25 May 2023

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HB 33 Proponent Testimony
Ohio Senate Finance Committee

Chairman Dolan, Vice Chair Cirino, Ranking Member Sykes, and other members of the Senate Finance Committee, I am Dr. B.J. Hicks, a vascular neurologist with OhioHealth, co-director of the Comprehensive Stroke Program at Riverside Methodist Hospital, and the immediate past chair of Central Ohio American Heart Association (AHA) Board of Directors, & President-Elect of the Midwest Regional AHA Board of Directors. Thank you for the opportunity to testify today in support of House Bill 33, which includes language from HB 22 which passed the House in the 134th GA by a vote of 90-1 and the 135th GA on March 29 with a vote of 93-1. The primary goal of House Bill 22 is to enhance and codify the participation in the stroke registry to maintain the quality of care and outcomes for patients hospitalized with stroke and TIA.[1]

Continued use of a statewide registry will help achieve this goal in a variety of ways, including:
- Enabling high caliber stroke research;
- Promoting stroke center designation;
- Supporting hospital level quality improvement; and
- Driving the creation of regional stroke systems.

Stroke is the fifth-leading cause of death and a leading cause of disability among Americans.[2] In an effort to reduce the burden of stroke by improving the quality of care delivered to stroke patients, stroke registries have been developed to measure and track acute stroke care. Clinical registries, which are databases of health information on specific clinical conditions, procedures, or populations, are used to capture data on clinically important events relevant to a particular population or condition. They can be integrated with electronic health records (EHRs) to directly support evaluation of care delivery and patient outcomes.

In 2003, the American Heart Association/American Stroke Association launched Get with The Guidelines (GWTG)® Stroke, a performance improvement program for hospitals [3] using a stroke registry to support its aims. GWTG-Stroke collects patient-level data on characteristics, diagnostic testing, treatments, adherence to quality measures, and in-hospital outcomes in patients hospitalized with stroke and transient ischemic attack (TIA). Collection of comprehensive, continuous stroke data supports data analysis and the development of interventions to improve stroke care. Currently, over 1,700 hospitals nationwide participate in GWTG-Stroke and data has been collected from over 2.5 million patient encounters[4] for stroke.

Presently, Ohio participates in the Ohio Coverdell Stroke Program. This data-driven quality improvement program for stroke treatment provides quality improvement resources to emergency medical service providers, hospital stroke teams and other healthcare providers. As a result, it voluntarily provides high quality stroke care to Ohioans. This program helps to support a reduction in the number of people who have recurrent strokes, stroke-related disabilities, or death.

This is part of the larger Paul Coverdell National Acute Stroke Program and is funded primarily by a grant from the U.S. Centers for Disease Control and Prevention (CDC). A total of ten state health departments currently receive

Coverdell grants from the CDC. That funding is not a guarantee, hence the need for the State of Ohio to codify the current best practice of utilizing a statewide stroke registry.

The State's quality improvement work is based on treatment data that participating hospitals report through the Get with the Guidelines®-Stroke (GTWG-Stroke), a nationwide stroke data collection and reporting platform supported by the American Heart Association/American Stroke Association (AHA/ASA). This data, collected in GWTG®-Stroke, provides vitally important information from each part of the stroke system of care, from the first report of symptoms through hospital treatment to stroke recovery.

Requiring that all Comprehensive Stroke Centers, Thrombectomy-Capable Stroke Centers or Primary Stroke Centers participate in a statewide stroke registry can illuminate problems that may exist in the stroke system of care. For example, the sample data may show poor patient education about stroke symptoms, geographical differences in the quality of stroke care received, or problems with adherence to stroke treatment guidelines. Such findings can then catalyze stakeholders to find solutions to the challenges encountered. Historical data from Maryland's stroke registry showed that some of the state's hospitals were reluctant to give tPA – a drug used to treat ischemic stroke – to stroke patients. Having identified this concern, stakeholders were able to investigate its cause and determined that these hospitals were wary of prepping tPA because of the drug's cost. Consequently, they developed a system where hospitals can return unused tPA to the manufacturer; this has promoted the delivery of tPA to stroke patients nationwide.[5]

It is for all the reasons listed above that I, and the American Heart Association, support the codification of the currently utilized best practice of a state stroke registry. This has, and will continue to, enhance the quality of stroke care and identify key risk factors for this devastating disease.

Specifically, we:
- Encourage policy makers to use patient-centered, evidence-based, broadly adopted stroke registries like GWTG-Stroke to meet the quality improvement and reporting requirements of federal programs and those enacted in healthcare reform.
- Encourage state officials to codify the use of our stroke registry to support high quality stroke systems of care and mandate reporting to them.

Thank you for your time and consideration in maintaining the provisions from House Bill 22 in HB 33.

SOURCES -
[1] American Heart Association: Get With the Guidelines-Stroke. Stroke Fact Sheet. 2012. available at:
https://www.heart.org/-/media/files/professional/quality-improvement/get-with-the-guidelines/get-with-the-guidelines-stroke/stroke-fact-sheet_-final_ucm_501842.pdf?la=en
[2]Go AS, et al. AHA Statistical Update, Heart Disease and Stroke Statistics – 2013, A Report from the American Heart Association. December 12, 2012. 2012 Sept 7;61:703-9.
[3]American Heart Association. Get With Guidelines-Stroke Overview, updated April 5, 2011, available at:
https://www.heart.org/en/professional/quality-improvement/get-with-the-guidelines/get-with-the-guidelines-stroke/get-with-the-guidelines-stroke-overview
[4]American Heart Association program statistics as of May 2013.
[5]Interviews with AHA state staff.