

# Missed opportunities in taking up Medicare funded allied health services following stroke: a data linkage study

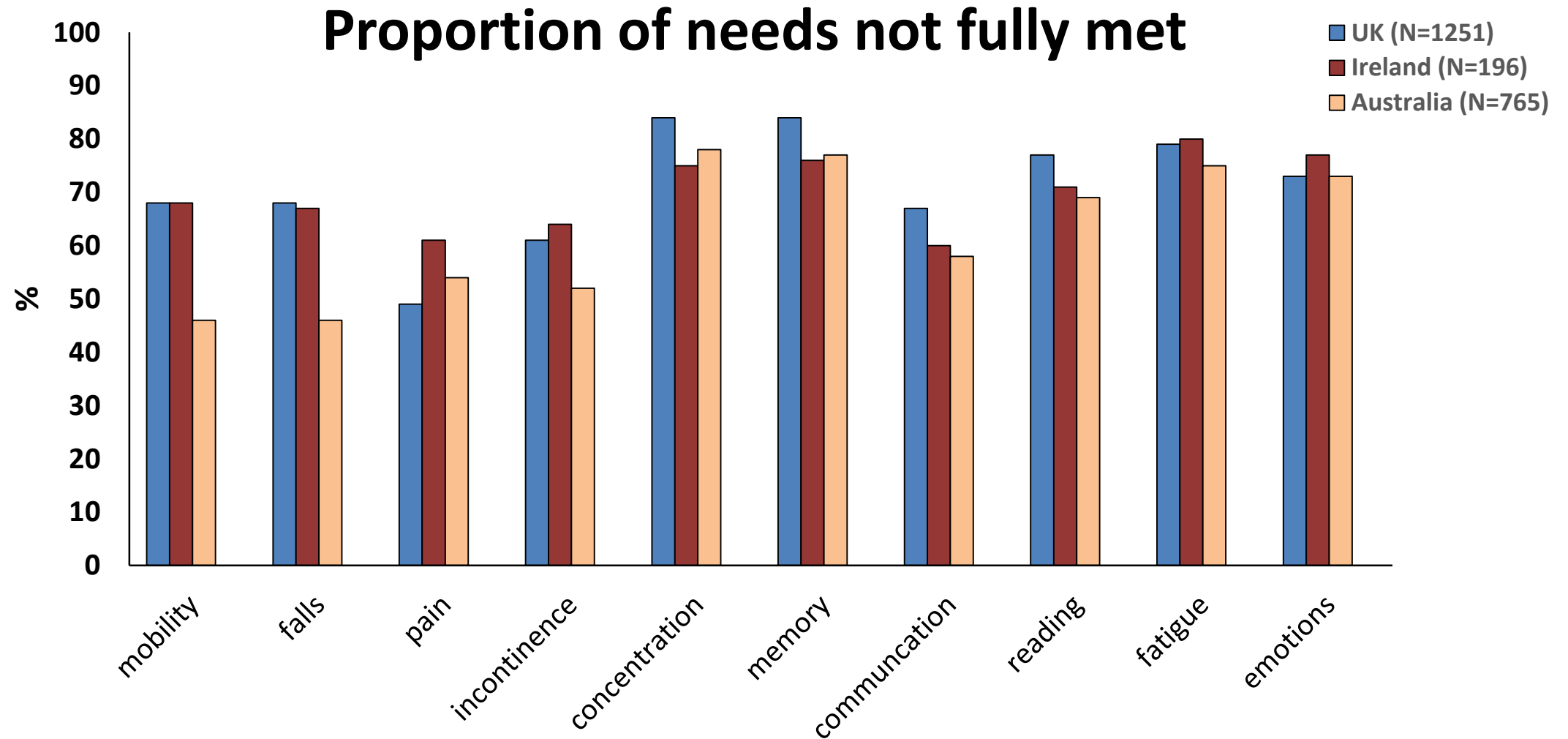
*on behalf of the AuSCR consortium*

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1. Monash University, 2. Florey Institute of Neuroscience and Mental Health 3. La Trobe University

# Background



1. McKeivitt C et al. Stroke 2011;42:1398-403
2. Walsh et al. Disabil Rehabil 2015, 37: 1834-8
3. Andrew et al. Int J Stroke. 2014 Oct;9 Suppl A100:106-12

# Background

- Medicare rebates are available for up to 5 private allied health visits each year
- 13 different allied health professions for:
  - Chronic conditions that are present or likely to be present for >6 months
  - Complex healthcare needs requiring multidisciplinary care
- GP must consult with  $\geq 2$  other health professionals



# Aim

To determine the use of Medicare-funded allied health services and factors associated with use, in a cohort of survivors of stroke

Opt-out rate: 2.2%

71 sites actively contributing data

**84**

Approved hospitals

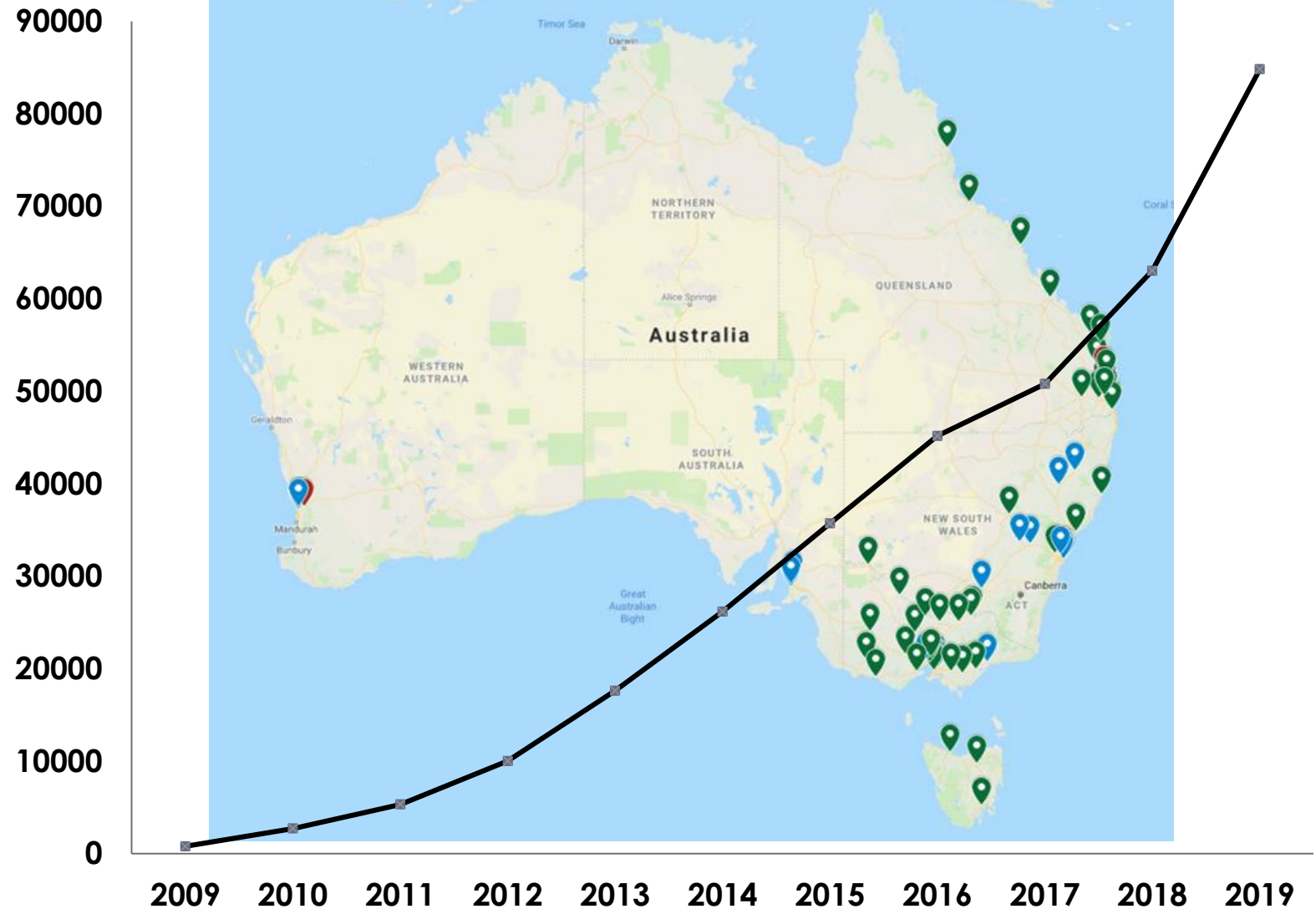
**88199**

Stroke/TIA Episodes

**40783**

Patients completed  
 Follow Up

	Sites	Episodes
QLD	24	35922
VIC	32	34779
NSW	18	9781
WA	3	1390
TAS	3	3286
SA	3	3041
ACT	1	0



# Methods

- Approvals were obtained from each data custodian and the Queensland Government (Public Health Act)
- AuSCR registrants Jan 2010 – July 2014, were linked with Medicare data by the Australian Institute of Health and Welfare (AIHW) using person identifiers

Linkage variables	
Project specific person-based ID	Date of Birth
Full name	Date of last contact
Sex	Full address

# Methods

- Eligibility
  - Aged  $\geq 18$  years
  - Alive at 6 months post-stroke
  - Not funded through Department of Veteran Affairs
- Use of allied health and Team care Arrangements (TCAs) for the first 12 months post-stroke were identified using Medicare claim items
- Multi-level multivariable regression models to assess for factors associated with receipt of a Team Care Arrangement (initiation or review)

# EQ-5D-3L

## Mobility

I have no problems in walking about

I have some problems in walking about

I am confined to bed

## Self-Care

I have no problems with self-care

I have some problems with washing or dressing myself

I am unable to wash or dress myself

## Usual Activities (e.g. work, study, housework, family or leisure activities)

I have no problems with performing my usual activities

I have some problems with performing my usual activities

I am unable to perform my usual activities

## Pain / Discomfort

I have no pain or discomfort

I have moderate pain or discomfort

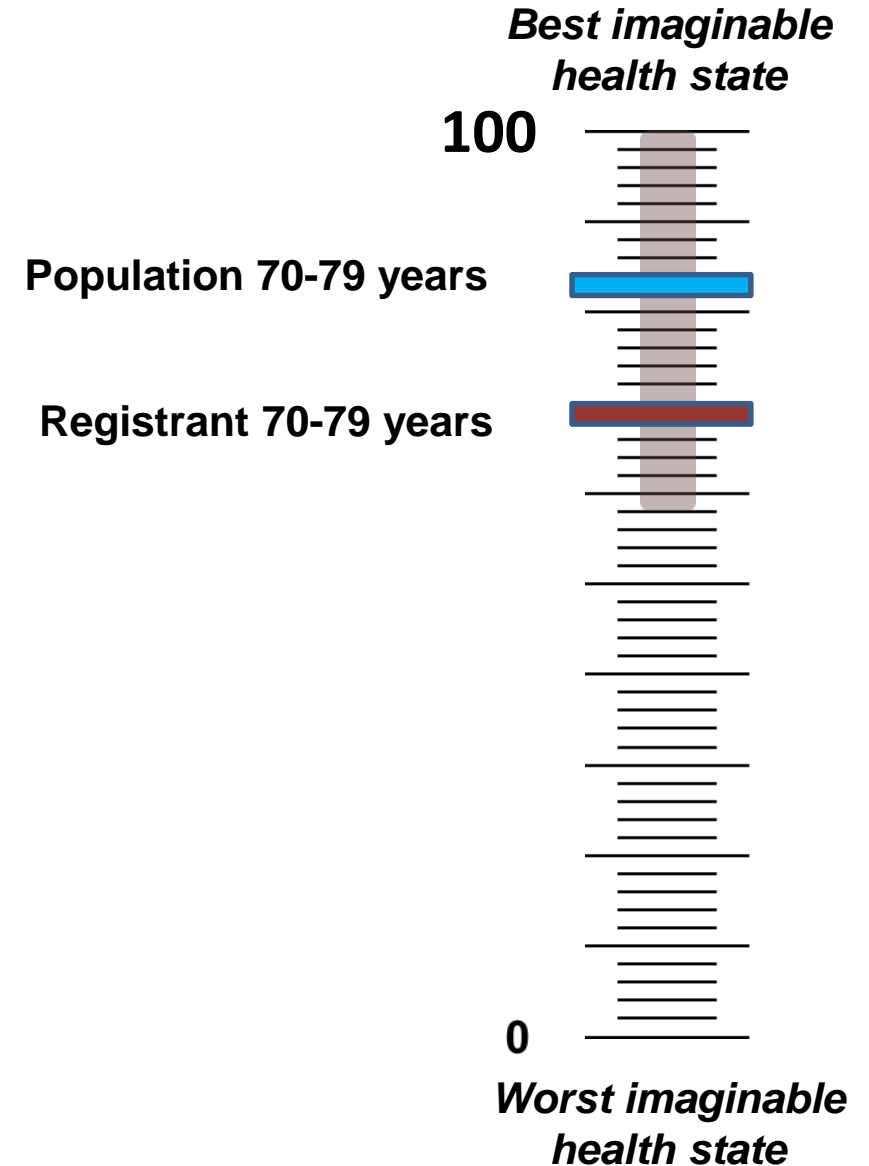
I have extreme pain or discomfort

## Anxiety / Depression

I am not anxious or depressed

I am moderately anxious or depressed

I am extremely anxious or depressed



Visual analogue scale

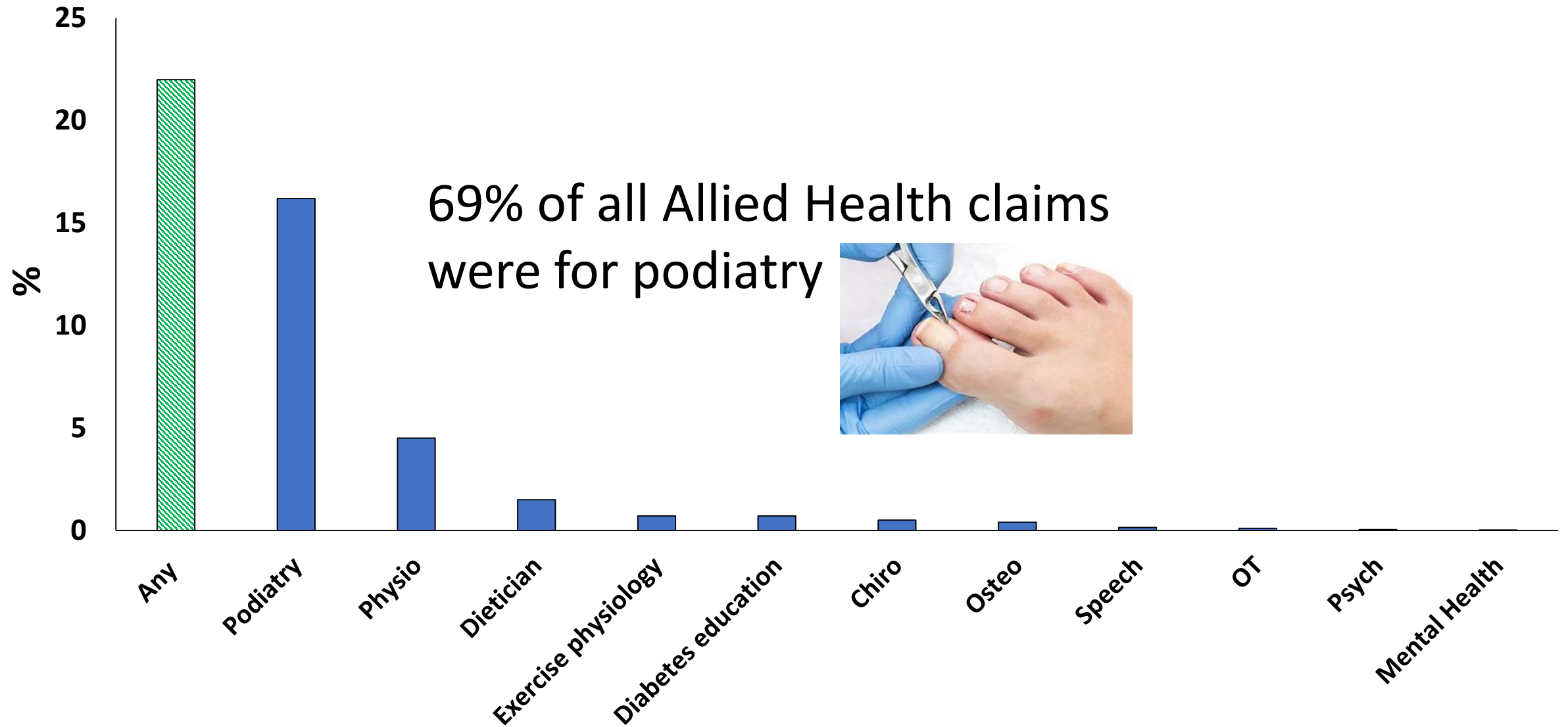


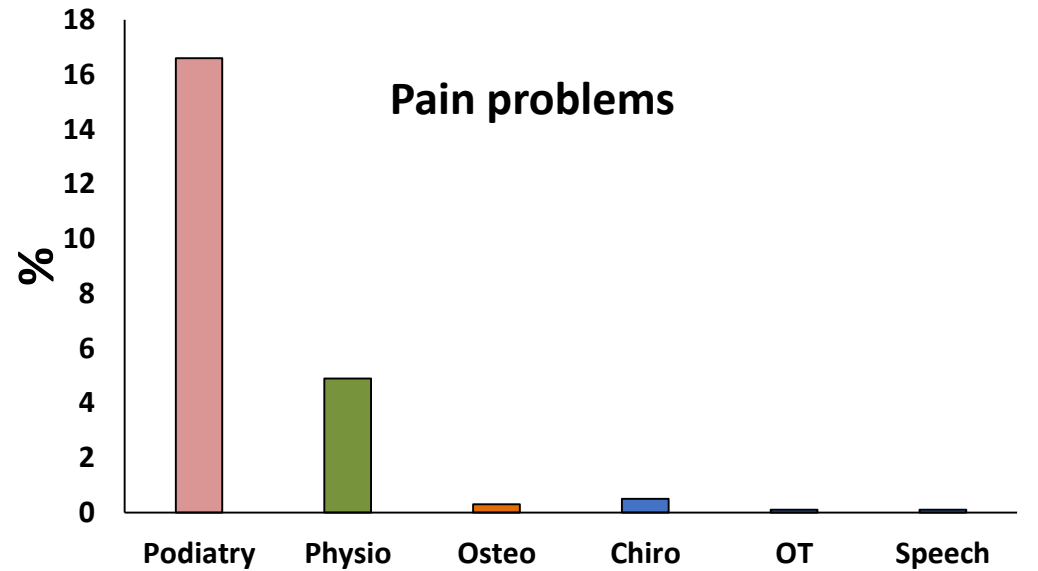
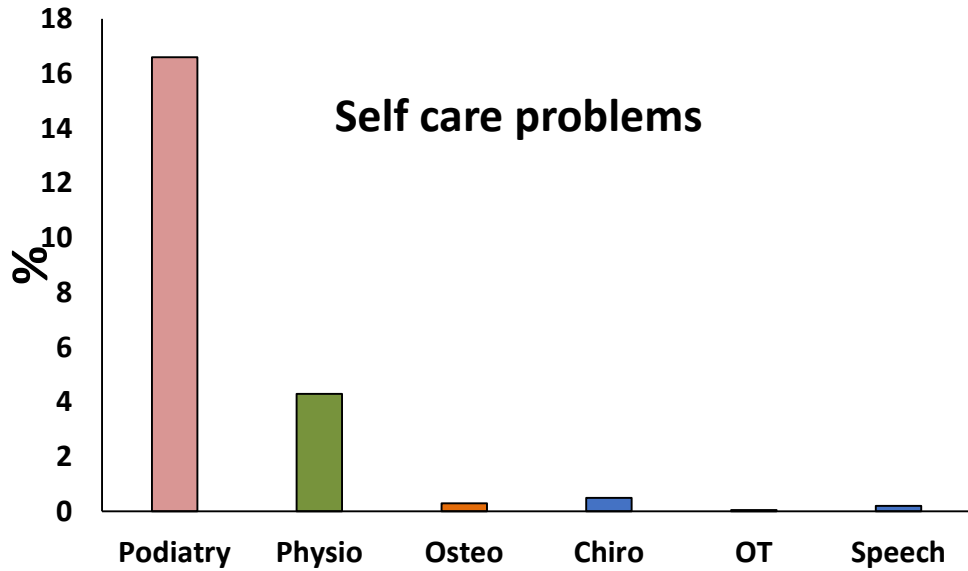
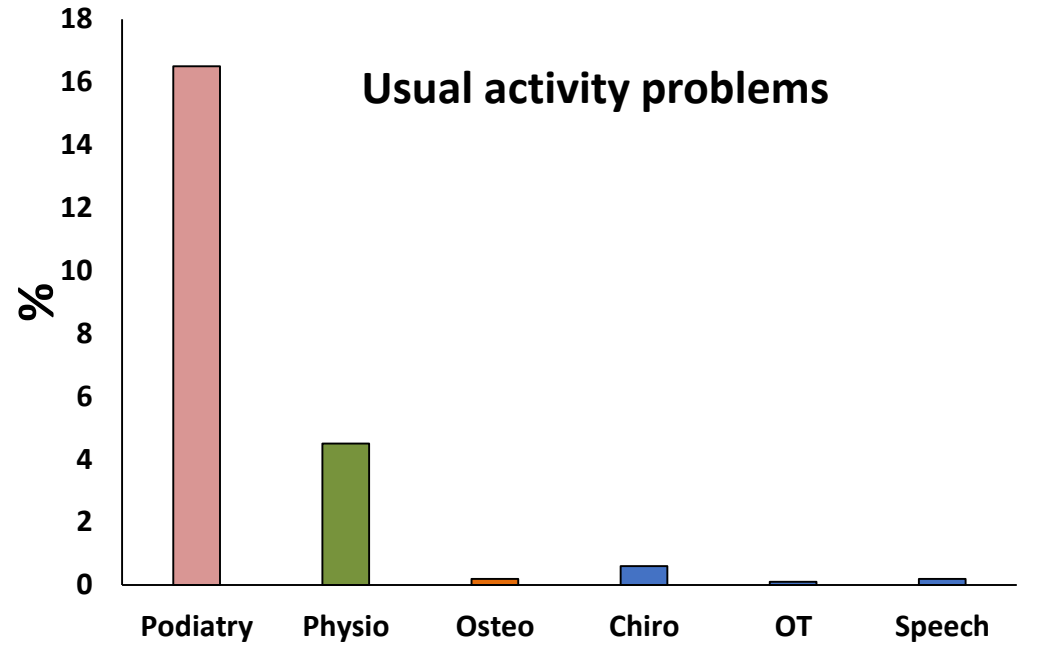
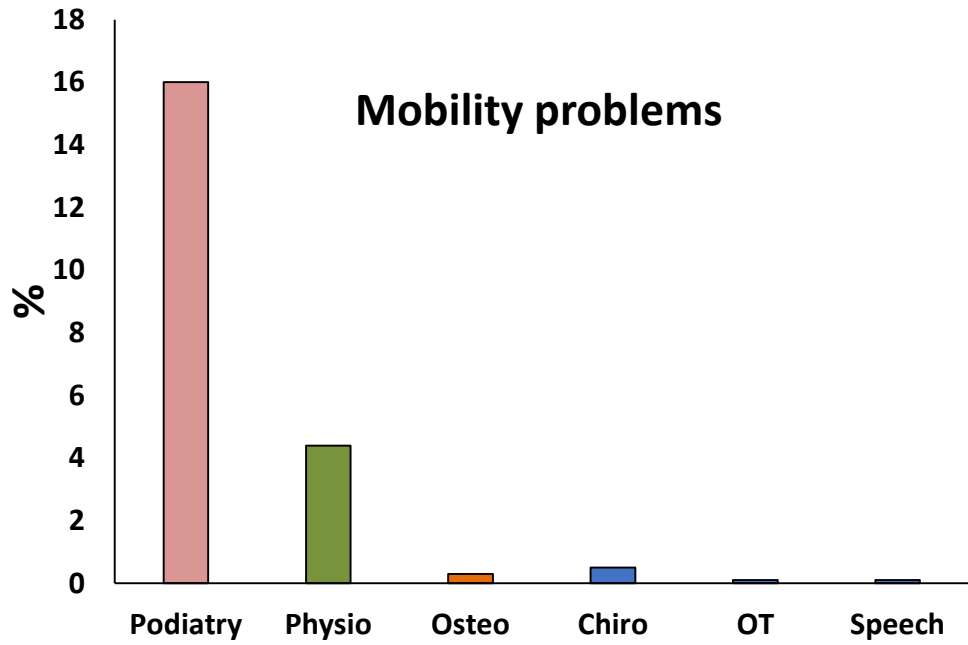
# Results

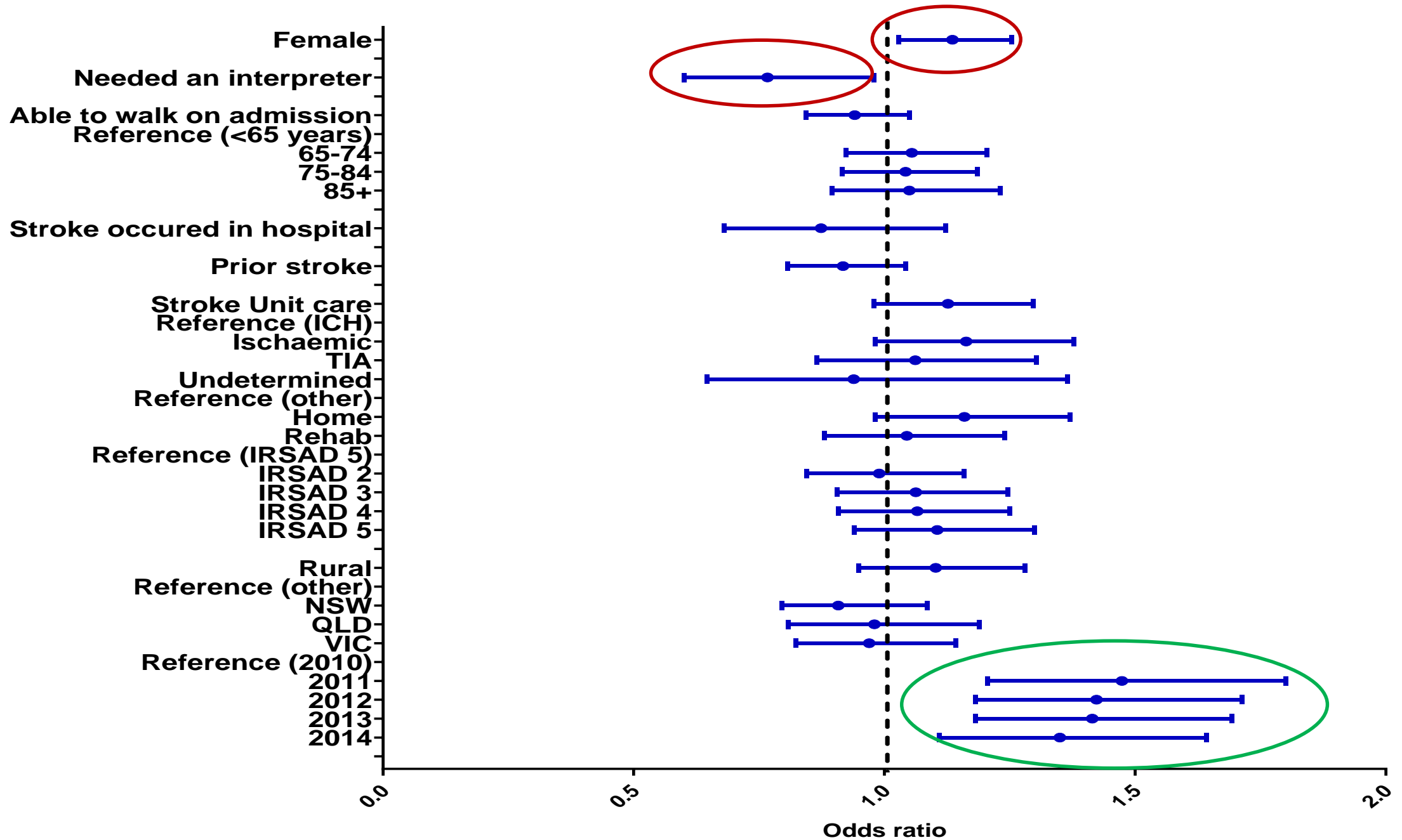
- 14,547 (95%) registrants matched to Medicare data
- 10,865 eligible for inclusion
- 5,656 with disability classification

	Pre stroke (%)	Post stroke (%)
<b>Team care arrangement</b>	19%	22%
<b>≥1 Allied health claim (all registrants)</b>	19%	22%
<b>Total Allied Health visits</b>	9,454	10,833
<b>≥1 Allied health claim (disabled)</b>	21%	24%
<b>≥1 Allied health claim (not disabled)</b>	21%	23%

# Proportion of people with $\geq 1$ Allied Health claim

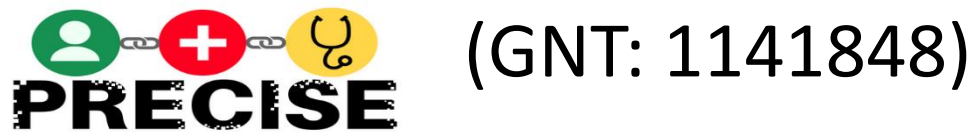






# Conclusion

- Medicare funded allied health items are underutilised as a means of addressing unmet needs following stroke
- Patient disability did not appear to influence the use of Medicare-funded allied health services
- Survivors may be accessing these under other schemes
- Work is needed to determine the context of these results



# Acknowledgements

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- AIHW data linkage unit staff
- National stroke data linkage group



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