

# “Cuts Hurt Paralysis Rehab”

Courtesy of *The Detroit News* Archives

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**D**ETROIT—Advances in technology mean the odds of surviving a spinal cord injury suffered in a diving accident or car crash look brighter now than ever before.

But even if they have medical insurance, those who suffer traumatic injuries face an uphill battle getting long-term physical therapy, equipment and medication.

Cost-cutting efforts have led to quicker discharges from hospitals and inpatient rehabilitation facilities, which critics say can require new hospital stays and even prove fatal.

It's an issue that pits rehabilitation professionals against an increasingly competitive managed-care industry. As insurers limit coverage for long-term care needs, doctors are left to grapple with difficult decisions.

Complications after a hasty discharge can wipe out any savings from sending a patient home early, some doctors argue. And in extreme cases, the trend can shorten the lifespan of those initially saved by the best technology modern medicine has to offer.

“People are now finding their insurance companies are ill-equipped or unwilling to provide them what we in the business believe are appropriate goods and services,” said Dr. Edward Nieshoff at the Detroit Medical Center.

Nieshoff, who treats spinal cord injury patients, is himself paralyzed below the waist from a 1978 diving accident. He bristles while describing changes in care since his injury.

While he spent a month in inpatient rehabilitation following his injury, most patients with similar injuries now are allowed an average of two weeks.

“Improvements in emergency care have increased the number of people who survive,” said Nieshoff, medical director of Spinal Cord Injury Services. “The problem that arises is that with people saved comes therapy and rehab”—which can be costly.

“The irony in all of this is we do such a fantastic job in saving people and then we essentially cast them aside because their follow-up care is expensive and their insurance companies are held to the lowest possible standard.”

Shortened treatment time also dismays Dr. Michael DeVivo at the University of Alabama, where he directs the National Spinal Cord Injury Statistical Center.

“Mortality rates have started going up,” he said. “Is it because of managed care? I don't know, but it's a disturbing trend that wasn't there before.”

DeVivo refers to data from rehabilitation institutes nationwide that show death rates for people surviving more than a year after their injury—which had decreased since the 1970s—have begun to rise.

The death rate dropped from 1973 to 1992, but climbed 33 percent between 1993 and 1998 among those with spinal cord damage who survived at least a year.

Susan Pisano, spokeswoman for the American Association of Health Plans—which represents about 1,000 health plans nationwide—agrees that long-term care needs attention.

“Over the past five or 10 years, we've had little or no discussion about what benefits should be covered,” she said Saturday. “Very broadly speaking, on a policy level, the area of long-term care does need some attention. Here you do have a situation where we have changing needs.”

## Type of care varies

The type of care varies greatly between people who are injured in auto accidents—who Nieshoff says receive “exemplary

coverage”—and those who rely solely on commercial insurance.

Under Michigan’s no-fault insurance law, which set up a catastrophic claims fund to cover long-term care, someone paralyzed as a result of an auto accident qualified for insurance-paid home modifications, wheelchairs and in-home care. Specialty wheelchairs and case management services are also routinely offered.

In contrast, most commercial insurers hesitate to fully cover in-home care, specialty wheelchairs and other adaptive devices, doctors and patients say.

“HMOs are frequent offenders when it comes to providing rehab,” Nieshoff said.

Dr. David Wolf, a Westland obstetrician who was paralyzed from the waist down in a July 29 go-cart accident, said his injury is depleting his finances because his insurance won't cover items considered basic.

Since his injury, he’s paid \$1,500 for a chair he can use in the shower to avoid taking a sponge bath in his bed, \$4,000 for shower alterations and \$900 for weights he uses to strengthen his upper body.

“If you're someone who doesn't have any money, what would you do?” Wolf said. “I had no idea about this stuff, no idea people had to go through this. In this game that we're in, standard care should be the same for everybody.”

Ruben Lucas, a 31-year-old Westland man who was recently partly paralyzed as a result of a gunshot wound, is in a similar situation with his insurance company.

His initial daily in-patient therapy services have been whittled down to 60 days of out-patient rehabilitation a year. Lucas experienced delays in receiving a wheelchair and his insurance co-payment has increased.

## Costly follow-up care

Whether covered by insurance or partly by spinal cord patients themselves, follow-up care is expensive.

Costs can reach \$572,000 the first year and hit about \$100,000 every year after that, according to the National Spinal Cord Injury Statistical Center in Birmingham, Ala.

“If you have commercial insurance, you have to be fabulously wealthy or completely destitute or you will get the minimal level of service,” Nieshoff said.

“It’s expensive and insurers, as a matter of financial survival, have decided to cut costs at the expense of this minority group of patients.”

Some families are left with no choice except to turn their loved ones over to state-run nursing homes.

“The tragedy lies within the system,” said Nieshoff, who is also an assistant professor at Wayne State University’s School of Medicine. “When I was injured there was more money in the system but cutbacks have dried up medical services markedly.”

# Cuts hurt paralysis rehab

Insurers' limits put lives at risk, critics say

By Margarita Bauza  
The Detroit News

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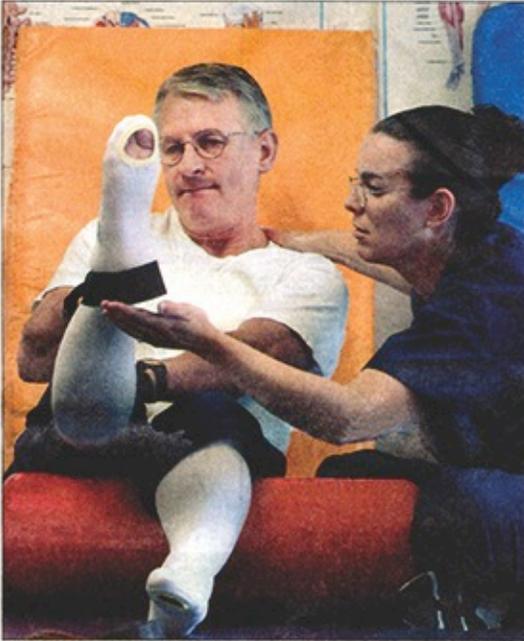
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Daniel Mears/The Detroit News

Therapist Janine Heath helps paralysis victim Dr. David Wolf exercise. The physician has learned first-hand that insurance often doesn't cover some recovery expenses.

## Hospital stays

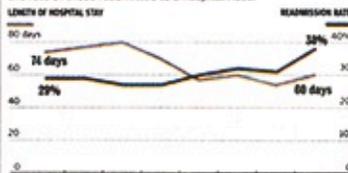
The average time spent by a traumatic spinal cord or brain injury patient in a hospital and rehab facility has declined nationwide since the 1970s.

YEAR	NUMBER OF DAYS
1977	145
1983	97
1989	79
1992	78
1999	48
2000	Less than 20

Source: National Spinal Cord Statistical Center

## More patients return

As patients spend less time initially at a hospital or rehab center, the rate of those readmitted to a hospital rises.



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