TRANSCRIPT

2023-02 HS-STATEWIDE STROKE SYSTEM

August 22, 2023

9:00 a.m. – 12:00 p.m.

MARY BRENNAN: Good morning. My name is Mary Brennan, and I am the Regulatory Affairs Officer for the Department of Health and Human Services. We are on the record today for MOAHR rule case number 2023-02 HS Statewide Stroke System. If you haven't signed in for this session, please do so before you leave today.

I would like to introduce our subject matter expert for this hearing starting to my left. Emily?

EMILY BERQUIST: Emily Berquist, State Division Administrator, Systems of Care - Stroke and STEMI

MARY BRENNAN: Thank you. Aaron?

AARON BROWN: Good morning, Aaron Brown, Systems of Care Coordinator.

MARY BRENNAN: Thank you. Katelyn?

KATELY SCHLABLE: Good morning. Katelyn Schlable, Department Manager, Systems of Care - Stroke and STEMI.

MARY BRENNAN: Thank you. And last but not least, Eileen?

EILEEN WORDEN: You know me. Eileen Worden, Section Manager. Systems of Care - Stroke and STEMI

MARY BRENNAN: Thank you. Some housekeeping matters: the restrooms are out the door, take a left, go down the ramp and make another quick left. If you would like to give testimony, please come up and speak at the podium. I will ask you to spell your name for purposes of the rule package. Your testimony will be recorded for purposes of a transcript. If you do not want to make a public comment, but just ask questions, you may do so, but the questions and answers will not become part of the record unless you want them to be.

For your convenience, I have placed two items on the board behind me. The first is the email box to send comments in the event of a 3:00 a.m. epiphany and you forgot to tell us. That is MDHHS-Adminrules-all one word- at michigan.gov. The second is the rule status website at the Administrative Rules Division LARA website: Https://ars.apps.lara.state.mi.us.

If there are no questions, let’s begin. If anyone wishes to make a comment, please come forward.

DR. ALEX CHEBL: Good morning, Ms. Brennan, Ms. Worden, and the Michigan Department of Health and Human Services EMS Systems of Care Section. My name is Dr. Alex Chebl, A-L-E-X C-H-E-B--L and I am testifying on behalf of the American Heart Association and the American Stroke Association. I am the Director of the Harris Complex Stroke at Henry Ford Health, and the Director of the Stroke and Vascular Neurology Division at Henry Ford Hospital, um, in the Department of Neurology where I've been since 2018. Prior to that I was Medical Director of Baptist Health Louisville, as well as the University of Louisville. I am a fellowship trained vascular interventional and neurological care neurologist. I've authored multiple manuscripts, scientific articles, book chapters in the subject of stroke. I have lectured nationally and internationally and I'm an active member of the Society of Vascular (inaudible) Neurology, where I was the founding Vice President, as well as a member of the American Heart Association and American Stroke Association. Most importantly, I am a passionate advocate for stroke prevention and treatment. Thank you for allowing me to speak today on the systems of care statewide stroke system proposed rules.

The American Heart Association will be celebrating 100, it's 100th year in 2024. The association is one of the nation's largest voluntary health care organizations with more than 35 million volunteers and supporters that seek to be a relentless force for (inaudible) of longer, healthier lives by prevention of stroke, and cardiovascular disease.

Stroke is the fifth leading cause of death and leading cause of adult disability in the United States. Worldwide, it is among the leading causes of death. 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 and clinically important events (inaudible) particular population or condition. They can be integrated in our electronic health records to directly support evaluation of care delivery and patient outcomes. Basically, they help us evaluate the quality of care we deliver and to improve that care. The American Heart Association and American Stroke Association strongly support efforts to enact a robust stroke systems of care framework in Michigan that addresses both stroke registries and facility designation. In this testimony I will be providing comments on behalf of the Associations and will provide specific change recommendations through submission of written testimony.

In 2003, the American Heart Association and American Stroke Association launched yet with the guidelines stroke, a performance improvement program for hospitals using a stroke registry to support its aims. Get With the Guidelines-Stroke collects patient level data on characteristics, diagnostic testing treatments, adherence to quality measures, and in-hospital outcomes in patients hospitalized with (inaudible) stroke and trans schematic attack or warning stroke. Collection of comprehensive continuous stroke data supports data analysis and involvement for intervention to improve stroke care. Currently, over 3, 850 hospitals nationwide participate with Get with the Guidelines-Stroke including 80 in the State of Michigan. And data has been

collected from over 10 million patient encounters for stroke, including nearly 250,000 in Michigan. We advise, under section 1(n), that MDHHS ensure data can be exported to the state database and allow exportation of state data to get with the guideline stroke. This would be similar to the national trauma databank. In Section 330.251, the Associations recommend changes to the definitions of accreditation and certification as the designation is used for the powers and duties of the Department. The language for accreditation and certification and verification could cause confusion.

For the definition of disciplinary action, we suggest including EMS agencies, as they may also fail to comply with the Code. The regional stroke advisory council and the statewide stroke care advisory subcommittee both pose ambiguity around their membership. For instance, is the American Heart Association considered a consumer under the regional stroke advisory council? For both the council and the subcommittee we recommend the definition include, inclusive of expertise in the specific field such as professional organization, with expertise in stroke systems of care. The State trauma committee has representation from Level 1 and 2 trauma hospitals certified by the American College of Surgery. At a minimum, we suggest a Level 1 CSC, or Level 2 TSC certified, and Level 3 PSC or Level 4 ASR. CSC IS comprehensive stroke center, TSC is thrombectomy stroke center, PSC is primary stroke center, and ASR is acute stroke ready. And, let's see, Level 4, administrative representation should be allowable.

Additionally, consideration should be given about a stroke nurse coordinator and get with the guidelines registrar, similar to the trauma committee. Under R 330.254(1)(a), the American Heart Association recommends the removal of the phrase "all-inclusive". This would indicate primary prevention through rehabilitation which can be construed as beyond the scope and capabilities of the Bureau. "All-inclusive" is used in trauma regulations but does this include sub-acute and rehabilitation? Would prevention and risk reduction consider things like hypertension smoking and stroke screenings?

In Section 1(e), AHA recommends the statement be modified because Michigan may have its own certification accredited or /accreditation based on the definition of verification used previously. The trauma rules, for instance, reference the American College of Surgeons. Section 1(i) states "to develop a statewide process for a statewide stroke center." This is similar to trauma but could create an issue(s). In Section (1)(n), there is a typo. It should likely read "the establishment of the regional stroke system does limit , does not limit the transfer or transport stroke patients between in regions of the State.

In Section 2, we recommend including the inclusion of EMS. For Section 4, AHA believe some of the activities suggested are not an efficient, cost-effective, and do not incorporate national standards like developing another registry and not adopting national certification standards. The state is already funded through Coverdell (Grant). And we believe this is a duplication of efforts.

To effectively effectuate a stroke system of care program in Michigan, it is necessary to interface with Get with the Guidelines-Stroke. We strongly support the changes mentioned to ensure we can best serve Michigan stroke patients and to save lives. Thank you for your time today and I will provide contact information for any questions you might have.

MARY E. BRENNAN: Thank you. Any further comments? Off the record.

MARY E BRENNAN: Back on the record. It is now 12:00 noon. The public hearing has ended.