

Presenter Disclosure Information

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A Program Evaluation of State-Level Primary Stroke
Policy and Implementation

FINANCIAL DISCLOSURE:

No relevant financial relationship exists



A Program Evaluation of State-Level Primary Stroke Policy and Implementation

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Overview

- Introduction
- The Research Purpose and Design
- The Status of PSC State Policy
- Barriers and Facilitators for State PSC Policy and Implementation
- Broad Lessons Learned
- A Primer on Policy Implementation Theory and Practice
- The Benefits of Policy Implementation Research

Introduction

- CDC and NACDD cooperative agreement
- Research team composed of UGA based faculty and graduate students, headed by Laurence J. O'Toole, Jr., PhD, Principal Investigator
 - Catherine P. Slade, PhD, Senior Research Associate
 - Gene A. Brewer, PhD, Project Consultant
 - Graduate Students:
 - Eunju Rho
 - Katie Codey
 - Beth Anne Leach

Introduction -- Purpose

To study how the implementation efforts of various states with respect to primary stroke center (PSC) policy affects access to such centers and the health effects on patients.

Project aims:

- To understand the variability of primary stroke center policy development and implementation
- To identify key elements of successful implementation
- To identify barriers and facilitators to formal primary stroke center designation
- To identify ways that states have addressed rural access to primary stroke center resources
- To create a framework for future collaboration and discourse between CDC DHDSP and its related agencies and stakeholder groups
- To create a means for disseminating useful information

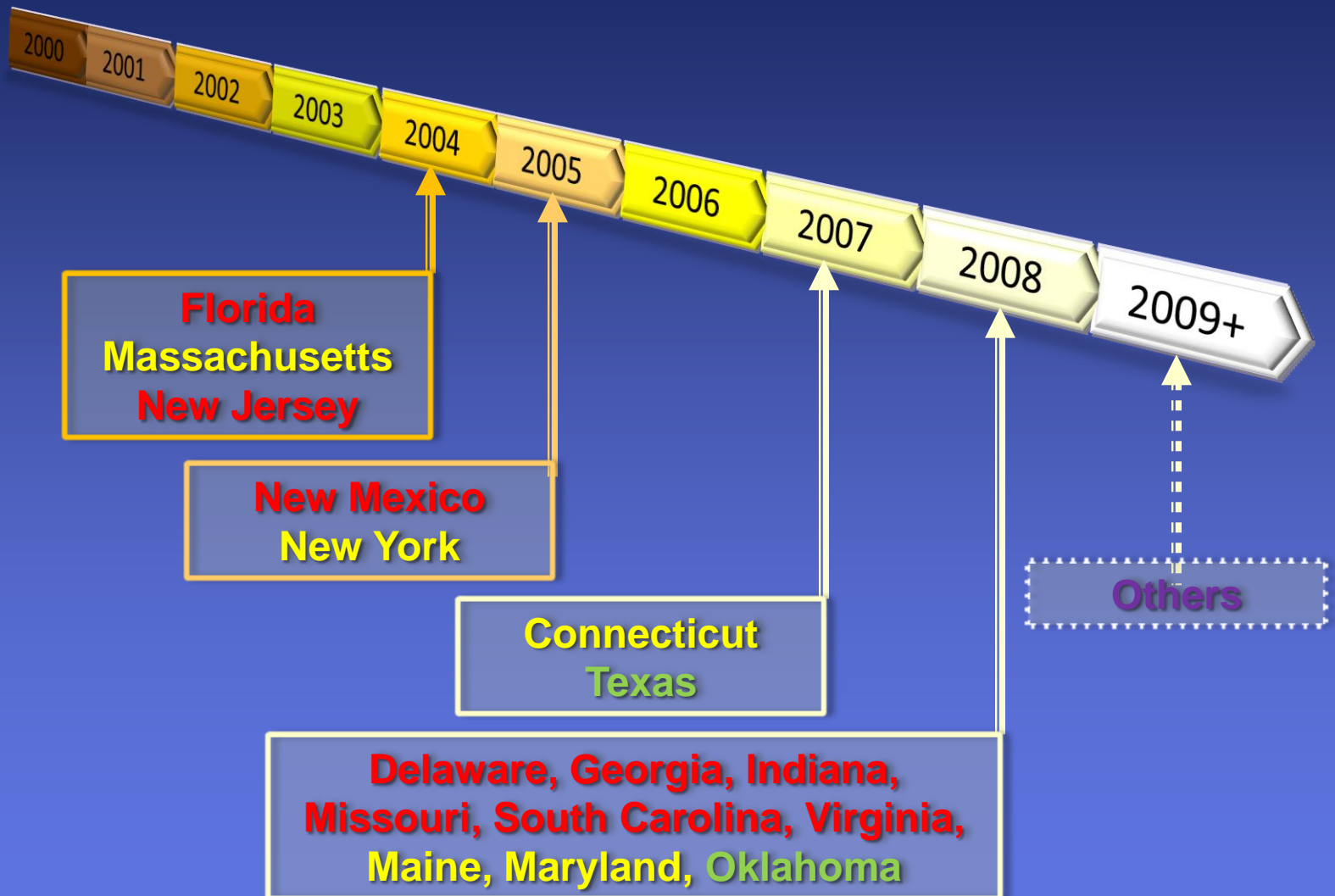
Project Reports Produced

- An initial literature review on policy implementation and PSC
- A preliminary set of criteria for selection of case study states
- A summary national profile of state PSC policies
- A research design protocol for field work in 4 states
- An initial progress report on field experience in New Mexico
- Detailed case study reports on policy implementation in 4 states (N of interviews > 100 plus large group settings)
- A report on the key components of implementation of state policy on PSCs
- A report on barriers and facilitators to implementing PSC policy
- A report on the rural challenge to dealing with acute stroke care
- A quantitative analysis of state characteristics and policy adoption

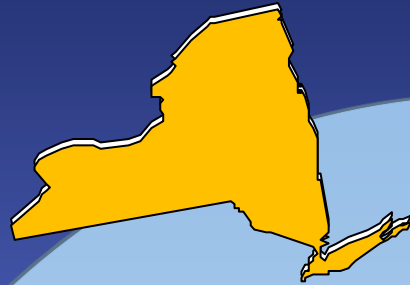
Manuscripts for Broader Audiences

- A summary national profile of state PSC policies → *CDC website*
- The barriers and facilitators report → *American Journal of Public Health*
- The rural issues report → *Telemedicine and eHealth*
- Quantitative analysis of policy adoption → *Health Services Research*

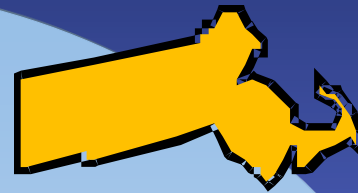
The Policy Timeline



4 Case Study States



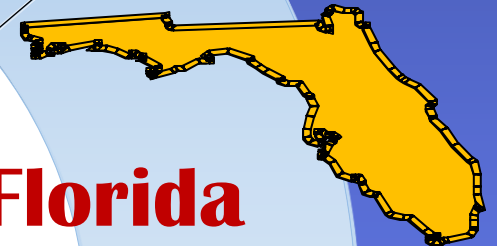
New York



Massachusetts



New Mexico

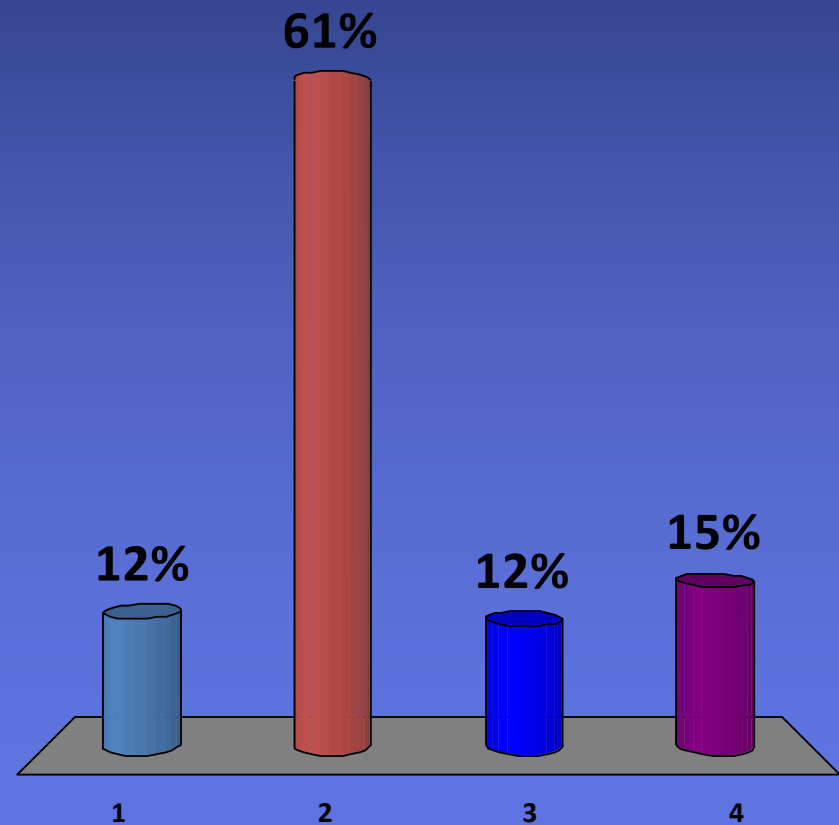


Florida

4 CASES

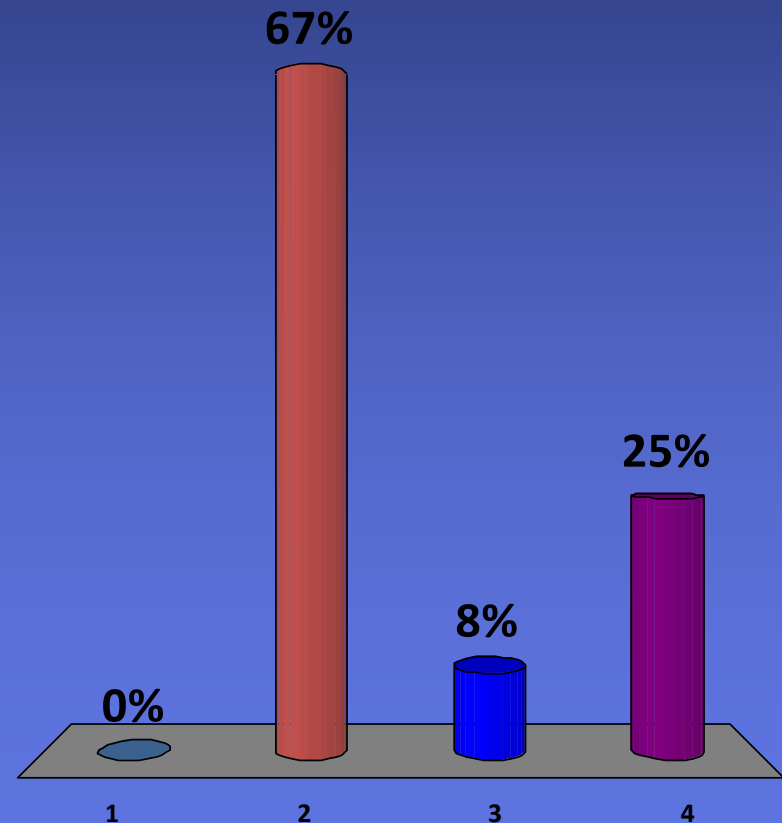
Question – If you had to guess the most important facilitator to state PSC policy implementation, what would it be?

1. Electronic medical records
2. A policy champion for stroke systems of care
3. A state agency with sole responsibility
4. Regulatory penalties



Question – How about the most important barrier to state PSC policy implementation?

1. Lack of electronic medical records
2. Too much flexibility at the local level
3. Well defined standards for certification as a PSC
4. EMS autonomy for transport decision

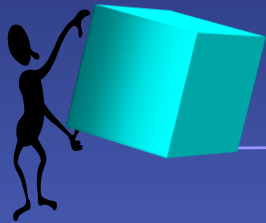


Barriers and Facilitators to Implementing PSC Policy

| Barriers | Facilitators |
|---|---|
| <ul style="list-style-type: none">• Determining the Standards for PSC certification• Lack of Coordination between EMD and EMS Delivery Systems and Lack of EMS Resources• Lack of Neurology Specialists for the Acute Stroke Team• Intrastate and Interstate Barriers to Telemedicine• Complexity at the Hospital Level• The Complexity of Public Administration and Government Entity Coordination of Health Care | <ul style="list-style-type: none">• Statewide or Regional Champions for Stroke Systems of Care• Stakeholder Communication• State-Based Programs Focused on Improving the Quality of Stroke Care• Stroke Policies Focused on Quality Care• Stroke Policies Informed by the Medical Community• Stroke Policies Flexible to Local Context• Pre-hospital Care Coordination• Sharing Data across the Continuum of Care• Hospital Competition |

Broad Lessons Learned

- Policy for PSCs is somewhat unique for most states
- Needed inter-institutional coordination is challenging
- Policy champions are self-appointed and evolve
- Inadequate financial resources for oversight
- Stroke care is a developing health science
- Telemedicine is critical for rural access to optimal stroke care
- Informational tools play as great or if not greater role than state regulation
- Translation possible for other systems of care (e.g. trauma)



A Primer on Policy Implementation

Public Policy Process

- The “stages heuristic”
- Policy consequences: outputs and outcomes



Policy Implementation

- Policy Implementation: All that happens between the establishment of a governmental intention – typically, as expressed in policy – and the impact of that initiative in the real world

OUR FOCUS

Policy to establish PCSs to improve care and therefore health outcomes

Top-Down & Bottom-Up Perspectives

Relevance of Top Down

- Crucial role of policy and public provision of resources

Relevance of Bottom Up

- Many programs, including PSC efforts, call for cooperation and collaboration of multiple organizations – there may not even BE a “top” to the system (federalism).
- Compliance alone may be insufficient, even suboptimal.

Forward and Backward Mapping

- Consider top-down and bottom-up perspectives
- Map causal links in **both** directions
- Identify connects and disconnects
- Backward mapping from target groups
- Incentives, rules, and mandates are important
- Backward mapping reveals **other** behavior shaping policies and market forces

Benefits of Policy Implementation Research and Lessons for Federal and State Policy Makers

Policy implementation research at the state level is both practical and valuable.

- Case study states indicated that they were using the information to make policy improvements.
- The Hawthorne Effect
- Federal agency (e.g. CDC) emphasis on policy over programmatic/interventional changes

Q & A

