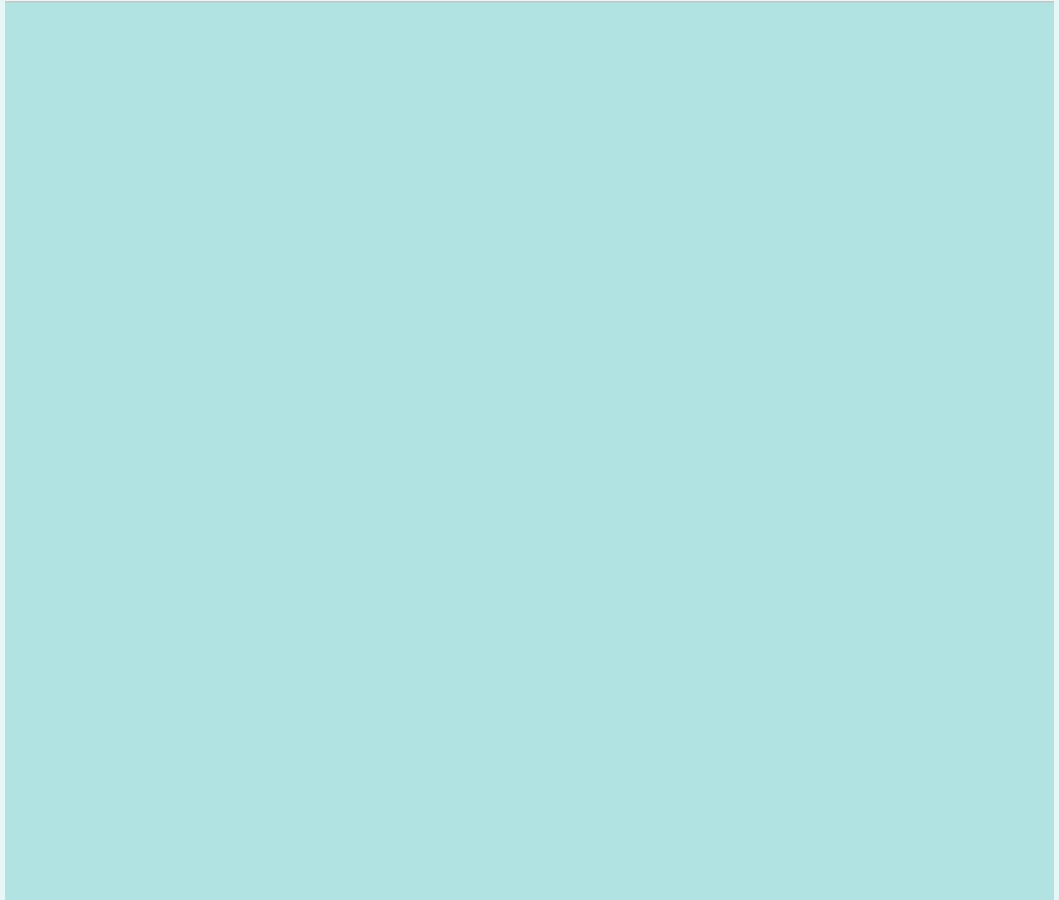


# *Overview of Existing Health Service Delivery Pathways*

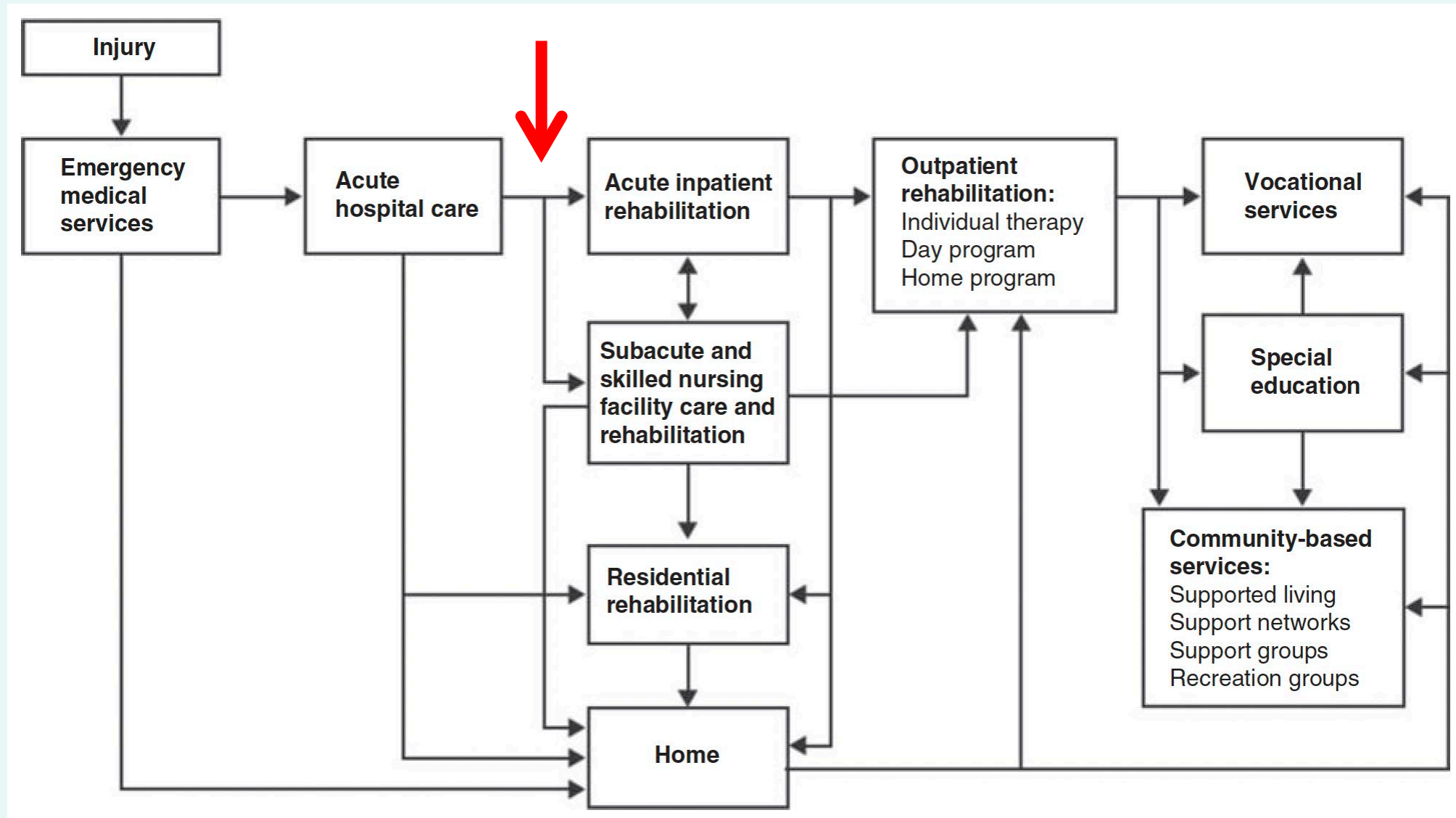
**John D. Corrigan, PhD**

Professor, Department of  
Physical Medicine &  
Rehabilitation

The Ohio State University



# “Usual Flow of Patients” [from Katz, Zasler & Zafonte\*]



\* Katz DI, Zasler ND, Zafonte RD. Systems of care and natural history of traumatic brain injury. In: Zasler ND, et al., eds. Brain Injury Medicine. 3rd ed. Springer Publishing Company; 2021:2-13. doi:10.1891/9780826143051.0001

# % of “Moderate and Severe” TBIs Discharged from Acute Care to Inpatient Rehabilitation

Study	Patient Population	%
Cuthbert et al. (2011) U.S.	National Trauma Data Bank CDC Central Nervous System Injury Surveillance National Study on the Costs and Outcomes of Trauma (NSCOT)	13.7% 20.9% 28.9%
Klang et al. (2023) Sweden	5 years, pre-COVID, hospitalized $\geq$ 3 days	20.5%
Song et al. (personal communication) Ontario, Canada	7 years, pre-COVID	18.9%

# Zarshenas et al. (2018)

18 studies from U.S., Canada, Netherlands & Switzerland (N=638,373 all severities)

- Discharge to IRF or SNF vs. home more likely with:
  - ✓ White/non-Hispanic race/ethnicity
  - ✓ older age
  - ✓ having insurance coverage
  - ✓ greater severity of the injury
  - ✓ longer acute care length of stay
- Younger age only factor associated with discharge to IRF vs. SNF

# Cuthbert et al. (2011)

Based on 3 U.S. datasets:

“...the decision to discharge a person home was due largely to severity-related factors, while the decision to discharge to rehabilitation or subacute care was driven by...age, race/ethnicity, and payment source...”

“...in the U.S. each year, as many as 60,000 late adolescents and adults with moderate to severe TBI may go home directly from an acute care hospital.”

# Barriers to IRF Access

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## Regulators

### 3-hour rule

While 3 hours is an arbitrary limit the greatest barrier affecting TBI is the requirement for “active” participation

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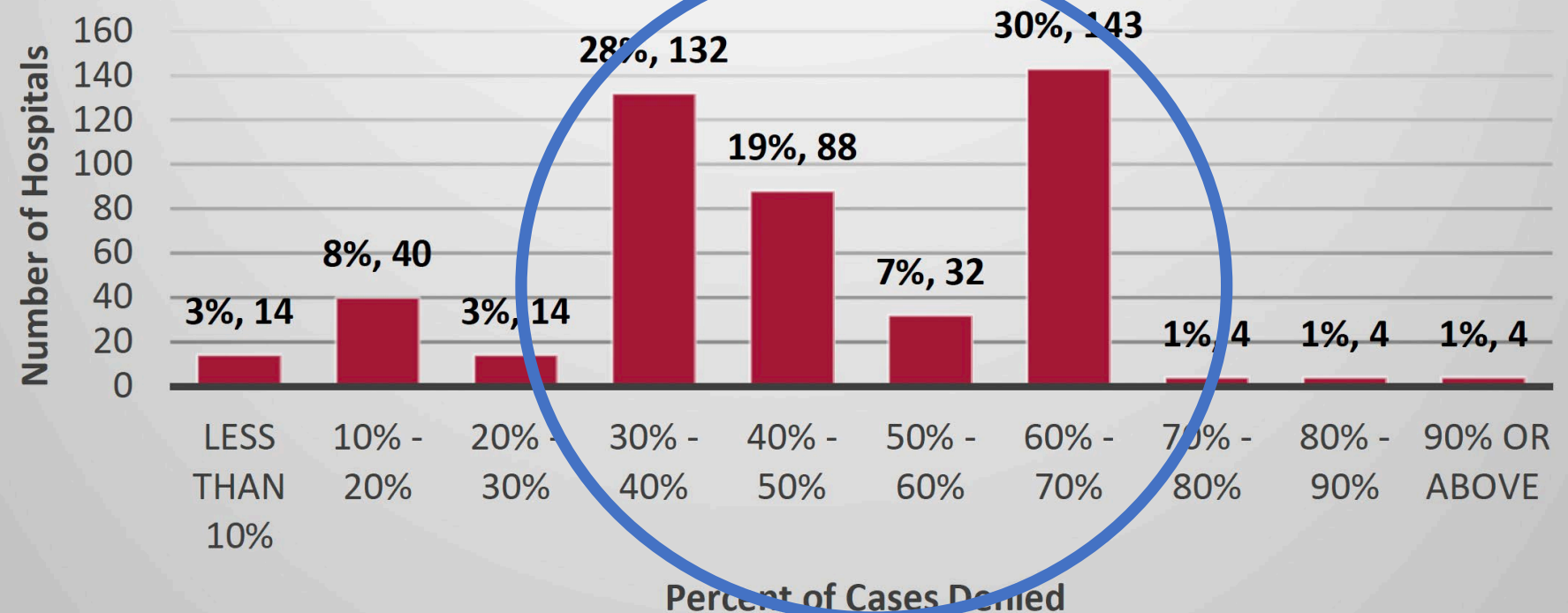
Insurance company requirements disincentivize more expensive post-acute care, particularly IRF



# 2021 American Rehabilitation Providers Association (AMRPA) survey of members

475  
Rehabilitation  
Hospitals and  
Units

## Distribution of Inpatient Rehabilitation Hospitals by Percent of PA Cases Denied



# 2021 AMRPA survey of members

“A total of 14,152 acute hospital days were spent waiting for requests that were ultimately approved, and 16,774 acute hospital days were spent waiting for denied requests, totaling 30,926 total acute hospital days spent waiting for a determination.”

Most common reason for denial:

- #1 “could be treated at a lower level of care/intensity”
- #2 “does not meet medical necessity criteria”

# 2023 ProPublica report

Dialing for Dollars: America's largest insurers hire EviCore to make decisions on whether to pay for care for more than 100 million people.

“The Dial”: EviCore uses an algorithm that allows it to adjust the chances that company doctors will screen prior authorization requests, increasing the possibility of denials.

Lucrative Deals: Some EviCore contracts are based on how deeply the company can reduce spending on medical procedures. It tells insurers that it can provide a 3-to-1 return on investment.

The image shows a screenshot of a ProPublica article on the left and a denial letter from EviCore on the right. The article title is "“Not Medically Necessary”: Inside the Company Helping America’s Biggest Health Insurers Deny Coverage for Care". The denial letter features a photograph of three people and a table with medical procedure details.

**PROPUBLICA**

**Health Care**

**“Not Medically Necessary”: Inside the Company Helping America’s Biggest Health Insurers Deny Coverage for Care**

by T. Christian Miller, ProPublica; Patrick Rucker, The Capitol Forum; and David Armstrong, ProPublica

Oct. 23, 1:30 p.m. EDT

**evicore** innovative solutions **Donate**

Dear [Name],

We re[ason] plan to receive[ ] we have deter[ ]

We have determined the following is/are not medically necessary:

Service [ ]

Procedure	Description	Units	Denied
93458	Heart Catheterization and Ventriculography, test when a tube is placed in your heart to look at the blood flow in your heart and how well your heart	1	1

# 2024 US Senate Permanent Subcommittee on Investigations



**Refusal of Recovery: How Medicare Advantage  
Insurers Have Denied Patients Access to  
Post-Acute Care**

Majority Staff Report

Senator Richard Blumenthal

*Refusal of Recovery:  
How Medicare  
Advantage Insurers  
Have Denied Patients  
Access to Post-Acute  
Care*

- Study launched May 2023
- 3 largest Medicare Advantage carriers: UnitedHealthcare, Humana, CVS
- Denials for post-acute care 3 x greater than overall prior authorization denial rates

“Medicare Advantage insurers are intentionally using prior authorization to boost profits by targeting costly yet critical stays in post-acute care facilities.”

# Barriers to IRF Access

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## Industry

### Likelihood of Discharge to Home

Requiring a probable plan for discharge to a private residence contributes to health inequities

# Discharge to Community–Post Acute Care Inpatient Rehabilitation Facilities (DTC–PAC–IRF)

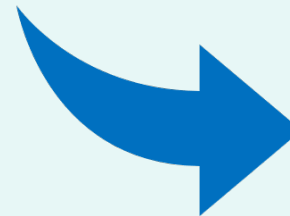
DTC-PAC IRF development mandated by the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act)

Risk-standardized rate of patients discharged to the community (with or without home health) with no unplanned readmission to an acute care hospital or long-term care hospital (LTCH) within 31 days and who remain alive during those 31 days

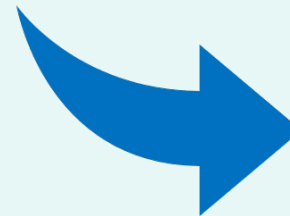
Available to the public for comparison purposes



# Discharge to Community–Post Acute Care Inpatient Rehabilitation Facilities (DTC–PAC–IRF)



# Discharge to Community–Post Acute Care Inpatient Rehabilitation Facilities (DTC–PAC–IRF)



**THANK YOU**

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