Date: February 9, 2017

RE: Proposed Senate Bill 34, An Act Concerning The Recognition of Stroke Centers

To the distinguished members of the Public Health Committee,

Thank you for the opportunity to testify regarding Proposed Senate Bill 34, An Act Concerning Certification of Stroke Centers. My name is Charles Wira and I am a Faculty Member in Emergency Medicine at the Yale School of Medicine and also work clinically for the Yale Department of Neurology providing clinical coverage for the Yale Stroke Service. I am also Immediate Past Chair for the NorthEast Cerebrovascular Consortium which advocates for a stroke systems of care model in the Northeast, a Member of the National Emergency Neurovascular Committee for the American Heart Stroke Association, and was nominated by past DPH Commissioner Dr. Jewel Mullen to serve as volunteer Chair of the State of Connecticut Stroke Task Force in response to Senate Bill 438. Our Task Force report was submitted to the Public Health Committee in January, 2016. I thank you for your efforts and attention to this important disease and your willingness to hear our voices as we strive to improve state-wide stroke systems of care with the over-arching objective of best serving stroke victims in Connecticut.

In our state, stroke and cerebrovascular disease have been one of the top 5 leading causes of death taking the lives of just over 1300 residents in the year 2010. Stroke is also a leading cause of disability. Past initiatives have recognized the importance of treatment interventions for this high acuity patient population exemplified by the establishment of the state’s Primary Stroke Center Designation Program which had the over-arching objective of getting stroke patients as quickly as possible to stroke-certified hospitals where they could receive, if eligible, life-saving interventions to open up the intracranial clots causing their deficits (ie-paralysis of arms/legs, inability to speak, inability to see, comatose state, etc). This program was retired effective on January 1, 2014 and currently no state-level legislation advocates for stroke center certification of hospitals.

Our past efforts culminated in the creation of a Legislative appointed State of Connecticut Stroke Task Force which was charged with submitting a report of recommendations to the Connecticut General Assembly in response to S.B. 438 “An act concerning a Task Force to study Stroke..” The Task Force was multidisciplinary and had representation from the American Academy of Neurology, the Stroke Coordinators of Connecticut, the American Heart Association, the Connecticut Hospital Association, the Connecticut College of Emergency Physicians, a designee of the Commissioner of Public Health, members
appointed by the Commissioner of Public Health, and a member representing the Emergency Medical Services Advisory Board. The Task Force was established to study the following: (1) The feasibility of adopting a nationally recognized stroke assessment tool; (2) establishment of care protocols for emergency medical service organizations relating to the assessment, treatment and transport of persons with stroke; (3) establishment of a plan to achieve continuous quality improvement in the care provided to persons with stroke and the system for stroke response; and (4) the feasibility and costs of establishing and maintaining a state-wide, hospital stroke designation program administered by the Department of Public Health.

Our Task Force came up with many recommendations in its report to improve the state-wide system of stroke care. As Chair of the Task Force I can attest that every member agreed with the wording and had an opportunity for input and providing modifications. Several constituents representing a variety of organizations and advocacy groups on the Task Force worked with us to refine language and make it agreeable to their more senior leadership. I refer you to our final report which is available on the DPH website:


The key recommendation of our Task Force was to establish a process by which the Department of Public Health would recognize certified stroke centers—thereby making the public and pre-hospital providers aware of Hospitals and free-standing satellite Emergency Departments with systems in place to rapidly identify and provide initial therapies in a time sensitive but safe manner for all eligible stroke patients. Implementation costs to the department will be minimal as we ask DPH to maintain a website with hospital designations listed for EMS. Many national organizations supportive of interventions aimed at opening up blocked vessels in a stroke using intravenous TPA (clot buster medicine) recommend it be done in a hospital system equipped to do it as safely and quickly as possible. Over the past several years many Emergency Medicine physicians and neurologists from around the state have shared with me their reluctance to use this medicine in a hospital setting that is not certified to do so. National societies such as the American College of Emergency Physicians and Society of Academic Emergency Medicine recommend use of this medicine in hospitals with an established “system of care”. Being an Emergency Medicine physician who has given IV TPA to more than 200 patients in my 15 years of practice at a variety of locations, including certified centers and non-certified centers—the ease, efficiency and effectiveness of doing so is superior, faster, and safer at certified stroke centers where all members of the team are on the same page.

Another overarching recommendation of our Task Force was to create a longer-term Connecticut Stroke Steering Committee to further evaluate and make recommendations to the Commissioner of Public Health regarding stroke systems of care in Connecticut. Stroke Steering Committees are present in several neighboring states (NJ, RI, MA, NY). The vision implemented would be under a philosophy of inclusiveness with a patient-centered approach—our past Task Force and many stroke leaders across the state would indeed love to see every hospital in the state become certified if desired by that hospitals leadership. The Steering Committee would work to that end to ensure that all citizens in Connecticut would have the chance to receive timely acute care in accordance with national best practice standards, appropriate stroke prevention, and rehabilitation phase management through the
provision of education, evidence based recommendations, and policy development. As past Task Force Chair I attest that the entire Task Force unanimously agreed with the creation of a State Stroke Steering Committee, and the majority stated they would be willing to serve as volunteers on such as committee. It was envisioned by our Task Force that the Steering Committee would have a similar composition to our past Task Force—being multi-disciplinary with representation from diverse fields and organizations. It would work with the Commissioner of Public Health or his/her designees to perform the following (1) make recommendations to further strengthen state-wide stroke care in accordance with national standards across the spectrum of care; (2) work with the Department of Public Health to set priorities to improve stroke care, facilitate quality improvement initiatives and evaluate and analyze stroke related disparities in care across the state; (3) act as a resource for guiding stroke education; (4) provide mentorship to uncertified hospitals wishing to become certified as a stroke center; (5) define quality measures for different phases of stroke care; (6) in conjunction with the DPH work to implement procedures for state-wide continuous quality improvement initiatives in all phases of stroke care; (7) submit annual recommendations regarding state-wide stroke care to the Commissioner of Public Health; (8) promoting collaboration between hospitals, health care providers, and other important advocacy organizations and stakeholders.

In this proposed bill, we envision Connecticut will take the next step towards becoming more like our neighboring states of New York, Rhode Island, and Massachusetts with regards to having state-wide legislation ensuring early and appropriate access to a stroke system of care and stroke certified hospital. We thank you for your consideration and look forward to working with other stakeholders and the Department of Public Health to create policy aimed at better serving the residents in our state.

Sincerely,

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