



Testimony in support of SB375 A
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Chair Greenlick
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The American Heart Association/American Stroke Association's mission is to build healthier lives, free of cardiovascular diseases and stroke. The American Stroke Association (ASA), a division of the American Heart Association (AHA), is dedicated to improving stroke prevention, treatment, and rehabilitation through research, education, advocacy, and the development and application of scientifically based standards and guidelines. We strongly support SB 375 A, a bill which would take Oregon an important step forward in improving prevention, treatment and quality of care for stroke patients.

What is a stroke?

A stroke is a brain attack. Stroke is an emergency. There's a phrase amongst stroke providers that 'time = brain'. With every second lost, brain is lost. Knowing the signs and symptoms of stroke, taking appropriate action, and getting the best care as quickly as possible are all essential steps for a patient's survival and recovery.

Stroke in Oregon

Stroke takes a tremendous toll on our state economy, quality of life, caregivers and the health care system. Stroke is the fourth¹ leading cause of death in Oregon; stroke and heart disease combined accounted for 25% of Oregon deaths in 2011. In 2010, Oregon's stroke death rate was 40.1/100,000 compared to 39.1/100,000 for the U.S. as a whole. For reference, the Healthy People 2020 target for the stroke death rate is 33.8/100,000. Many



people who do survive suffer from significant disability and stroke is the leading cause of preventable disability in Oregon.

- In 2011, nearly 2,000 Oregonians died from stroke, accounting for 6 percent of all deaths.
- There were nearly 8,000 stroke hospitalizations in 2011 with an average medical cost of \$32,723 and a total medical cost of more than \$250 million.

While stroke death rates have been declining in Oregon and nationally due to better science and coordinated systems of care, Oregon stroke death rates have historically been higher than the national average. With the aging of the population, the number of persons who have strokes is projected to increase.

Addressing Stroke Care

There is a lot of great work happening voluntarily in stroke care. The ASA is member of the Oregon Stroke Network, a group of professionals who have been working together since 2006 and who care for stroke patients in many practice settings across the state. The OSN has done great work in raising awareness about stroke and building partnerships across the state to improve the quality of care. The volunteer efforts led by this group and others, however, have not been sufficient to make the level of improvements needed to really change Oregon's statistics on stroke. One of the barriers to making more substantial improvements is lack of data across the system as a whole.

In 2009, the American College of Emergency Physicians (ACEP) released its most recent edition of the National Report Card on the State of Emergency Medicineⁱⁱ. Oregon received a 'D' grade; only one state received an overall worse grade. Oregon's poor grade was partially due to lack of funding for an EMS quality improvement program, as well as a lack of formal stroke and PCI/STEMI systems of care.



In response to this report and in efforts to improve patient care, stakeholders in Oregon began meeting in 2009 to determine a course forward. Senate Bill 375 is one of the results of this workgroup. The bill is a consensus bill between patient advocates and hospital and health systems. It is an important first step to improving care for stroke patients in Oregon.

What does SB 375 A do?

1. SB 375 A establishes a Stroke Care Committee tasked with analyzing data related to the prevention and treatment of strokes and identifying and advising the Oregon Health Authority on potential interventions; and
2. SB 375 A asks the Oregon Health Authority to designate a stroke database for the purpose of supporting continuous quality improvement in stroke care.

Comprehensive Stroke Centers and Primary Stroke Centers as certified by the Joint Commission or DNV will be required to participate in the stroke database and all hospitals will be encouraged to participate. The information collected by the designated database must align with the 'ten consensus stroke measures' which is a standardized data set including the percentage of patients who arrive at the hospital in the necessary 'window' for treatment and the percentage of patients who receive essential treatment within that window of 60 minutes after arrival to the ED amongst other key measures.

Oregon hospitals currently certified as Comprehensive or Primary Stroke Centers are already collecting this data and as of January 1, 2013, hospitals treating stroke patients are required to collect this data set in order to get reimbursed from CMS. So, no need data submissions would be required.



Designating a stroke database and analyzing aggregate data on stroke care will be key to getting the information we need to make systems level quality improvements that will lead to better identification, treatment and rehabilitation from stroke.

The recommendations of the workgroup as written in this bill take Oregon a big step forward in improving care for stroke patients and the families and friends who are impacted by stroke. We urge your support of SB 375 A and I'm happy to answer any questions. Thank you.

ⁱ All data referenced is from the most recent statistics from the Oregon Health Authority, Public Health Division, Heart Disease and Stroke Prevention Program.

ⁱⁱ www.emreportcard.org