

Serving the Best Interest of Stroke Patients: Advancing Separate Systems for Stroke and Trauma

Consensus Statement of National Organizations Dedicated to Improving Stroke Care

October 31, 2002

Despite significant advances in its diagnosis, treatment, and prevention, stroke remains the nation's number three killer and a leading cause of long-term disability. Over 600,000 Americans suffer a stroke each year, and as the population ages, the number of stroke patients is expected to sharply increase. Today, there are 4.6 million stroke survivors living in the United States. As many as 30 percent of these stroke survivors are permanently disabled, requiring extensive and costly care.

The stroke community applauds the leadership and vision of Senators Edward Kennedy and Bill Frist and Representatives Lois Capps and Chip Pickering for developing bipartisan legislation to assist states with the development of a much needed, coordinated approach to improve stroke prevention and treatment. This legislation, the Stroke Treatment and Ongoing Prevention Act (STOP Stroke Act), recognizes the unique nature of stroke and encourages states to design systems that best address the needs of stroke patients and individual states. We are pleased that the STOP Stroke Act passed the Senate (S. 1274) unanimously in February and currently has over 211 co-sponsors in the House of Representatives (H.R. 3431).

The STOP Stroke Act is based on the recommendations of the Brain Attack Coalition (BAC), a multidisciplinary organization that includes most major medical organizations involved with stroke care. The BAC published a consensus statement in the Journal of the American Medical Association (June 2000) calling for the establishment of primary stroke centers as an effective approach to improve stroke care across the country.

The organizations listed as signatories below strongly recommend that Congress establish a grant program for stroke distinct and apart from the existing trauma system grant program -- separate programs with separate authorization lines. It is the consensus of the stroke community that combining these programs would not be in the best interest of stroke or trauma patients. We encourage Congress to carefully consider the following factors in designing legislation to ensure that stroke patients have access to quality care.

- The STOP Stroke Act focuses on the unique care continuum for the delivery of quality stroke care. The numbers of affected individuals impacted by stroke creates a major public health problem. The goal of the STOP Stroke Act is to decrease death and disability through efforts which span the entire continuum of stroke care (primary prevention, acute care, secondary prevention and rehabilitation). A significant portion of current efforts to prevent and treat stroke occurs outside of the acute care setting. Adding the stroke grant program to the trauma care system would unduly place most of the emphasis on improving acute stroke care. While improving acute care is critical, it is also essential that the stroke grant program focus on primary and secondary prevention, as well as improving rehabilitation and other post acute care that can make a significant difference in patient outcomes.
- Stroke and trauma share primarily one characteristic -- both are potentially life-threatening, acute events. Stroke care has much more in common with the care of heart disease patients

than trauma victims. Aside from EMS and Emergency Department staff, the medical personnel involved in the treatment of stroke patients differ from those involved in trauma management. Issues related to patient presentation, symptom recognition, primary prevention, acute management, secondary prevention, and rehabilitation also differ widely between stroke and trauma and require medical personnel with specialized training and expertise. Stroke systems by design could include most hospitals in a community, while trauma systems limit the number of participating hospitals.

- Stroke and trauma affect very different populations. While trauma tends to affect young adults, stroke is a disease that disproportionately affects those over age 65. Approximately 72 percent of all stroke victims are over the age of 65.

- The goals of the STOP Stroke Act are not consistent with the mission of the HRSA Bureau that manages the trauma program. The current trauma grant program is managed by the Health Resources and Services Administration (HRSA) through the Maternal and Child Health Bureau (MCHB). The mission of MCHB is to ensure the health, safety and well being of women, infants, children and adolescents. The major programs that MCHB manages include the Maternal and Child Health Services Block Grant; the Healthy Start Initiative; the Emergency Medical Services for Children Program; the Abstinence Education Program; Traumatic Brain Injury; Universal Newborn Hearing Screening; and the Poison Control Centers Program. The state grant program authorized by the STOP Stroke Act does not fit within the mission of MCHB.

- Several states have already chosen to look at stroke separate and apart from trauma. Several states have recently examined how to improve stroke care. For example, Tennessee passed legislation in the General Assembly to establish stroke collaboratives in distinct areas of the state to train and assist hospitals with existing and emerging science on stroke care. Other states have passed legislation to develop task forces or councils to specifically address stroke. These entities work to ensure that state-of-the-art information on stroke education, prevention, and treatment is available in their state. In all cases, the states have addressed the unique nature of stroke as a disease and, as a result, adopted an approach to address the full continuum of stroke care. The role of the trauma system infrastructure has been discussed in several states, but to date, states have chosen to keep these systems distinct, but coordinated and complementary.

- States should be provided with flexibility. The legislation would allow states to design a system tailored to meet local needs, while taking into account existing programs and infrastructure - including the trauma-EMS system, where appropriate. The goal of the grant program in the STOP Stroke Act is to help states ensure that stroke patients have access to quality prevention, acute treatment and rehabilitation services. States should have the flexibility to develop and implement a plan to meet this goal.

We encourage Congress to carefully consider these factors. Although the stroke community recognizes that the trauma system is a model from which to learn, the programs are so different that the linkage would significantly detract from the impact of the stroke grant program.

Our organizations look forward to continuing to work with Congress to advance the STOP Stroke Act. This legislation has strong support in the stroke community and on Capitol Hill. The STOP Stroke Act would truly make a difference in the fight against stroke by helping to ensure that stroke is more widely recognized by the public, that preventive therapies are optimized, and when it occurs, that stroke is treated more effectively by health care providers.

American Academy of Neurology
American Academy of Physical Medicine and Rehabilitation
American Association of Neuroscience Nurses
American Association of Neurological Surgeons
American College of Preventive Medicine
American Heart Association/American Stroke Association
American Physical Therapy Association
American Society of Interventional and Therapeutic Neuroradiology
American Society of Neuroradiology
Association of American Medical Colleges
Child Neurology Society
Chronic Disease Directors
Congress of Neurological Surgeons
Emergency Nurses Association
Johnson & Johnson
National Stroke Association
Partnership for Prevention
Society of Interventional Radiology
Stroke Belt Consortium