Members

Rep. Charlie Brown, Chairperson
Rep. Peggy Welch
Rep. Vaneta Becker
Rep. Timothy Brown
Sen. Gary Dillon
Sen. Patricia Miller
Sen. Allie Craycraft
Sen. Earline Rogers
Dr. Walter J. Daly
Greg Wilson, M.D.
Beverly Richards
Michael Urban, M.D.
Beth Compton

COMMISSION ON EXCELLENCE IN HEALTH CARE

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MEETING MINUTES[1]

Meeting Date: September 23, 2003
Meeting Time: 1:00 P.M.
Meeting Place: State House, 200 W. Washington St., the House Chambers
Meeting City: Indianapolis, Indiana
Meeting Number: 2

Members Present: Rep. Charlie Brown, Chairperson; Rep. Timothy Brown; Sen. Patricia Miller; Sen. Earline Rogers; Dr. Walter J. Daly; Beverly Richards; Michael Urban, M.D.; Beth Compton.

Members Absent: Rep. Peggy Welch; Rep. Vaneta Becker; Sen. Gary Dillon; Sen. Allie Craycraft; Greg Wilson, M.D.

Representative Charlie Brown (Chairperson) called the meeting of the Commission to order at 1:10 p.m. After an introduction of members, the Chairperson announced that the issue of small pox immunizations would be heard at a subsequent meeting. The Chairperson then called for testimony on the subject of stroke prevention.

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[1] Exhibits and other materials referenced in these minutes can be inspected and copied in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for copies may be mailed to the Legislative Information Center, Legislative Services Agency, 200 West Washington Street, Indianapolis, IN 46204-2789. A fee of $0.15 per page and mailing costs will be charged for copies. These minutes are also available on the Internet at the General Assembly homepage. The URL address of the General Assembly homepage is http://www.ai.org/legislative/. No fee is charged for viewing, downloading, or printing minutes from the Internet.

Elizabeth Hamilton Byrd, M.D., Indiana State Department of Health

Dr. Byrd cited medical data from 2001 which indicated that over 4,000 of the 55,000 deaths in Indiana were caused by strokes. Indiana has the seventh highest rate of strokes in the nation. About 2.5 percent of the state population has been diagnosed as having had a stroke. A stroke can occur in any age group of the population. African-Americans have a higher rate of stroke than other race groups. The mortality rate from strokes is decreasing, but at a slow rate. There are two types of strokes: strokes caused by bleeding in the brain and those caused by blockage to the blood flow. There is an effective drug treatment for strokes caused by a blockage but the drug must be administered within three hours of the onset of stroke symptoms. Less than 5% of stroke victims receive the drug treatment. About $290 million is spent annually for hospital stroke care in Indiana. This amount does not include the cost of physician care and therapy. Many people delay seeking treatment for a stroke because they do not know the symptoms, they do not think there is treatment available, or they seek coverage information from their insurer or health maintenance organization before seeking treatment. The measures to prevent stroke are similar to the measures to prevent heart disease and diabetes.

In response to questions by the Commission, Dr. Byrd stated the following:

- Expanding prevention measures would help more people than providing more treatment.
- Some rural hospitals lack the equipment and training to properly treat a stroke patient.
- Ways that information on stroke symptoms and prevention can reach the public include public advertising and physicians educating their patients.

Zach Cattell, Legislative Director, Indiana State Department of Health

Mr. Cattell stated that the Indiana State Department of Health (ISDH) and the Office of Medicaid Policy and Planning are working together to establish a disease management program for Medicaid patients. The program is developing diagnostic tools and a patient tracking system. It is expected that asthma will be added to the program in January of 2004 and stroke/hypertension in March 2004. The program recognizes the fact that to have better health outcomes diseases must be recognized and managed at an earlier and more treatable time.

Jennifer Cohn, RN, Stroke Coordinator, Clarian Health; Co-Chairperson, Community Outreach for Operation Stroke

Ms. Cohn stated that part of her job is to help people get their lives back together after they have had a stroke and start functional recovery. A stroke is a sudden event that can leave a victim without use of an entire side of their body, their voice, thoughts, or sight. After a person has had a stroke many medical tests are conducted to determine the cause of the stroke. Many stroke victims survive and, after a long recovery, live productive lives. Many people do not recognize the symptoms of a stroke. Strokes generally do not hurt and many people think that the symptoms they are confronting will go away naturally or after a nap. Stroke victims often delay treatment 6-12 hours.

Greg Poe, American Stroke Association

Mr. Poe stated that stroke is the third largest killer in America, only heart disease and cancer claim more lives. In financial terms, strokes cost the nation billions of dollars. In human terms, the suffering and death caused by a stroke is immeasurable. Operation Stroke is a joint effort by the American Stroke Association, healthcare professionals, the news media, stroke survivors, caregivers, and others to increase public and professional awareness and provide better treatment for strokes. Operation Stroke has focused on promoting a four step process to reduce disabilities and death from strokes. The four steps are:

1. Rapid recognition and reaction to stroke warning signs.
2. Rapid start of prehospital care.
3. Rapid emergency medical services (EMS) system transport and hospital pre-notification.
4. Rapid diagnosis and treatment at the hospital.

Stroke has clear warning signs but research indicates many Americans cannot name even one warning sign. The people most likely to have a stroke (i.e. seniors and minorities) are the least likely to recognize stroke warning signs. Other goals of Operation Stroke include the following:

- Educate EMS personnel to rapidly recognize stroke patients and transport them to primary stroke centers.
- Educate in-hospital healthcare professionals on the latest treatments.
- Motivate healthcare organizations to implement the Brain Attack Coalition's stroke center recommendations.
- Help hospitals to become primary stroke centers.

In response to Commission questions Mr. Poe distributed a pamphlet describing Operation Stroke (Exhibit #1) and described the symptoms for stroke (e.g. sudden numbness, change in speech, headaches, and sudden trouble seeing).

Charles Hiltunen, American Heart Association

Mr. Hiltunen stated that simple things can be done to educate the public about strokes and help healthcare professionals know the best treatment options. One measure would be to create a Stroke Prevention Task Force similar to the one proposed in SB 239-2003. SB 239 did not advance because of the fiscal impact associated with the members' per diems. There may be money available for a Stroke Prevention Task Force from various healthcare associations or the federal government.

The Commission discussed the fact that because Governor Frank O'Bannon had recently died from a stroke the General Assembly may look favorably on stroke prevention efforts.

The Chairperson adjourned the meeting at 2:05 p.m.