

Maine's Progress Toward Stroke System Development



A State-wide Status Check
in Respect to NECC Stroke
System Recommendations



State-wide Partners



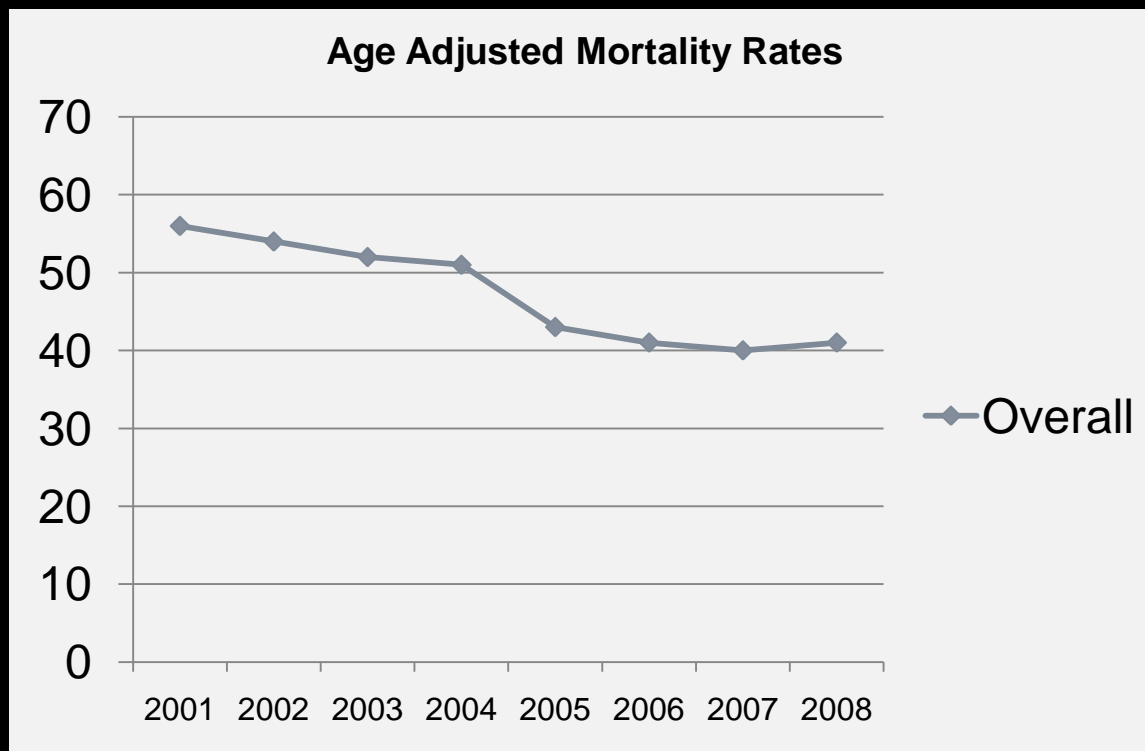
Focused on Improving Cardiovascular Health and Disease Outcomes:

- Maine Cardiovascular Health Council
- Maine CDC/DHHS Programs
 - CVH, Physical Activity, Nutrition, Diabetes Prevention/Control, Tobacco
- American Heart/Stroke Association
- Health Systems, Hospitals & Quality Organizations
- Emergency Medical Services: State, Regional, Local
- Public Health Districts & Healthy Maine Partnerships
- State-wide Social Service Agencies



Current Maine Stroke Stats

- Mortality ↓ (694 in 2005 vs. >800 2001 – 2004)
- Equal among males/females (age adjusted)
- Highest mortality among those 75+ years



Maine Mortality
Data 2001 – 2008:
ICD-10 I60-I69;
underlying cause

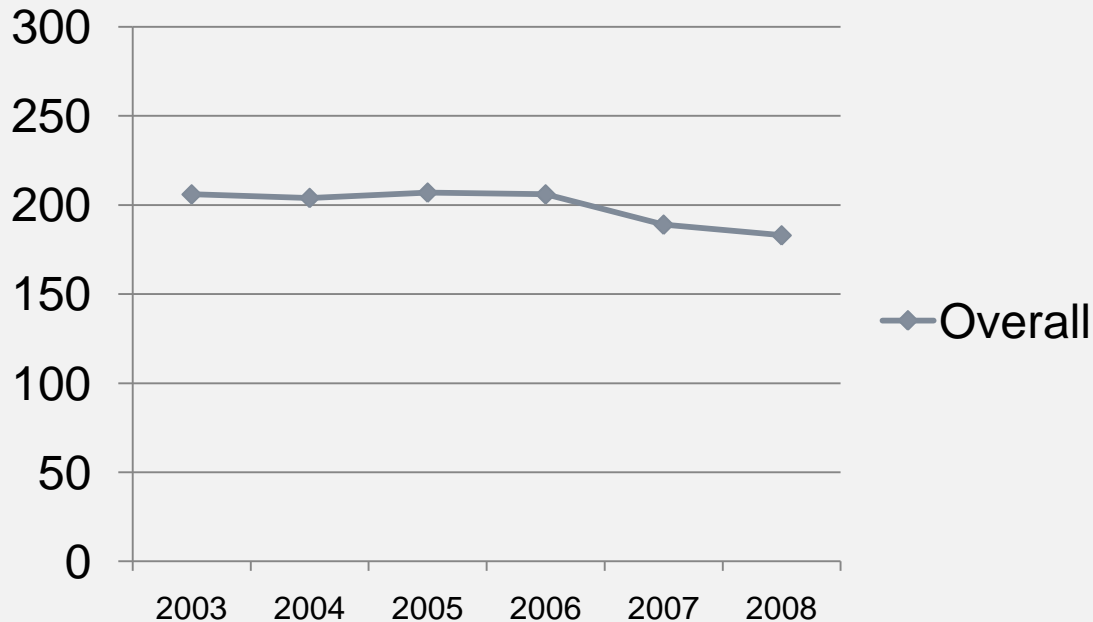
Stroke Stats Continued



- Hospitalization rates remain stable
- Males have significantly higher rates (age adjusted)
- Highest rates among those 75+ years



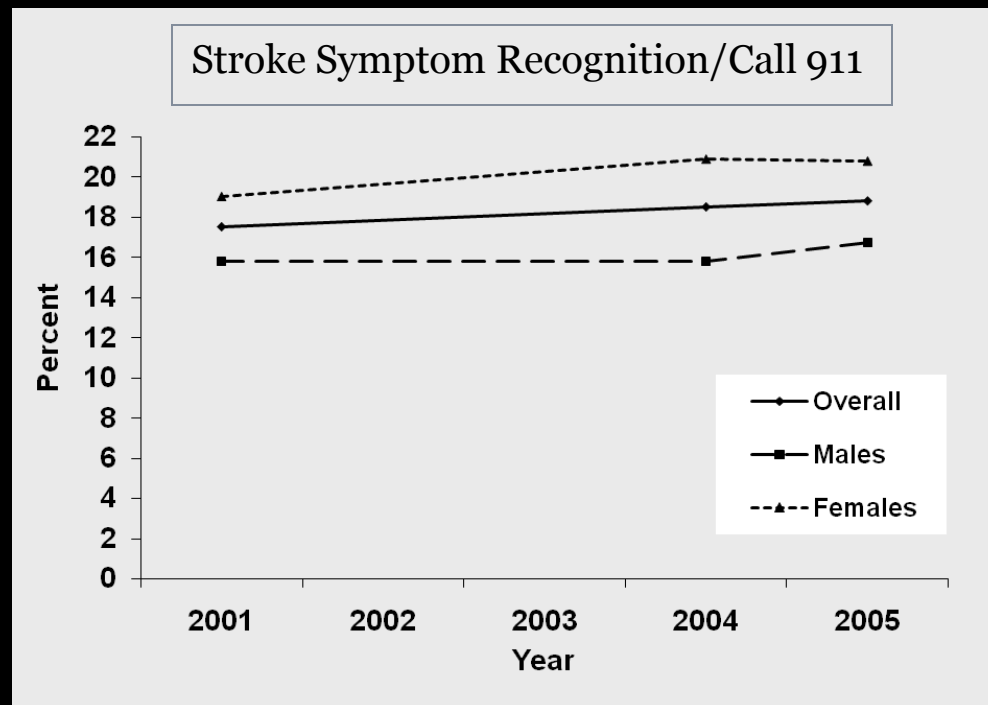
Age-Adjusted Hospitalization Rates



Maine Hospital
Discharge Data
2003 – 2006: ICD-9
430-434, 436-438,
principal diagnosis

Symptom Recognition/Call 911

- Gradual but significant increase in recognition over time
 - 15.4% in 2005 vs. 20.8% in 2009 – all symptoms/call 911
- Gender gap significant in '01 and '05
- Recognition dismally low among those 65+ (13.6%)



Maine BRFSS Data
2001 – 2005

Primary Prevention

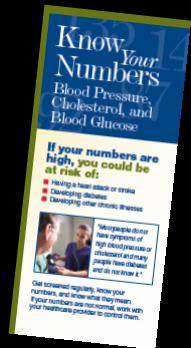
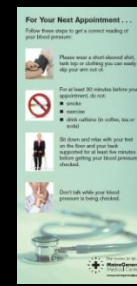
- Medical Education and Tools for PCPs:

- Maine Blood Pressure Master Trainer Initiative
30 State-wide Blood Pressure Master Trainers have reached:

- 108 different primary care practices and 919 health professionals
 - 7 out of 16 counties, and 5 out of 6 Major Health Systems
 - Expanded to 4 Maine Tribal Communities Fall 2010
 - Developing modules for: schools, worksites, pharmacy
 - Online tools and training resources: Quantia MD, Korotkoff Sounds, BP DVD, patient engagement

- Standardized Communications:

- “Know Your Numbers” and “Face Stroke” initiatives
 - Agencies on Aging, MaineCare, Hospitals, PCP Offices
 - Bingo in the Heart of Maine
 - Low-income/Rural Education & Prevention Initiatives
 - Include BP, cholesterol, PA, nutrition, tobacco, diabetes



Primary Prevention Continued...

- Relevant Public Policies and Programs:

- Existing Public Smoking Laws: state properties, beaches, cars w/children under 16, bars, bingo, smoke free housing
- Maine 2-1-1 and “Keep Me Well” - telephone and online linkage to state-wide prevention and health management resources
- 8 Public Health Districts and 28 Healthy Maine Partnerships implementing initiatives focused on prevention and reduction of: overweight/obesity, heart disease, tobacco and substance abuse
- State partners currently working on menu labeling and sodium procurement policies



Healthy Maine Partnerships
Maine Center for Disease Control and Prevention
KEEP ME WELL

Welcome to KeepMEWell

Use this tool to find out what you can do to improve your health and stay well.



ASSESS YOUR HEALTH RISK

Are you ready to take the first step and learn more?
YES



FIND HEALTHCARE SERVICES

Are you looking for low cost healthcare in your area?
YES

Assess Your Health Risk. Answer the questions about your health. This will take you only 10-15 minutes to complete. You will then get 3 reports that will help you take action and find local support. The assessment is for people 18 years and older living in Maine.

Find Healthcare Services. Learn where and how to find low cost healthcare services.

About Us | Site Map | Directions | Privacy | Accessibility | Support & Resources | Glossary



Community Education



- - Hospital Based Community Education
 - Majority of Maine hospitals access and utilize MCVHP/AHA “Face Stroke” materials for local stroke education initiatives:
 - Symptom recognition, call 911 and risk factor reduction
 - Focused tested in 2005 – evaluated regularly
 - Significant increase in stroke recognition (BRFSS) from 200 (15.4%) to 2009 (20.8%)
 - Participation in annual state-wide stroke campaign efforts, in collaboration with Maine Hospital Association, ASA, EMS, Healthy Maine Partnerships, etc.
 - AHA/ASA Public Policy Agenda for 2010-2011:
 - \$1.50 tobacco tax increase and equalization of “mini-cigars”
 - Protection of the Fund for a Healthy Maine
 - Add PA and nutrition standards to licensed child care and certified home-based day care facilities
 - Support Physical Activity/Healthy Eating in School Environment



EMS Systems



State-wide 911 Access:

- 100% coverage – landline, wireless and e911
- Standards in place to ensure rapid caller number and location identification:
 - Multi-line telephone system standards
 - Wireless telephone standards

EMD:

- State-wide protocols include symptom recognition training and stroke specific dispatch guide cards
- Ongoing training through MEMS and Regional I/C
- Linguistic services available
- Informal triage protocols in pockets of the state



EMS Systems Continued...




EMS:

- State-wide treatment protocols in place, with validated screening tool (Cincinnati)
 - Update including identification and communication of thrombolytic contraindications planned for 2011
 - Informal processes to ensure hand-off of pre-arrival patient report
- No minimum annual training requirements specific to stroke for EMS certification and re-licensure in place at this time
- EMS response times monitored through state-wide electronic run reporting system (MEMSR), but no specific target response time established for stroke
- NEMSIS data collected and analyzed by Maine EMS
- Maine HeartSafe Communities – 53 designated services, covering 260+ communities and 797,365 residents



Sub-Acute and Secondary Prevention

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 - Assessments of hospital-based sub-acute care and secondary prevention:
 - Only among those hospitals with Joint Commission Stroke Certification and/or using GWTG-Stroke, although several hospitals are working on internal processes to ensure quality stroke care
 - There is no web-based mechanism to share best-practices
 - Standardized sub-acute care and secondary prevention – only among those with JC Stroke Certification:
 - Discharge education includes 5 items in consensus measures
 - System established to ensure effective patient/family education
 - System established to ensure proper documentation of inpatient care and secondary prevention goals in patient record
 - Pilot programs to explore the feasibility of secondary stroke prevention clinics – not yet?

Group Discussion



- Identify gaps
- Discuss strategies to reach gaps
- Identify additional partners needed





Questions and Follow-up

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