

A Policy Analysis of Access to Post-Acute Rehabilitation Services for People with Acquired Brain Injury in Massachusetts and Beyond

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Intro: Lack of access to rehabilitation after hospitalization for ABI limits opportunities for return to work, better function and better QOL. Access limitations include: lack of insurance, lack of coverage or limits to coverage for rehab; lack of services available close to home; and lack of understanding of rehab benefits.

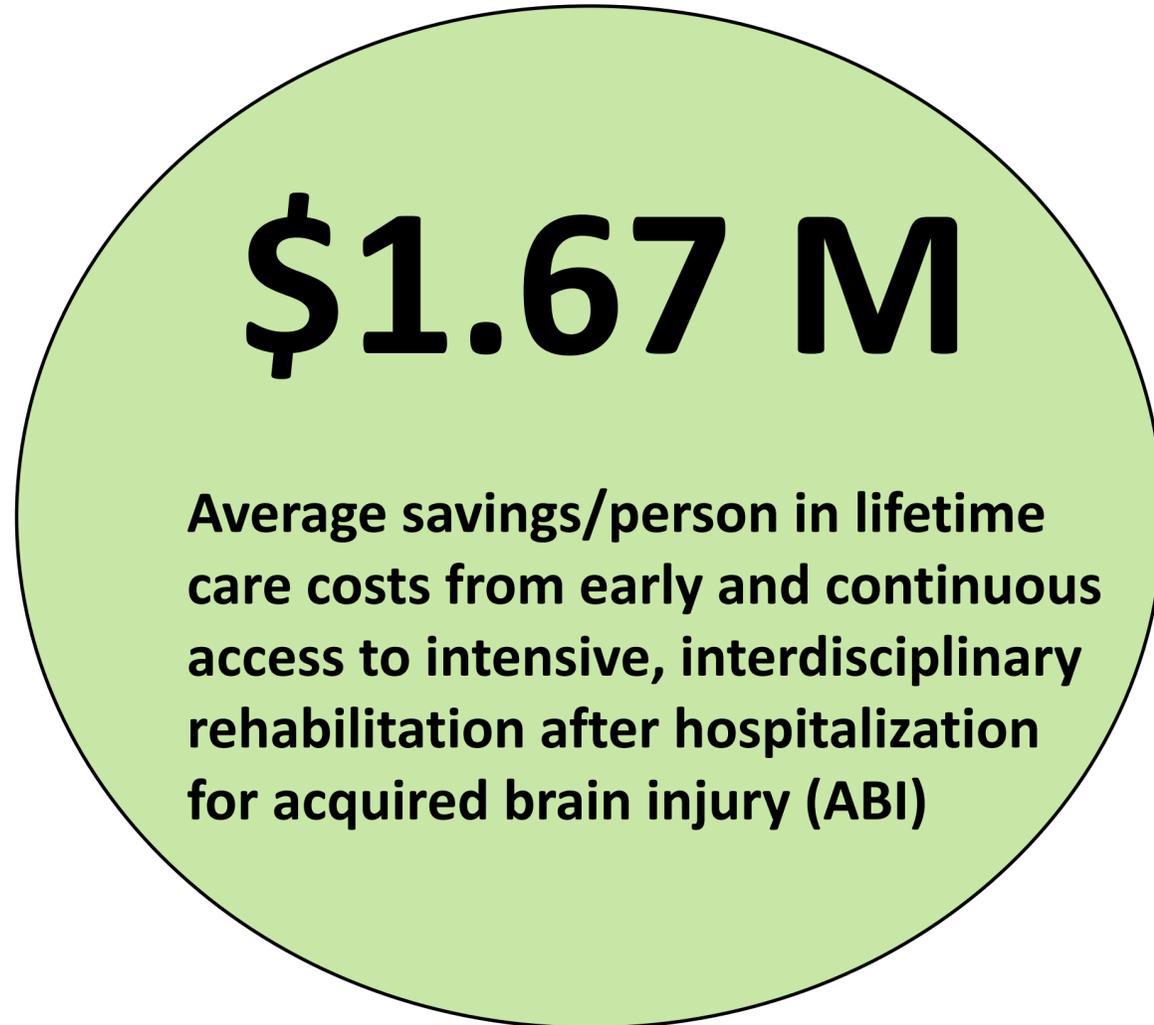
Methods: An analysis of 8 studies from 5 countries (Great Britain, Ireland, Norway, The Netherlands, and US). Each study had a mixed ABI population. Studies were published between 1999 and 2019.

Results:

- Average lifetime savings/person = \$1.67M
- Savings ranged from \$1.2M to \$2.27M/person
- Cost of post-acute rehab was offset (recouped) in 1 to 5 years

Recommendations:

- Increase access to post-acute rehab
- Maintain/strengthen prevention
- Increase access to case management
- Support return to work
- Collect outcome and cost data

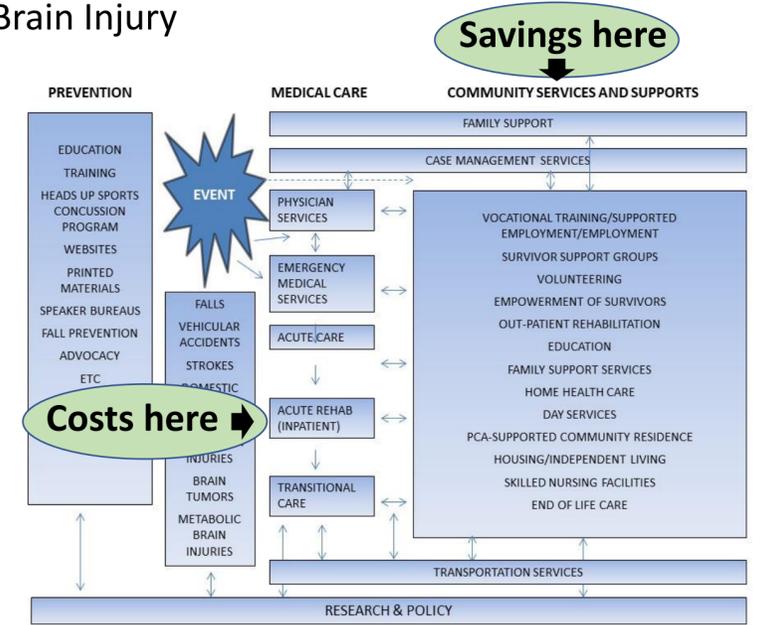


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The Continuum of Care for Severe Acquired Brain Injury



Source: Adapted from Lorenz & Katz (2015) and NASHIA (2005) with permission

Discussion:

- Savings were due to reduced supervision and support needed at discharge
- Savings in social costs were not included in calculations. Savings in social costs = increased return to work rates and decreased caregiving and economic burdens for families

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