

2019 GEORGIA STROKE CONFERENCE

Stroke Health Status: Where are we now?

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J. Patrick O'Neal, MD, Commissioner, Georgia Department of Public Health



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. average¹
 - Georgia's Coastal plains are in the "Buckle" where death rate reaches **40%** higher than the U.S. average¹
- Stroke is the **5th** leading cause of death in Georgia²
 - ~**4,400** stroke deaths in 2017 **Average of 12 stroke death/day**
- In 2017 more than **21,000** hospitalization³ **Average of 57 stroke hospitalization/day**
 - ➔ Direct cost/hospital charges over **\$1.6 billion**
 - a median charge per hospitalization of **\$35,185**

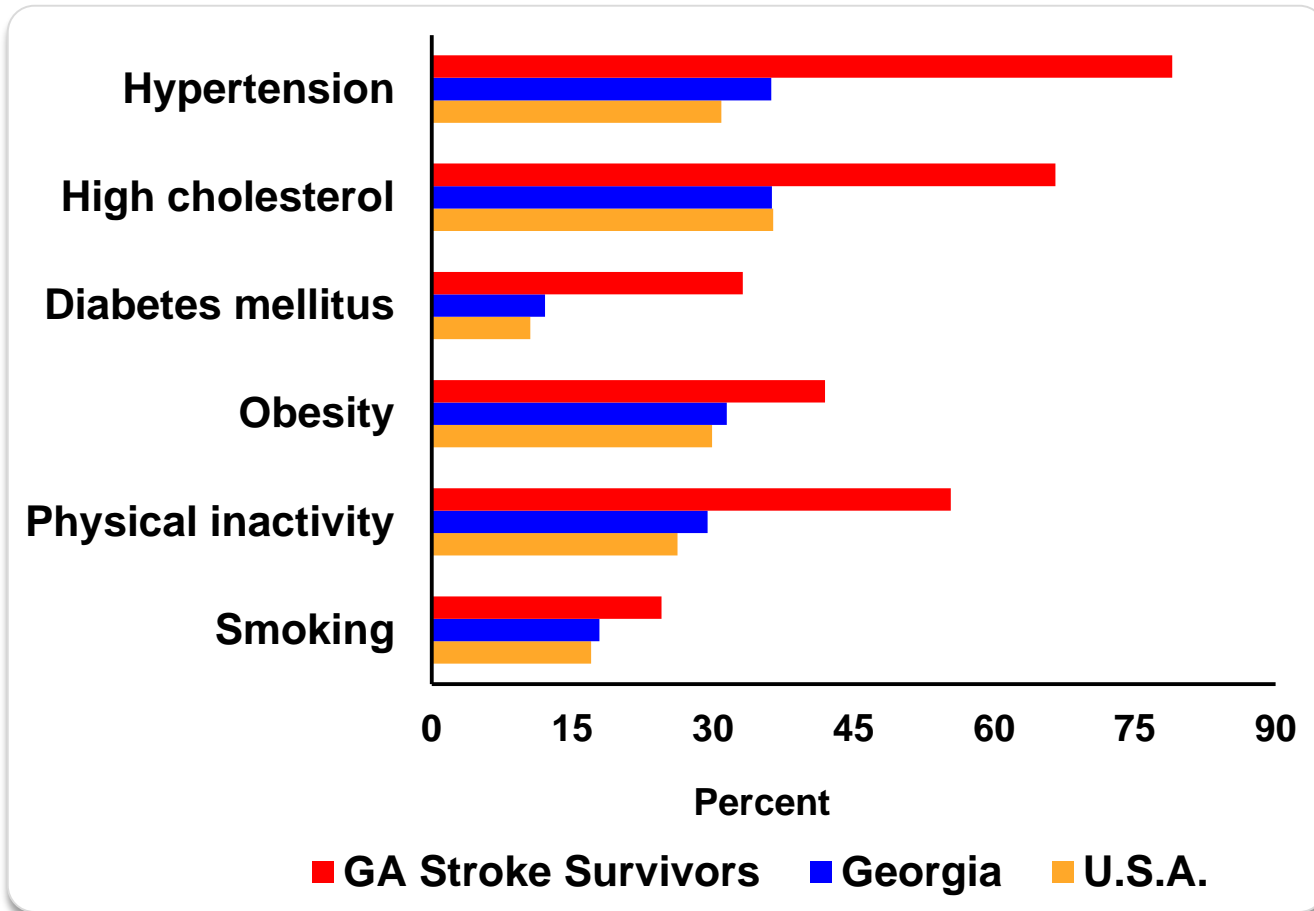
Source:

1. Benjamin EJ, et al. Circulation. 2017;135(10):e148–e603.

2. CDC, NCHS. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database, <http://wonder.cdc.gov/ucd-icd10.html>

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 + 31EMS agencies + 6 Post-hospital care providers
(3 hospitals and 3 EMS agencies)

GCASR: Improvements in Quality of Stroke Care

	2008	2018
- Defect-free care ^a	37%	77%
- IV Alteplase ^b	4.8%	10.7%
- Door to IV Alteplase time ^c	82 min	48 min
• 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

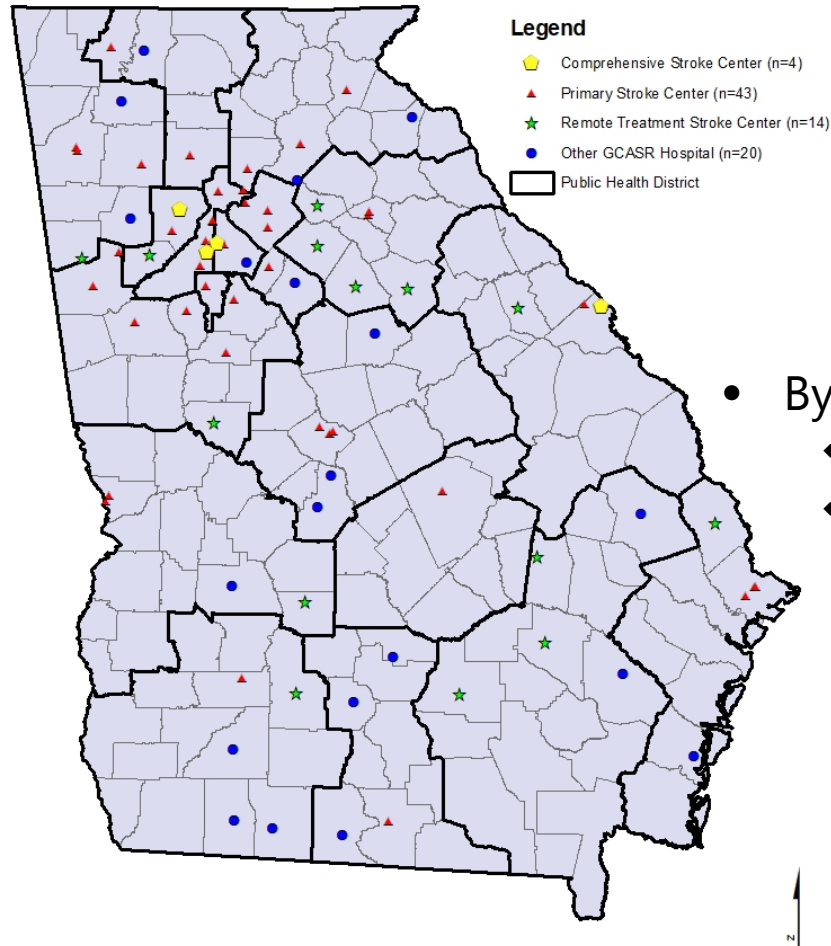
- Coverdell-Murphy Act – passed by the Georgia assembly in 2008
- A three tier stroke systems of care – Comprehensive, Primary, and Remote Treatment Stroke Centers
- 81 Hospitals are participating in GCASR
 - Comprehensive Stroke Centers (n=4)
 - Primary Stroke Centers (n=43)
 - Remote Treatment Stroke 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.



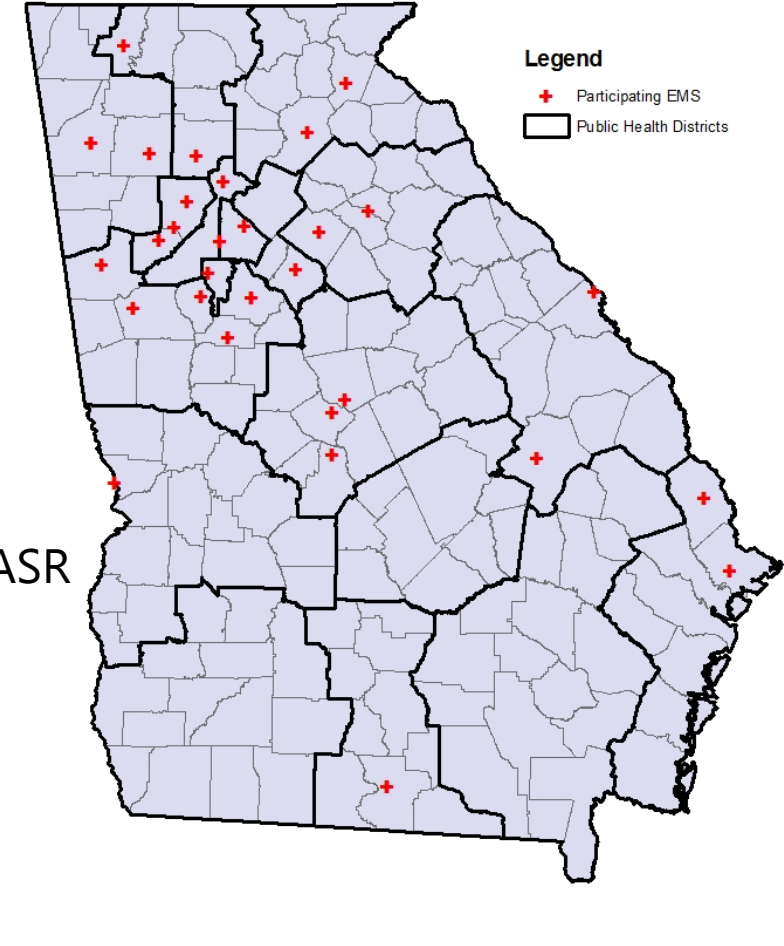
Georgia DPH Efforts

- 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

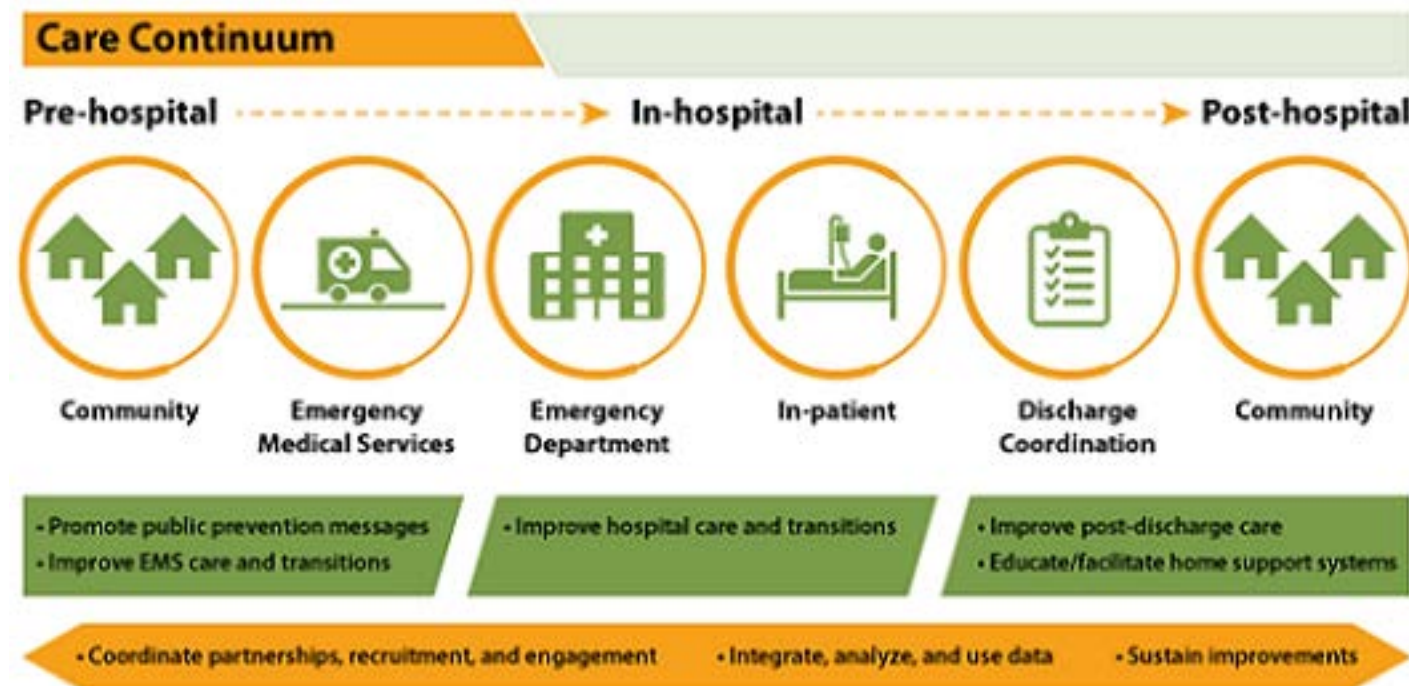


- By Jan 2019
 - ❖ 81 Hospitals
 - ❖ 31 EMS Agencies
 - Participate in GCASR



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