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HOUSE JOINT RESOLUTION NO. 635

Offered January 10, 2007

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Directing the Joint Commission on Health Care to study stroke prevention and care across the Commonwealth. Report.

Patron—O'Bannon

Referred to Committee on Rules

WHEREAS, about 700,000 Americans each year suffer a new or recurrent stroke, meaning that, on average, someone in the United States suffers a stroke every 45 seconds; and

WHEREAS, stroke is the third leading cause of death in Virginia and the United States, responsible for about one out of every fifteen deaths; and

WHEREAS, stroke is a leading cause of serious long-term disability in the United States with about 4.8 million stroke survivors today; and

WHEREAS, Americans paid approximately \$58 billion dollars in 2006 for stroke-related medical and disability costs that may be reduced through improved response, diagnosis, and treatment for stroke; and

WHEREAS, the Institute of Medicine (IOM) of the National Academy of Science has concluded that the fragmentation of the delivery of health care services frequently results in sub-optimal treatment, safety concerns, and inefficient use of health care resources; and

WHEREAS, the IOM has recommended the establishment of coordinated systems of care that integrate preventative and treatment services and promote patient access to evidence-based care; and

WHEREAS, the American Stroke Association's "Recommendations for the Establishment of Stroke Systems of Care" maintains that a systems approach is necessary to effect true change in the way stroke is treated nationwide so that patients have access to the most advanced treatment in centers that are best designed and equipped to deal with the critical and time sensitive needs of stroke patients; and

WHEREAS, a stroke system should create or support (i) interaction and collaboration; (ii) organized, standardized approaches; (iii) performance measures and continuous quality improvement; (iv) effective prevention, treatment and rehabilitation of stroke; (v) best patient care despite geopolitical boundaries or corporate affiliations; and (vi) flexibility to best fit the needs of each region or locality; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Joint Commission on Health Care be directed to study stroke prevention and care across the Commonwealth. The Commission shall also develop strategies and policy recommendations to facilitate stroke prevention and care. Further, the Commission shall confer with health and medical professionals, representing geographically and demographically diverse areas of the Commonwealth, who specialize in the care and treatment of patients suffering new or recurrent strokes. Such professionals shall include (i) licensed practicing physicians in Virginia from each of the following fields: neurology; neuroradiology; emergency care; and internal medicine, general practice, or family practice; (ii) licensed practicing nurses; (iii) a hospital administrator who represents a small rural hospital actively involved in stroke care, and a hospital administrator who represents a hospital that is a certified Primary Stroke Center, upon the recommendation by the Virginia Hospital and Healthcare Association; (iv) representatives of the State Health Department's Office of Emergency Medical Services, and the manager of the Heart Disease and Stroke Prevention Project of the Division of Chronic Disease Prevention; (v) an administrator from a Commission on Accreditation of Rehabilitation Facilities (CARF)-accredited stroke rehabilitation facility; (vi) a stroke survivor or caregiver; (vii) a representative from the American Stroke Association; (viii) a representative of the Old Dominion Medical Society; (ix) representatives of the Virginia Hospital and Healthcare Association, the Medical Society of Virginia, and other stakeholders as appropriate.

In conducting its work, the Joint Commission on Health Care shall identify and propose solutions to address barriers to optimal stroke care, focusing on issues such as public awareness initiatives; emergency response protocols at facilities receiving stroke patients; primordial, primary, and secondary prevention of stroke; rehabilitation of stroke patients; continuous quality improvement initiatives; and availability of public support to treat indigent and uninsured stroke victims.

Technical assistance shall be provided to the Joint Commission on Health Care by the State Health Department. All agencies of the Commonwealth shall provide assistance to the Joint Commission on Health Care for this study, upon request.

The Joint Commission on Health Care shall complete its meetings by November 30, 2007, and the Chairman shall submit to the Division of Legislative Automated Systems an executive summary of its

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59 findings and recommendations no later than the first day of the 2008 Regular Session of the General
60 Assembly. The executive summary shall state whether the Joint Commission on Health Care intends to
61 submit to the General Assembly and the Governor a report of its findings and recommendations for
62 publication as a House or Senate document. The executive summary and report shall be submitted as
63 provided in the procedures of the Division of Legislative Automated Systems for the processing of
64 legislative documents and reports and shall be posted on the General Assembly's website.