



Comparison of rates of hospitalization and emergency room visits among people with spinal cord injury

What is the study about?

Lifetime costs are significant after spinal cord injury (SCI), with hospitalizations being one of the biggest contributors to costs after the initial rehabilitation hospitalization. Leading causes of hospitalization after SCI include urinary, respiratory, or skin conditions, with the most expensive hospitalizations being due to skin conditions. The purpose of this study was to compare self-report data to administrative billing data of emergency department (ED) visits and hospitalizations in the past 12 months among people with SCI in the state of South Carolina.

Who participated and how was the study conducted?

We identified participants through the South Carolina SCI Surveillance Registry, a population-based registry of SCI occurring in South Carolina. There were 833 participants.

What did the study find?

Our findings showed that participants reported higher rates of hospitalizations than the administrative billing data showed. This was especially true among those with poor physical health and higher injury severity. Does this mean that participants were perceiving events to be more recent or more remote than they were? No. Our investigation found that 30% of higher reporting was due to out-of-state hospital utilization. Therefore, we found limitations of both the self-report (higher self-reporting) and the South Carolina administrative data (lower self-reporting).

Implications and/or recommendations?

This study has mostly implications for other researchers or clinical researchers who are attempting to follow up with participants who have SCI. Higher self-reported hospitalizations being related to decreased physical health and increased injury severity were consistent with some previous research. Future work should assess how to ask about health care utilization and compare with South Carolina administrative billing data documentation to identify the best ways to collect data through self-report. Research is needed to expand access to administrative data in multiple states, decrease the possibility of limited capture of events with the administrative data. Using several different types of data will help us to best understand hospitalizations and emergency room visits after SCI.

Reference:

Saunders, L.L., Murday, D., Corley, E., Cao, Y., & Krause, J.S. (2016). Comparison of rates of hospitalization and emergency department visits using self-report and administrative billing data among a population-based cohort with spinal cord injury. *Archives of Physical Medicine and Rehabilitation*, 97 (9), 1481-1486.

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