

## **Department of Planning and Budget**

### **2018 Fiscal Impact Statement**

**1. Bill Number:** HB 1197ER

<b>House of Origin</b>	<input type="checkbox"/> Introduced	<input type="checkbox"/> Substitute	<input type="checkbox"/> Engrossed
<b>Second House</b>	<input type="checkbox"/> In Committee	<input type="checkbox"/> Substitute	<input checked="" type="checkbox"/> Enrolled

**2. Patron:** Garrett

**3. Committee:** Passed both Houses.

**4. Title:** Stroke care quality improvement.

**5. Summary:** Provides that the Department of Health shall be responsible for stroke care quality improvement initiatives in the Commonwealth. Such initiatives shall include (i) establishing systems to collect data and information about stroke care in the Commonwealth, (ii) facilitating information and data sharing and collaboration among hospitals and health care providers to improve the quality of stroke care in the Commonwealth, (iii) requiring the application of evidence-based treatment guidelines for transitioning patients to community-based follow-up care following acute treatment for stroke, and (iv) establishing a process for continuous quality improvement for the delivery of stroke care by the statewide system for stroke response and treatment. The bill also directs the Department of Health to convene a group of stakeholders, which shall include representatives of (a) hospital systems, including at least one hospital system with at least six or more stroke centers in the Commonwealth, recommended by the Virginia Hospital and Healthcare Association; (b) the Virginia Stroke Systems Task Force; and (c) the American Heart Association/American Stroke Association, to advise on the implementation of stroke care quality improvement initiatives. The provisions of the bill making the Department of Health responsible for stroke care quality improvement initiatives in the Commonwealth have a delayed effective date of January 1, 2019. This bill is identical to SB 867.

**6. Budget Amendment Necessary:** See item 8.

**7. Fiscal Impact Estimates:** Minimal, see item 8.

**8. Fiscal Implications:** This bill would have a minimal fiscal impact on the Commonwealth. The bill directs the Department of Health (VDH) to routinely analyze and share stroke care data with key stakeholders, and in collaboration with partners, develop and implement quality improvement initiatives to improve the range of stroke care from response, treatment, and recovery statewide. Currently the only staff member with the necessary skills available to perform the study is funded by the Center for Disease Control's Chronic Disease 1305 Project working on data requests; the activities associated with this bill are unallowable activities under the federal grant and therefore the additional workload cannot be absorbed by this position.

However, in 2017, VDH became a “super user” for the American Heart Association’s Get with the Guidelines (GWTG) data registry. As a “super user”, VDH can access the national database, pull data reports using the GWTG robust reporting feature, and share the data with the Virginia Stroke System Task Force (VSSTF) when they meet quarterly. Due to the quality of reports that are available from the GWTG and the ease to which the reports can be customized, the need for an additional epidemiologist is minimal. It is estimated that the provisions of the bill would require a tenth of an epidemiologist position estimated at 208 hours per year for an annual rate of \$15,415, which can be absorbed within existing resources.

**9. Specific Agency or Political Subdivisions Affected:** Department of Health.

**10. Technical Amendment Necessary:** No.

**11. Other Comments:** None.