

REHABILITATION AND DISABILITY PREVENTION OF THE ELDERLY

The Consortium for Citizens with Disabilities (CCD) Prevention Task Force supports policies of effective rehabilitation that will prevent significant functional limitations that result in disability. There are at least three policies relevant to rehabilitation in Medical Hospitals that may yield less than adequate rehabilitation outcomes that contribute to disability. The adverse health policies are 1) the inpatient 75% rule, 2) coverage determination by fiscal intermediaries, and 3) outpatient therapy caps.

Prevention of Disability Among the Elderly

Elderly persons are particularly vulnerable to disability. Approximately 3 in 10 persons become disabled after the age of 20. The prevalence of developmental disabilities in formative years of development is 3% to 8% and 45% at the age of 75. Estimates are that one in three persons on Medicare have 5 or more chronic health conditions (i.e. cardiovascular, respiratory, musculoskeletal, mental, sensory), which could be a precursor to disability and need interventions that include Medical Hospital Rehabilitation.

Rehabilitation: Medical Hospitals and Skilled Nursing Facilities

Rehabilitation in Medical Hospitals is superior to rehabilitation in Skilled Nursing Facilities. However, health policies shift rehabilitation from Medical Hospitals to lesser effective rehabilitation in Skilled Nursing Facilities. Thus to prevent disability, there should be application of better rehabilitation procedures.

Adverse Rehabilitation Policies That Increase Disability Should be Reversed

The 75% rule, therapy caps, and adverse impact of insurance coverage of fiscal intermediaries diminish the quality of medical hospital rehabilitation effectiveness for elderly persons. These policies should be reversed.