2019 GEORGIA STROKE CONFERENCE

Stroke Health Status: Where are we now?

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Georgia Department of Public Health

• Is the leading agency in
  ▪ preventing disease, injury, and disability
  ▪ promoting health and well-being
  ▪ preparing for and responding to disasters from a health perspective

• Accomplishes by
  ▪ assessing the population health status
  ▪ ensuring that people have the necessary resources and skill
  ▪ supporting the development and implementation of sound public health policy
Stroke Burden

• Georgia is in the Stroke Belt
  ▪ Stroke death rate 30% higher than the U.S. average\(^1\)
    ➢ Georgia’s Coastal plains are in the “Buckle” where death rate reaches 40% higher than the U.S. average\(^1\)

• Stroke is the 5\(^{th}\) leading cause of death in Georgia\(^2\)
  ▪ \~4,400 stroke deaths in 2017  Average of 12 stroke death/day

• In 2017 more than 21,000 hospitalization\(^3\)  Average of 57 stroke hospitalization/day
  ➔ Direct cost/hospital charges over $1.6 billion
    ▪ a median charge per hospitalization of $35,185

Source:
3. 2017 Georgia Hospital Discharge, GCASR
Prevalence of risk factors among adult Georgians, Georgia stroke survivors, and U.S., BRFSS 2016*§

- Overall Adult Georgians have a high prevalence of Stroke risk factors
- Stroke patients in Georgia have a much higher risk factors than an average adult Georgians and U.S. Adults.

*: Prevalence of Hypertension and high cholesterol level were determined based on the 2015 Georgia BRFSS data
§: a person is physical inactive if he or she didn’t do any physical activity or exercise during the past 30 days other than their regular job
Obese: Body mass index 30 or greater
Georgia DPH Efforts

• Hypertension Management and Diabetes Management Outreach Program
• Georgia SHAPE
• Tobacco Use Prevention Program
• Tobacco Quitline

• The Georgia Coverdell Acute Stroke Registry
  ▪ 2005: 19 hospitals
  ▪ 2019: 81 hospitals + 31 EMS agencies + 6 Post-hospital care providers
    (3 hospitals and 3 EMS agencies)
### GCASR: Improvements in Quality of Stroke Care

<table>
<thead>
<tr>
<th>Metric</th>
<th>2008</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defect-free carea</td>
<td>37%</td>
<td>77%</td>
</tr>
<tr>
<td>IV Alteplaseb</td>
<td>4.8%</td>
<td>10.7%</td>
</tr>
<tr>
<td>Door to IV Alteplase timec</td>
<td>82 min</td>
<td>48 min</td>
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</tbody>
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- **In 2018**
  - 90% eligible ischemic stroke patients received IV **Alteplase**
  - 84% received IV Alteplase within 60 minutes of hospital arrival

a: among all acute stroke patients;  b: among ischemic stroke patients;  c: among eligible ischemic stroke patients
Georgia DPH Efforts

- Coverdell-Murphy Act – passed by the Georgia assembly in 2008
- A three tier stroke systems of care – Comprehensive, Primary, and Remote Treatment Stroke Centers
- 81 Hospitals are participating in GCASR
  - Comprehensive Stroke Centers (n=4)
  - Primary Stroke Centers (n=43)
  - Remote Treatment Stroke Centers (n=14)
    - Based on 2008-2017 hospital discharge data from 12 designated RTSCs
      - acute ischemic stroke patients treated after the hospitals were designated had 51% lower odds of in-hospital death compared to patients admitted when the hospitals were not participating in the Georgia Coverdell Acute Stroke Registry effort of quality stroke care improvement.
Georgia DPH Efforts

• But GCASR facilities and designated centers are not evenly distributed across the state

• Budget Ask

• Still,
  • < 60% of stroke patients were transported to hospitals by EMS
  • < 40% of stroke patients arrived at hospital within two hours of symptom onset

  ➔ the need to raise public awareness to identify stroke in the community, call 911, and transport patients to designated centers rapidly
GCASR Coverage

- By Jan 2019
  - 81 Hospitals
  - 31 EMS Agencies
    - Participate in GCASR
Stroke Care Continuum

- Stroke is acute illness but requires coordinated care both in
  - Short-term: early recognition and provision of care improves outcome
  - Long-term: most patient develop one or complication and avoid 2nd attack
Goal

- Strengthen the collaboration among partners to
  - improve quality of stroke care across the care continuum
  - educate the community to reduce the prevalence of risk factors
  - raise awareness in the community for early recognition and swift transport of stroke patient to a stroke-ready facility

- Maintain current and recruit additional hospitals & EMS agencies
  - Especially in area where we currently do not have participation

- Recruit EMS agencies that implement community paramedicine program
- Recruit Post-hospital follow-up by primary care providers
Expectations

- Presentations on
  - Surveillance report
  - Stroke Advocacy
  - Community Paramedicine Program
  - Need to recognize and document stroke

- Active participation to have a fruitful discussions and suggestions
- Collaboration among healthcare providers across the care continuum
- Commitment to raise the bar for quality of stroke care