

Impact of Financial Compensation on Late Mortality After TBI

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Monday, October 30, 2017

A recent [study](#) evaluated the [impact of financial compensation on late mortality after traumatic brain injury \(TBI\)](#). The findings suggest that compensation may reduce late mortality risk.

To determine the impact of financial compensation on long-term mortality in adults with severe [TBI](#), the outcomes of 2545 adults discharged from three post-acute inpatient rehabilitation services were analyzed. Compensation data were available for 1851 participants, with 826 receiving financial compensation. The study noted that yearly standardized mortality ratios were elevated above general population norms for six to ten years in both groups.

The study found that monetary compensation had a protective effect on mortality risk as a univariate predictor. [Univariate analysis](#) analyzes data using only one variable. It doesn't deal with causes or relationships, as regression analysis does. In general, the purpose of univariate analysis is to summarize and find patterns in the data. When considered as a univariate predictor, financial compensation was associated with a substantial reduction in late mortality risk.

When considered in a [multivariate Cox regression analysis](#), compensation had minimal effect on mortality risk when coupled with demographic factors and pre-existing medical history. However, financial compensation provided a protective effect when coupled with post-injury variables. Researchers then explored whether compensation had a different effect during the rehabilitation phase of recovery as

compared to the immediate post-injury stage.

The purpose of Cox regression analysis is to evaluate simultaneously the effect of several factors on survival. It examines how specified factors influence the rate of a particular event happening at a particular point in time, also known as the hazard rate.

The analysis suggests that access to financial compensation during the rehabilitation phase may reduce late mortality risk. Increased access to compensation and therefore, rehabilitation, may improve life expectancy for individuals with severe TBI. Compensated victims may receive more intensive rehabilitation and have the necessary funds to modify homes, and increase mobility, impacting access to community health support. The protective effect of compensation is most clearly observed via the interaction with discharge destination for rehabilitation.

Keeping in mind that Australia has a universal healthcare system, the effects of monetary compensation may be more evident in the United States where private health insurance has been identified as a protective factor for late mortality risk following traumatic injury. In the United States, individuals using Medicaid, which does not cover post-acute rehabilitation costs, experience elevated late mortality rates when compared to privately insured individuals.

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