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800 NE Oregon St, Ste 730
Portland, OR 97232
Voice (971) 673-0984
Fax: (971) 673-0994
TTY (971) 673-0372

TO: The Honorable Laurie Monnes Anderson, Chair
Senate Committee on Health Care and Human Services

FROM: Mel Kohn, MD, MPH, Director
Public Health Division
Oregon Health Authority

MEASURE: SB 375
EXHIBIT: 9
S. HEALTHCARE & HUMAN SERVICES
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SUBMITTED BY: Dr. Melvin Kohn

SUBJECT: SB 375-3 – Stroke Care Committee

Chair Monnes Anderson and members of the committee, I am Dr. Mel Kohn, State Public Health Officer and Director of the Public Health Division in the Oregon Health Authority. I am here today to testify on SB 375-3, a bill that aims to improve the quality of stroke care in Oregon, and creates a Stroke Care Committee under the Oregon Health Authority.

Cardiovascular disease (heart disease and stroke) is the leading cause of death in Oregon, accounting for 25 percent of all deaths in the state. In 2011, stroke was the primary cause of death for nearly 2,000 Oregonians. Over the past 20 years, Oregon has seen a 42 percent reduction in the rate of death due to stroke. Yet stroke is still among the most costly conditions to Oregonians. In 2011, there were nearly 8,000 stroke hospitalizations with an average medical cost of about \$33,000 per hospitalization, and a total cost of almost \$254 million. According to 2011 data, nearly three percent of the Oregon adult population (approximately 89,737 adults) report surviving a stroke.

While we would prefer to prevent strokes in the first place, it is imperative that Oregonians having a stroke event receive effective treatment in a timely fashion. Stroke treatment is very time-sensitive and involves everyone from those calling 911 to those assisting a patient with rehabilitation long after the stroke. Thus, monitoring the quality of stroke care in Oregon is vital to making Oregon the healthiest state in the nation. Tracking quality of stroke care helps identify areas for improvement in pre-hospital and clinical care, which contributes to the containment of rising healthcare costs associated with stroke. These quality improvement data will be used to help assure that individuals who experience stroke events receive the right treatment at the right time.

SB 375 establishes a Stroke Care Committee under the Oregon Health Authority to achieve continuous improvement in the quality of stroke care in Oregon. The committee will review data related to the prevention and treatment of strokes, identify potential interventions to improve stroke care, and advise the Authority on meeting stroke care objectives.

In accordance with recommendations made by the Stroke Care Committee, the Oregon Health Authority will implement a plan for achieving continuous improvement in the quality of stroke care that compliments and does not duplicate other quality improvement initiatives. As part of that plan, Comprehensive Stroke Centers and Primary Stroke Centers will report data to an existing national database to which the Public Health Division will have access. These de-identified hospital and health system data will be reported and used to inform stroke care quality improvement in Oregon.

In summary, when passed, this legislation will require reporting of stroke care data by certified stroke centers and establish a Stroke Care Committee to focus on the continuous improvement of stroke care in Oregon. This legislation supports our efforts to transform the health care system and the triple aim by improving the lifelong health of Oregonians suffering from stroke, increasing quality, reliability, and availability of stroke care, and lowering costs.

Thank you for this opportunity to testify and I would be happy to address any questions or concerns.