

Yale University

School of Medicine
Department of Emergency Medicine
464 Congress Ave., Suite 260
New Haven, CT 06519
Phone 203-737-2489; Fax 203-785-4580
Charles.wira@yale.edu



Charles R. Wira, III, MD

Assistant Professor of Emergency Medicine
Yale Stroke Service, Department of Neurology
Board Certified Internal and Emergency Medicine
Chair Elect, Northeast Cerebrovascular Consortium
American Heart Association/American Stroke Association

Date: March 17, 2014

RE: Raised Bill 438, An Act Concerning Certification of Stroke Centers

To the distinguished members of the Public Health Committee,

Thank you for the opportunity to testify regarding a very important health issue in our state. My name is Charles Wira and I am here today to ask for your support for **Senate Bill 438, An Act Concerning Certification of Stroke Centers**. I am an Assistant Professor of Emergency Medicine at the Yale School of Medicine and work clinically within the Yale Department of Neurology as a Faculty Member providing clinical coverage for the Yale Stroke Service. I am also a volunteer Vice-Chair for the NorthEast Cerebrovascular Consortium which advocates for a stroke systems of care model in the Northeast, and serve as a volunteer spokesperson for the American Heart Association and American Stroke Association (AHA/ASA).

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 operated by the Connecticut Department of Public Health 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). Due to "cost and a lack of funding" this program was discontinued effective on January 1, 2014. Currently, there is no legislation mandating that stroke patients be brought to certified stroke centers.

For background information, there is an abundance of medical literature demonstrating that TPA, tissue plasminogen activator (ie- a clot-buster medication) is the medication of choice for acute ischemic strokes (ie- when a clot cuts off blood supply to a part of the brain) and gives providers the greatest opportunity to open up a blocked vessel. However, time to treatment is of enormous importance as the likelihood of irreversible brain damage increases

for every minute of delay. Also, select patients may only receive this medication within a narrow 4.5 hour time window from the onset of their stroke symptoms. Furthermore, there are rare circumstances in which the administration of TPA could be dangerous and potentially associated with life-threatening bleeding. The existing literature demonstrates that eligible patients are more likely to receive TPA at stroke-certified hospitals contrasted to those that are not certified, and, that off-label use of TPA outside of the parameters recommended by existing national practice guidelines can have significantly higher complication rates.

Each of these points underscore the reason why organizations like the American Heart Association/American Stroke Association, the NorthEast Cerebrovascular Consortium, the American College of Emergency Physicians and other organizations highly recommend that this medication be given in the context of a “system of care”. These organizations advocate that hospitals serving as stroke-centers be certified by an independent outside organization (ie- The Joint Commission, The Healthcare Facilities Accreditation Program, State Certified Programs, etc) to ensure that treatment protocols at the local hospitals are compliant with existing national guidelines, that key benchmarks in the treatment of acute stroke are being met, and that there is continuing education for providers (physicians and nurses) managing stroke patients so they can be up-to-date in their knowledge of managing the numerous complexities in the acute phase of care.

In our state today there is great geographical variation in terms of how stroke patients are managed and treated. Being a physician who works at a tertiary care hospital in our state—I have seen several cases of missed opportunities for treatment interventions among patients transferred to our hospital from smaller non-certified community hospitals or free-standing Emergency Departments. The community hospital Emergency Physicians I have spoken with regarding some of these cases didn’t feel comfortable in giving TPA to their patients in the context of their system of care. I have also spoken with community hospital Neurologists who feel that care at their hospitals for stroke patients would be better if their hospitals became formally certified as a primary stroke center. Thus, change is necessary so that every Connecticut resident will have rapid and equal access to high quality care if they suffer a stroke in any part of the state.

In this proposed bill, we envision making Connecticut 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 want Connecticut to develop the following: (1) a legal requirement for hospitals seeking recognition as a Stroke Center to achieve either an Acute Stroke Capable, Primary Stroke Center or Comprehensive Stroke Center certification based on nationally recognized standards including AHA/ASA Guidelines, Brain Attack Coalition Recommendations, the Joint Commission designation program and any other designation program deemed by DPH to have a suitably rigorous evaluation process; (2) Legislation enabling the Office of Emergency Medical Services to establish pre-hospital care protocols related to the assessment, treatment, and transport of stroke patients by licensed Emergency Medical Services providers in this state to certified centers; (3) to create a statewide stroke registry that aligns with existing stroke consensus measures; (4) broaden medical reimbursement policy for acute stroke services to enable smaller community hospitals to better fund their programs.

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,

A handwritten signature in black ink, appearing to read 'C. Wira III', with a small mark below the signature.

Charles R. Wira III, MD
Assistant Professor of Emergency Medicine
Attending Physician, Yale Acute Stroke Service and Department of Neurology
Yale University School of Medicine