

Senate Finance Health and Medicaid Subcommittee
May 16, 2019

Office of Senator Bob D. Hackett
Chairman, Senate Finance Health and Medicaid Subcommittee
1 Capitol Square, 1st Floor
Columbus, OH 43215

Chairman Hackett, Vice Chair Huffman, Ranking Member Thomas, and members of the Senate Finance Health and Medicaid Subcommittee, thank you for the opportunity to provide written testimony in support of strengthening Ohio's system of stroke care.

My name is Jenny Tsai, and I am a Stroke Neurologist, and a Fellow in Endovascular Surgical Neuroradiology at the Cleveland Clinic. I offer this written testimony to you today in hopes of effectuating change in the way we deliver stroke care in the State of Ohio. I am advocating for an amendment to House Bill 166 that calls for updates to our EMS stroke protocols. These updates would direct particular attention to our patients with the most disabling type of stroke: an emergent large vessel occlusion, or "ELVO" – the equivalent of a severe, life-threatening heart attack in the brain.

When ELVO occurs, the patient is immediately struck by debilitating symptoms. The brain may lose up to millions of brain cells with each minute's delay from opening the occluded blood vessel. The appropriate treatment requires a specialized team and equipment, and not all facilities are capable of delivering it. When treatment for ELVO is timely and successful, we can undo some of its most disabling consequences; up to one in three patients may regain independence within months. Every minute counts. Accurate assessment and triage of every individual affected by ELVO, from the very beginning, is vital to help us bring them the best outcomes possible.

Currently, a hospital's certification of stroke-ready care can be one of three designations: an Acute Stroke Ready Center (ACS), a Primary Stroke Center (PSC) or a Comprehensive Stroke Center (CSC). Ohio has many Primary Stroke Centers, yet they do not have sufficient specialization to treat ELVO patients. Only Comprehensive Stroke Centers are capable of treating of these most severe strokes.

House Bill 464 in the 132nd General Assembly helped to update Ohio's stroke system of care in terms of credentialing hospitals based on their level of care, as outlined above. However, more can and should be done to ensure our fellow Ohioans receive the best available care. Statewide EMS stroke guidelines must continue to improve, as we must continue to educate local EMS providers on how to appropriately assess, triage, and direct our stroke patients. Knowing that we can change the course of this severe condition, it is no longer sufficient to take stroke patients indiscriminately to the closest hospital. Delivery of the optimal stroke care must start in the field.

EMS personnel already have access to a great manual of guidelines from the Ohio Emergency Medical, Fire, and Transportation Services Board. Adopting these or similar evidence-based guidelines in every community is an important next step, to help all stroke patients with ELVO in the State of Ohio reach the appropriate facility as early as possible, for the treatment that may save their lives.

With continuing improvements of our local EMS stroke protocols and on-going education for EMS providers, their medical directors, and local hospitals, we can make a difference. Today, stroke is the number one cause of disability and the fifth leading cause of death in America. With every small change in the right direction, one day it will not have to be.

Thank you again for the opportunity to provide written testimony on this important topic.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jenny P. Tsai', with a stylized flourish at the end.

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