Post-Acute Stroke Experience Survey – Development and Pilot Testing

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Introduction

Having a stroke increases risk of second stroke.[1]

Health insurance and other social determinants of health play a role in secondary prevention and access to post-acute stroke care.[2]

Little is known about health service utilization after stroke and the opportunities for providing secondary prevention to stroke survivors.[3]

While administrative claims data show variability in post-acute stroke care, stroke survivors without health insurance are not included in claims data statistics.

Reliable methods to assess post-acute stroke care in underserved communities are needed.

Purpose

The **P**ost-**A**cute **S**troke **E**xperience **S**urvey (PASES) was developed and pilot-tested to describe the stroke care experience among survivors participating in the **V**ideo-teleconference **S**elf-management **TO P**revent Stroke Program (V-STOP).

Methods

Semi-structured interviews were completed with V-STOP participants to develop items for the PASES.

Items from the National Health Interview Survey Questionnaire 2016 were also included.[4]

Final items on the PASES describe:

- Stroke survivor demographics
- Acute stroke event experience
- Post-acute stroke care experience
- Health services utilization

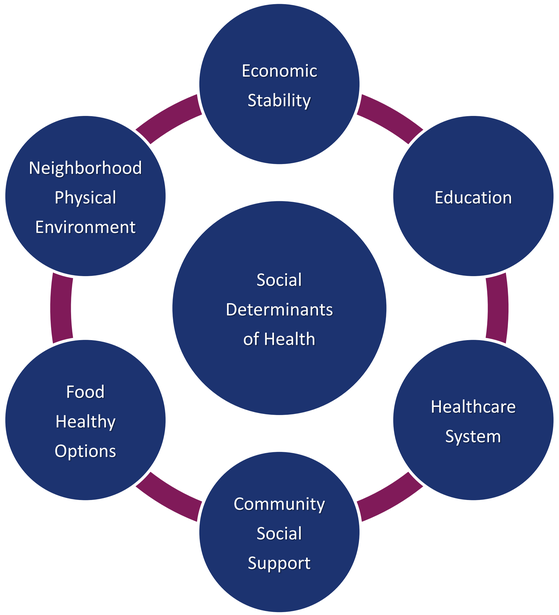
The PASES was pilot-tested in a sample of V-STOP participants (N = 95).

The sample was 45% female, mean age 57, 18% Black and 60% Hispanic.

V-STOP Participants

Inclusion criteria:

- History of stroke/TIA within one year
- Two or more uncontrolled stroke risk factors
- Reside in underserved urban and rural communities
- Disadvantage across social determinates of health



	%
High school education	43
Without a consistent caregiver	76
Disabled, retired or unemployed	74
Annual income of < $25,000	60
No health insurance	44

Data Analysis

Descriptive statistics were applied to describe stroke survivors' experiences.

Chi-square analysis was used to determine differences based on health insurance status.

Results

No significant differences were identified between insured vs. uninsured with respect to race, ethnicity, income, calling 911, receiving inpatient rehabilitation, seeing a provider after discharge and follow up with primary care provider vs. neurologist.

Acute stroke event:

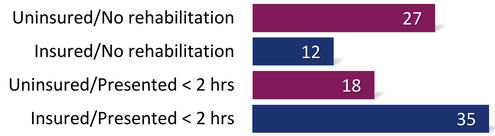
- 25% called 911 following onset of stroke
- 42% unaware of "clot dissolving" medication

Post-acute stroke care:

- 24% saw a provider one month after DC
- 61% saw primary care provider > one month DC
- 22% saw neurologist > one month DC
- 54% received NO rehabilitation after DC

Significant differences were identified between insured vs. uninsured related to participants' acute stroke event and post-acute care:

- Present to a hospital within two hours of stroke symptoms (35 vs. 18; $p = 0.023$)
- Received NO rehabilitation after discharge (27 vs. 12; $p = 0.02$)



Conclusions

Health insurance status is a key social determinant of health that influences access to health care services.

Findings suggest insurance status influenced time to hospital presentation and access to rehabilitation services in this sample of stroke survivors.

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