



American
Heart
Association.

Mississippi



Issue Brief

Stroke Systems of Care: Facility Designation & Registry

Overview

Time is of the essence in treating acute cardiovascular conditions, but in far too many cases a fragmented and disorganized delivery system prohibits patients from receiving the treatments that can improve or even save their lives.

Additionally, according to American Heart Association (AHA) estimates, the total direct and indirect costs of heart disease and stroke will be close to \$1.5 trillion (in 2010 dollars) by 2030,ⁱ giving government at all levels a stake in improving the quality and value of cardiovascular care.



Setting statewide systems of care for stroke will insure the best quality care for all Mississippians.

Stroke continues to be a significant cause of morbidity and mortality in the United States. Approximately 700,000 Americans have a new or recurrent stroke each year, and stroke remains the third leading cause of death in the United States when considered independently from other cardiovascular diseases. Stroke also remains a leading cause of serious, long-term disability in the United States.ⁱⁱ

Q: What are Systems of Care and why are they important?

A: When it comes to stroke, the system of care involves the coordination of care along the following continuum:ⁱⁱⁱ

1. Primordial and primary prevention
2. Community Education
3. Notification and response of emergency medical services (911 and EMS)
4. Acute treatment, including the hyperacute and emergency department phases
5. Sub-acute treatment and secondary prevention
6. Recovery and rehabilitation
7. Continuous quality improvement activities

To prevent the incidence and death of stroke, it is important to address the whole system from prevention to rehabilitation. The health threats that the systems of care is designed to fight against are some of the leading causes of death in America:

- Nearly 800,000 (approximately 795,000) people in the United States have a stroke every year, with about three in four being first-time strokes.^{iv}

- If every state implemented a strong systems of care, we could help reduce heart disease and stroke deaths among Americans by 20 percent by the year 2020.

The AHA's model of systems of care, Get With The Guidelines – Stroke, has proven effective at shortening a patient's length of stay at medical facilities and reducing mortality rates.

Q: What has Mississippi been doing to address this issue?

A: Since August 2009, the Mississippi Healthcare Alliance (MHCA) was formed and has held regular meetings with hospitals and partners working to enhance communication and care among all healthcare providers, including statewide medication protocols, educational symposiums and regional structure. With guidance from and partnership with the American Heart Association, efforts were made to create both STEMI and stroke systems of care. While the STEMI system of care is set in policy, the stroke system of care is currently voluntary program that includes^v:

- Standardized practice based on evidenced based medicine
- Maximized Health Care Access
- Professional and community Education
- Demonstration of Quality Performance through data collection, review and process improvement
- Participation in research opportunities

Q: What specific improvements can be made to the systems of care?

A: Mississippi can officially recognize the best medical centers to treat stroke to ensure that the best care is delivered promptly, as well as enact EMS transport protocol plans. The AHA has already identified the criteria for care that facilities should meet to provide patients the best care possible and the Mississippi Healthcare Alliance has been working to put these standards together. Therefore, it is time to officially pass the stroke system of care and make it policy in the state of Mississippi.

*For more information, please contact:
Katherine Bryant
Government Relations and Advocacy
Katherine.bryant@heart.org
601-321-1205*

Sources/References:

ⁱ Updated calculations from the RTI Cost Calculator developed in Forecasting the Future of Cardiovascular Disease: A Policy Statement from the American Heart Association. *Circulation* 2011;123:933-944.

ⁱⁱ Schwamm, MD, Lee H., et al. AHA Scientific Statement: Recommendations for the Establishment of Stroke Systems of Care. <http://stroke.ahajournals.org/content/36/3/690.full>

ⁱⁱⁱ Schwamm, Lee H., et al. Recommendations for the Establishment of Stroke Systems of care: Recommendations from the American Stroke Association's Task Force on the Development of Stroke Systems. *Stroke Journal of the American Heart Association*. 25 May 2007.

^{iv} Impact of Stroke. http://www.strokeassociation.org/STROKEORG/AboutStroke/Impact-of-Stroke-Stroke-statistics_UCM_310728_Article.jsp#.V4VOGvkrLIU

^v Mississippi Healthcare Alliance. <http://mshealthcarealliance.org/about/history2/#>