

LEGISLATING STROKE CARE IN OREGON

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LEGISLATING STROKE CARE

- Stroke in Oregon
- Stroke system of care
- Why legislation?
- Stroke bill 2013
- Looking forward

STROKE IN OREGON

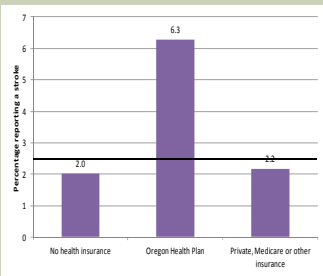
- Stroke 4th leading cause of death in OR
- Leading cause of long-term disability
- 86,000 OR adults have had a stroke

STROKE IN OREGON

- 7,762 hospitalizations due to stroke in OR
- \$32,723 Ave cost for stroke hospitalization, totaling almost \$254 mln
- Smokers 40% more likely to have a stroke
- Incident and death rates consistently higher among African American, American Indian/Alaska Native and Latinos

STROKE IN OREGON



- Adults with HH income <\$20k four times more likely to have stroke than \$50k+
- OR adults in OHP nearly 3x more likely to have stroke

TREATING STROKE



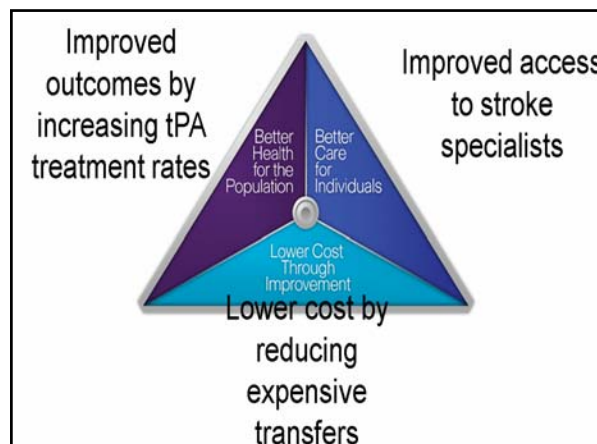
We can prevent and treat stroke

- Prevention
- Know the signs & Call 911
- Delivery to stroke-ready hospital
- Rehabilitation

STROKE SYSTEM OF CARE – WHY A BILL?

How we got here

- 2009 EMS Workgroup
- 2011 legislative efforts
- Health Reform
- SB 375 – Stroke Committee, Stroke Data System
 - Oregon Stroke Network; American Stroke Association;
 - Oregon Association of Hospitals and Health Systems



Joint Commission PSCs

- Adventist
- Kaiser Sunnyside
- Legacy Emanuel
- Legacy Good Samaritan
- Legacy Meridian Park
- Legacy Mt Hood
- OHSU
- Providence Medford
- Providence Portland
- Providence St Vincent
- Sacred Heart-River Bend
- Tuality

DNV PSCs

- Good Samaritan-Corvallis
- Rogue Valley

TELESTROKE

Oregon Telestroke Partners

STROKE CARE COMMITTEE

The Director of the OHA shall appoint at least 10 members:

- Two physicians who specialize in stroke care, one neurologist;
- One physician who specializes in emergency medicine;
- At least three hospital administrators, or designees:
 - At least one from a Comprehensive Stroke Center;
 - One from a certified Primary Stroke Center; and
 - One from a rural hospital that uses Telestroke;
- One nurse who is a stroke coordinator or who works in an emergency department and has experience treating stroke;
- One emergency medical services provider who works for a licensed ambulance service;
- One practitioner who specializes in rehabilitative medicine;
- One individual who has experience advocating for the care of stroke patients and who is not a health care provider.

COMMITTEE CHARGE

For the purpose of achieving continuous improvement in the quality of stroke care, the committee shall:

- Analyze data related to the prevention and treatment of strokes;
- Identify potential interventions to improve stroke care; and
- Advise OHA on meeting objectives related to stroke care.

STROKE DATA COLLECTION

In Implementing the plan, the OHA shall:

- Designate a statewide or national stroke database to which hospitals submit stroke care data
- Comprehensive Stroke Centers and Primary Stroke Centers required to submit stroke data
- All hospitals encouraged to submit stroke data

DATA SHARING & USAGE

The Oregon Health Authority shall:

- Coordinate with partners to avoid redundant processes
- Use data to improve quality of stroke care in accordance with national guidelines
- Encourage info sharing, data trends & treatment developments among health care providers and CCOs
- OHA to submit bi-annual report to Oregon legislature
- All data is confidential & de-identified

STROKE AND HEALTH REFORM

- Federal Affordable Care Act
 - January 1st, 2014
- Data Collection
 - Required Metrics for ACA = GWTC-Stroke Metrics
- Cover Oregon & Coordinated Care Organizations
 - All legal Oregon residents required to have health coverage beginning January 1st, 2014
 - Medicaid expansion up to 138% of FPL
 - Individuals and small businesses: www.coveroregon.com

OPPORTUNITIES TO GET MORE INVOLVED

- WWW.LEG.OR.US – Bills (SB 375)
- Join the Oregon Stroke Network:
 - www.oregonstrokenetwork.org
- Stroke Care Committee; January 1st, 2014
- Join You're the Cure, ASA's Advocacy Network
 - www.yourethecure.org
 - QR Code

FOR MORE INFORMATION CONTACT

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