

# Study suggests disparities in post-acute stroke care depend on insurance status

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Insurance-dependent racial and ethnic disparities and regional variations are seen in post-acute service utilization after stroke, according to a study [published](#) online July 17 in *Neurology: Clinical Practice*.

Shumei Man, M.D., Ph.D., from the Neurological Institute at the Cleveland Clinic, and colleagues conducted a retrospective cross-

sectional study involving patients hospitalized for ischemic stroke and intracerebral hemorrhage in 2017 to 2018 using the National Inpatient Sample. Data were included for 1,000,980 weighted [ischemic stroke](#) admissions.

The researchers found that [uninsured patients](#) had the lowest adjusted odds of facility over home discharge and [home health care](#) (HHC) discharge over home without HHC (odds ratios, 0.44 and 0.79, respectively) compared with patients with [private insurance](#).

Only Hispanic patients with Medicare/Medicaid insurance or self-pay had lower odds of facility over home discharge compared with white patients (adjusted odds ratios, 0.80 and 0.75, respectively). Lower odds of HHC discharge over home without HHC discharge were seen for uninsured Hispanic patients versus white patients (adjusted odds ratio, 0.74).

The HHC discharge rate was highest in the East North Central region and lowest in the Pacific region (39.2 and 31.2 percent, respectively). The HHC discharge rate was highest in New England and lowest in the West North Central region (20.2 and 10.3 percent, respectively).

"These findings indicate that targeted efforts are needed to improve access to care after stroke for people without insurance, especially Hispanic people, as well as those in specific regions to ensure optimal recovery and successful community transition for all people across the country," Man said in a statement.

**More information:** Shumei Man et al, Racial, Ethnic, and Regional Disparities of Post-Acute Service Utilization After Stroke in the United States, *Neurology Clinical Practice* (2024). [DOI: 10.1212/CPJ.0000000000200329](https://doi.org/10.1212/CPJ.0000000000200329)

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