Virginia Stroke Systems Task Force (VSSTF) Update

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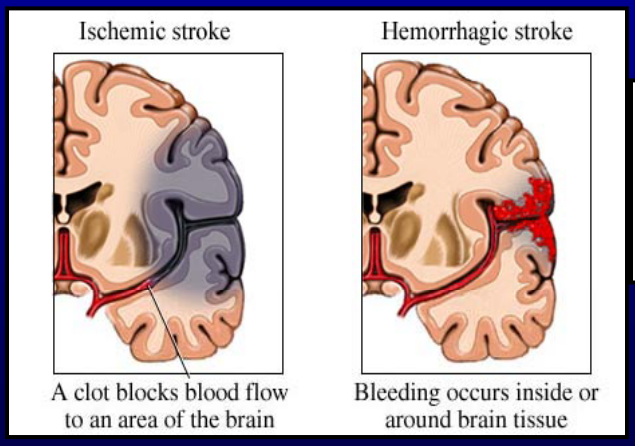
What is a Stroke?



What is the Effect?*

- 15% to 30% survivors are permanently disabled
- 20% require institutional care at 3 mo
- Direct/indirect costs were $65.6 billion in 2008 (U.S.)
- $13-20K first 30d, $140K lifetime cost

*Rosamond W, et al. Heart disease and stroke statistics— 2008 update: a report from the American Heart Association Statistics Committee and Stroke Statistics Subcommittee.Circulation (2008) 117:e25–146

09/7/10 JCHC VSS Task Force Update

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Virginia Stroke Statistics*

- Discharges
  - 21,190 in 2009
  - 3,178- 6,357 permanently disabled (2009 estimate)
- Mortality
  - 3,206 Virginians died in 2008
  - Rank 38/50 in state mortality rate
- Racial disparities
  - For every 100,000 Virginians, 42 died from stroke (2008)
  - For every 100,000 Black Virginians, 62 died from stroke (2008)

*VDH Division of Prevention & Health Promotion, Rebeka Sultana, MPH 2010. Dr. Hillman MPH – UVA

***Heart Disease and Stroke Statistics -- 2010 Update** *American Heart Association*

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JCHC Actions '08

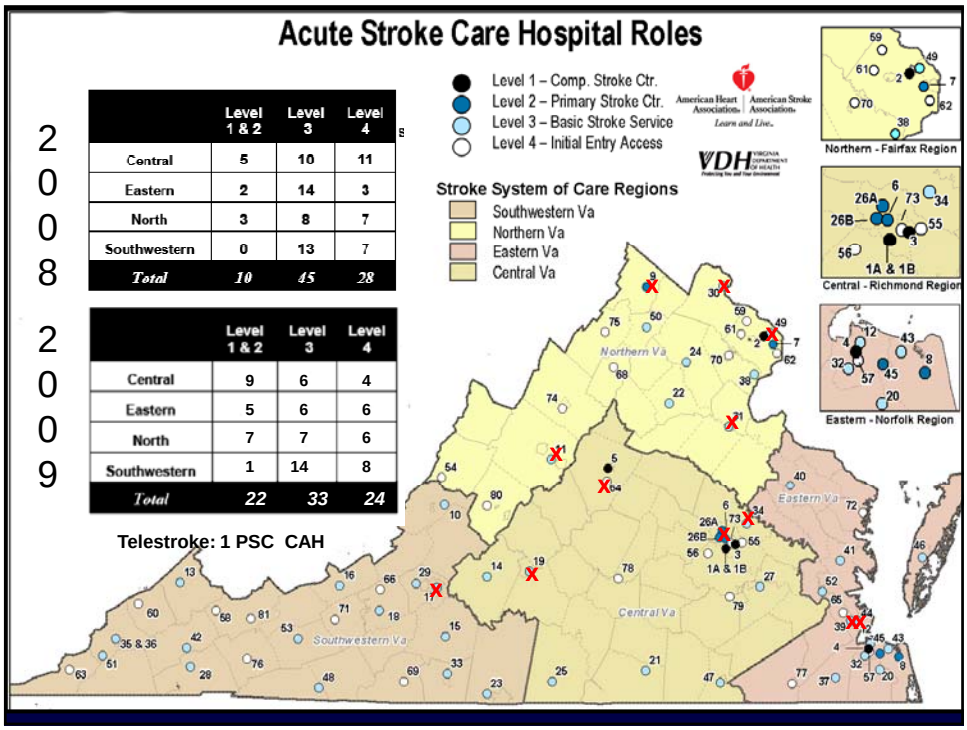
- Letter from the Chair
  1. Convene Stroke Systems Task Force
  2. Hospital establishment of acute stroke protocols
  3. Office of EMS report progress in developing centralized data collection system
  4. DMAS investigate care coordination service payments
  5. DSS & DMAS to investigate expedited Medicaid determination
- Legislation:
  1. Amend *Code of Virginia* to require regional EMS stroke triage plans

Va Stroke Systems TF - 2010

- VDH (Office of Family Health Services) convener – American Stroke Association founding partner
  - 30 members/ 8 quarterly mtgs/voluntary
  - 7 Project Teams (Acute, EMS, Hosp. Survey, Rehab., VSS Website, Ambassador Panel, Telestroke)
  - ~30 invited guests (stroke stakeholders)
- In-kind annual contributions $34,585+/yr (w/o industry donation)

Hospital Establishment of Acute Stroke Protocols

- Hospital Stroke Care Stratification Mapping
- Partnership with VHHA –
  - Education - Newsletter [Focus]
  - Hospital survey of services
- Development of "Stroke Coordinators Consortium"
- Launching VSS Website – State Education/Resource Stroke Portal



EMS Data Collection System

- NEMSIS compliant (National ***EMS*** Information System database)
- Implementation completed May 2010
- OEMS will likely begin publishing 2010 data by 1/1/2011*
  - Regional resource planning/budgeting
  - Facilitate Federal funding (targeted diseases)

*Paul Sharpe, RN Trauma/Critical Care Coordinator, OEMS, VSSTF Member

EMS Stroke Triage Plan

- *Code of Virginia* (HB 479) amended in 2008
- Statewide Plan approved by Board of Health April 23, 2010
- Each EMS Council currently evaluating Stroke Regional Plans
- Required to submit first Stroke Triage Plans with 3rd quarter deliverables (contract w OEMS) ~ 4/30/2011*

*Paul Sharpe, OEMS Trauma/Critical Coordinator – VSSTF EMS Committee

DMAS Investigate Care Coordination Service Payments Expedited Medicaid Determination for Acute Stroke Patients

- Stroke in young Virginians
  - ~20% stroke pt < 55 yo UVA, C'ville
  - ~21% (380) stroke pt < 55 yo Sentara, Hampton Roads
  - ~18% stroke pt < 55 yo Bon Secours, Richmond
- Longer waits to initiate rehabilitation = vocational delay, poorer outcome
- Longer burden family dependents
- Higher hospitalization costs (avg $1,900 day*)
- Poor resource utilization
- Letter sent Director DMAS April 2008

*AHQR – Healthcare Cost and Utilization Project: Statistical Brief #51 – May 2008

Additional Successes

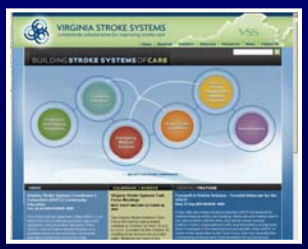
- Telemedicine legislation:

  Va Senate Bill 675: April 2010

  § 38.2-3418.16. Coverage for telemedicine services.

- Stroke Coordinators Consortium
- State Resource Stroke Website

  http://virginiastrokesystems.org/



Challenges

- DMAS care coordination payment & expedited Medicaid determination (readdress)
- Competition for VDH staffing resources
  - Organizational hurdles (contracting)
- Funding for sustainability
  - Commonweatlh needs to continue to position itself to be highly competitive for federal funding initiatives

Solutions

SUSTAINABILITY/POLICY:

- Tobacco Indemnification and Revitalization Commission funding earmarked for *stroke* specific care in SW VA, South Central VA
- Secure stroke-specific federal granting (CDC, AHRQ, HRSA, NIH)
  - Strong VDH and academic partnership
- Voluntary contribution on state income tax return
- Partnering with surrounding states ("Mid-Atlantic Stroke Network")
  - Pool resources and best practices (avoid duplication)
  - Enhance competition for federal grants/programs

Solutions

SUSTAINABILITY/POLICY:

- Engage healthcare business/stakeholders to a greater extent
  - "RISING TIDE LIFTS ALL THE BOATS"
- Support for Virginia Telehealth Network, development state TM services
  - Ex: California (CTN) - partnership private and government entities, acquired a total of $30 million, $22 million FCC