



Trends in non-routine physician visits and hospitalizations: findings among five cohorts from the Spinal Cord Injury Longitudinal Aging Study

Introduction

Individuals living with chronic spinal cord injury (SCI) experience high rates of costly healthcare utilization (HCU), including physician visits and inpatient hospitalizations. Our purpose was to evaluate the lifetime changes in healthcare utilization among individuals with a chronic spinal cord injury (SCI).

Key Findings

- Participants accessed physician visits and inpatient hospitalization at a consistent rate until 30 years post injury.
- At 30 years post injury, there was a sharp increase in the portion of participants who had ten or more biannual non-routine physician visits.
- People who were more than 30 years post injury were much more likely to visit the doctor or be admitted into the hospital.

Conclusions & Implications

Our study helps to understand the natural course of health after SCI, as defined by non-routine physician visits, number of hospitalizations, and days hospitalized. The findings demonstrate the rapid changes in costly healthcare utilization (HCU) that occur as individuals reach aging milestones with SCI. Because many participants are long-term survivors, the rapid increase in non-routine physician visits, number of hospitalizations, and days hospitalized after 30 years post injury cannot be attributed to high-risk behaviors. It is well established that long-term SCI survivors typically have healthier behaviors, are more likely to be employed, and have a higher quality of life.

There are possible explanations on multiple levels for the sudden increase in costly healthcare utilization (HCU) at 30 years post injury: 1) The most common reason would be breakdown of the body systems. For instance, as people with SCI age, changes in body, skin, and stamina result in more potential health issues. 2) Since many participants have been relatively healthy over time, they may not have the experience in dealing with an increased risk of secondary health conditions with aging. 3) As people with SCI age, they may lose some of their support system due to aging or death of spouse, friends, and caregivers, at the very time that they need it most. Social support is frequently associated with the better health and reduced risk of mortality in those with SCI. 4) People with SCI who have been more independent historically may now find that they are unable to maintain that level of independence, while at the same time they may not have the experience or resources to identify and secure the help they need.

There is a clear need for interventions. At a minimum, we need to educate those aging with SCI as to the potential SCI related health issues that occur with aging and provide concrete information to improve self-advocacy and prevention. The findings also highlight the increase in costly healthcare utilization that will increase the financial burden among those aging with SCI, such that policymakers may look for solutions to improve the health and reduce the HCU of those reaching aging milestones after SCI.

Reference: Chao Li, Jillian M. R. Clark, Nicole DiPiro, Jon Roesler, James S. Krause, (2019). Trends in non-routine physician visits and hospitalizations: findings among five cohorts from the Spinal Cord Injury Longitudinal, International Spinal Cord Society. This article contains full references to all pertinent information, including details of previous research by other investigators, instruments used, and more detailed findings.

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