursing facility residents averaging one-half to one-third lower than non-rural residents' rates. These geographic differences are not explained by service use or resident characteristics, such as age or health and functional status.

Although home health physical therapy (PT) supply rates are substantially lower in rural than non-rural communities in Maine, our findings indicate that residents from areas

with lower home health-PT supply had higher discharge rates. These counterintuitive results may reflect the limits of our measure of home health-physical therapy supply and our inability in this study to assess other factors, such as the availability of lower-level in-home care or social services, that may be important in determining whether an individual can be discharged from the NF.

CONCLUSIONS AND POLICY IMPLICATIONS: The findings of lower discharge rates among rural residents are consistent with previous research showing greater use of nursing homes among rural residents. The personal and economic costs for consumers and for the health care system of higher nursing home use among the rural elderly may be considerable. More attention needs to be paid to the development of mechanisms to encourage early discharge of residents with rehabilitation potential. Federal and state policy reforms, including more restrictive nursing home eligibility criteria and case mix-based payment systems, may shift nursing home care toward greater emphasis on rehabilitative versus custodial care. At the same time, states are encouraging the development of alternative, non-medical residential care. Whether these new initiatives will be successful in encouraging appropriate and early discharge of NF residents and reducing geographic differences in discharge rates remains to be seen. To date, research has been unsuccessful in identifying the factors contributing to higher nursing home use rates in rural populations and areas. There continues to be a need for a better understanding of the role that service supply and accessibility play in the patterns and outcomes of rural long term care.

Andrew F. Coburn, PhD, Elise J. Bolda, Ph.D, Robert G. Keith, Ph.D, Patricia Dushuttle, M.A., Alyce Schultz, R.N., Ph.D