

Acute Stroke Treatment

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1. All NECC States should define the criteria a hospital must meet to be an appropriate receiving facility for EMS transport of patients with suspected acute stroke. All patients transported by EMS with suspected acute stroke should be preferentially triaged and treated at acute stroke capable facilities wherever feasible. States should implement strategies such as telemedicine and air medical transport if necessary to ensure access to an appropriate level of acute care for all stroke patients.
2. All hospitals and facilities that provide emergency services will be involved in the care of acute stroke patients. Those facilities without stroke center status should have pre-specified inter-hospital transfer protocols and state-approved action plans for the triage and treatment or transport of stroke patients as appropriate.



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3. Standardized, evidenced based approaches and pre-specified standing stroke care pathways from various hospital types (e.g., rural, critical access, community, urban, tertiary care) should be collected and shared across NECC.
4. NECC hospitals should collect data on the quality of acute stroke care in a consistent manner across the region, using the common data elements and performance measures approved by the CDC, ASA and TJC. Hospitals and states should compare their performance against other peer organizations within NECC and use these data to help DOHs and Legislative bodies drive system change across the region.
5. Within each state and region hospitals with specified resources and trained personnel consistent with the published guidelines for primary and comprehensive stroke centers should collaborate and coordinate acute stroke care with other facilities to ensure access to appropriate stroke care for all patients.



Acute Stroke Treatment Last Year

- Discussion on data sources
- Project should focus on patient outcomes
- Could Insurers be part of the solution
- Is cost a measure that we should consider
- No conclusion reached on scope
- Question remains if the concept is too ambitious
- Is there a mechanism to connect Administrative data to clinical data



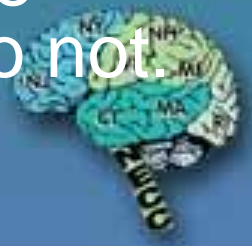
Acute Stroke Treatment Project

The NECC Acute Stroke Treatment Work Group is focusing on developing a project that will examine whether states with a legislative or regulatory mandated Stroke Center Designation program do in fact generate greater outcomes for stroke patients. More specifically, to determine if outcomes are appreciably different within communities that are home to hospitals which participate in a stroke benchmarking program (i.e. GWTG or state designation) in comparison to those that do not.



Goal

- The primary goal of this project will be to conduct a test of concept in order to determine whether states or localities with a legislative or regulatory mandated Stroke Center Designation program do in fact generate greater outcomes for stroke patients.
- To determine if outcomes are appreciably different within communities that are home to hospitals which participate in a stroke benchmarking program (i.e. GWTG or state designation) in comparison to those that do not.



Intervention

- The project hopes to form a partnership between major private insurers and CMS.
- Question remains – What should we ask?



Tools Available:

GWTG-Stroke data

CMS data

Do your states have other data sources?

- Health Departments
- Claims databases



Open Discussion

- Efforts Across the Region
- Success Across the Region
- Barriers Across the Region



Feedback and Discussion



What Resources or Tools do you need?

- Tools that can be shared across NECC.
- Develop a list of needed tools
- Develop a wish list of items to be included on the NECC website
- Identify interested participants to help with collecting the tools to be posted on the website.



How can you get involved?

- Participate in the Work Group
- Participate in the Writing Group
- Work with NECC to have your facility be a pilot facility for the project.



Project Current Status and Next Steps

- Need to identify a well-delineated population
- Determine denominator and compile baseline data on hospitals with organized systems vs. hospitals non-organized systems
- Present partnership opportunity to insurers



Additional Questions?

- Should we look at establishing inclusion/exclusion criteria based on age? (18-62 might be more interesting to private insurers).
- Is there an issue with minimum/maximum benefits under private insurance plans?

