



RESEARCH BRIEF #30

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Many Older Americans Do Not Receive the Recommended Home Health Care After Hospitalization

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Home health care is one of the fastest-growing services used by patients following a hospital stay in the U.S.¹⁻³ Patients receive health and social services within their homes to help them recover from illness or injury and to maintain their independence.⁴ Ensuring access to home health care has important implications for patient wellbeing and the U.S. health care system. Recent research examining the years before the implementation of the Affordable Care Act has shown that a substantial portion of Medicare patients referred to home health care after hospitalization do not receive that care.⁵ It is unknown whether this discrepancy has changed in more recent years as rates of home health care have increased and the use of institutional post-acute care has declined.

This brief summarizes the results of a study just published in [JAMA Network Open](#).⁶ Using national data, we describe how often Medicare patients referred to home health care services after a hospital discharge received one or more home health care visits. We further examined variation in the rates of successful home health care referrals by patient sociodemographic characteristics.

KEY FINDINGS

- Only 54% of Medicare patients referred to home health care services following a hospitalization received home health care visits.
- Black and Hispanic Medicare beneficiaries received home health at lower rates than White patients by approximately 7.3 and 9.2 percentage points, respectively.
- Patients residing in disadvantaged neighborhoods—those in ZIP codes with high poverty and unemployment rates—received lower rates of home health care services by approximately 5 percentage points.

Only Half of Medicare Beneficiaries Referred to Home Health Care Receive It

In 2016, more than 2.3 million Medicare patients were discharged from hospitals with home health referrals. Of these patients, only 54% received a home health visit. Even when accounting for death or institutional care following discharge, over 38% of patients never received home health care as intended by their physicians. Medicare beneficiaries enrolled in private Medicare Advantage health plans fared worse than traditional Medicare fee-for-service patients. Only about 48% of Medicare Advantage patients received home health care as compared to nearly 57% of Medicare fee-for-service patients.

Socioeconomic Status and Race/Ethnicity Impact Likelihood of Receiving Recommended Home Health Care

Across a variety of indicators, patients of color and low-income patients were less likely to receive the home health care recommended at hospital discharge (see Figure 1). Approximately 48% of Black and 46% of Hispanic patients received home health care within 14 days of hospital discharge compared to about 55% of White patients. Patients enrolled in both Medicare and Medicaid were nearly 10 percentage points less likely to receive home health care than those enrolled solely in Medicare. Similarly, patients residing in ZIP codes with high levels of poverty and unemployment and low income had lower rates of receiving home health care.

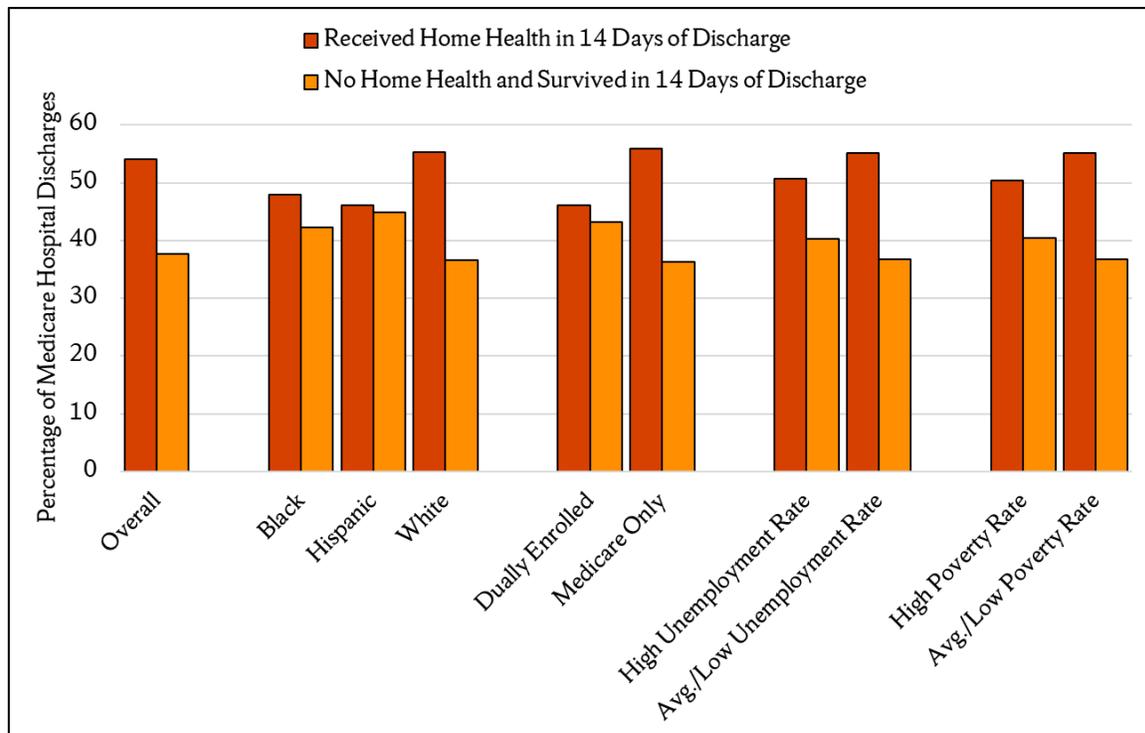


Figure 1. Postdischarge Status within 14 Days of Discharge by Race/Ethnicity and Socioeconomic Characteristics among Medicare Patients Referred to Home Health Care

Data Source: Estimates are from "[Assessment of Receipt of the First Home Health Care Visit After Hospital Discharge Among Older Adults](#)," JAMA Network Open 3(9) :e2015470.

Policymakers Must Address the Disparities Among Populations Receiving Home Health Care

This study indicates that despite the benefits of home health care, a substantial portion of discharged patients is unlikely to receive it. Notably, our findings suggest patients in vulnerable population groups are more likely to face consequential barriers to home health care. These disparities are doubtlessly contributing to the inequitable health care system in the U.S. Recent health care reform efforts increasingly rely on home health care as a substitute for institutional care.⁷⁻⁹ With this knowledge, policymakers should implement a system that ensures all patients receive the home health care that has been recommended by their physicians.

Data and Methods

This study used national Medicare data to identify patients referred to home health care upon hospital discharge and their subsequent care utilization. The study also employs data from the American Community Survey to measure ZIP code level socioeconomic characteristics. For more details about the data and methods, the full paper is available [here](#).

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