

## Interim Health Services Committee

April 13, 2016

### Testimony

June Herman, Regional Vice President Advocacy  
American Heart Association

Good morning Chairman Lee and members of the Interim Health Services Committee. For the record, I am June Herman, Regional Vice President of Advocacy for the American Heart Association. I am here today to provide additional public comment relating to continuous improvement of quality of care for individuals with stroke, and any recommendations for future legislation

North Dakota is a model not just in the surrounding region but nationwide for its progress made in establishing a system based on quality of care performance measures. This could not have been achieved without the following:

- Commitment of participating stakeholders: medical providers and care coordinators from across the state, hospitals, rural health, EMS providers, 9-1-1, and especially the Division of Emergency Medical Systems within the Department of Health
- Commitment of the Executive and legislative branch in establishing both century code guidance and system funding support.



The Division of Emergency Medical Systems has addressed some the quality measures highlighting the stroke system progress, and we work with all stakeholders to not just bring the latest science and national care recommendations, but to also support North Dakota sharing its work to regional parties and in abstracts to the International Stroke Conference.

Today's agenda item requests both the quality reporting and recommendations for future legislation, which I wish to highlight with my comments.

- The century code language is well crafted, as a result of 2015 session work, and is a national model. No changes are needed at this time.
- However, stakeholders are tracking work being done on some of the following areas that could impact stroke work in North Dakota:
  - Expansion of telemedicine coverage – acute care and post-stroke (NDHIN group currently discussing expansion beyond the pilot NDPERS coverage)
  - Addressing first responder capacity in the rural areas of the state given the crisis in maintaining ambulance services, and solutions for quick response units to address time critical response.
  - Brain injury definition – to address post-stroke care, especially given the young and working age individuals being impacted by stroke. (2015 HB 1256).
  - Appropriation side of things: retaining the investment in the stroke system, EMS data platform for quality improvement, brain injury outreach support. Cardiac Ready Communities – a project that engages community leadership in strong cardiac and stroke capacity, and also looking to address the leading risk factor – hypertension (high blood pressure) through community efforts.

As stroke work continues to ensure the right care, within the right time at the right place, you may also be interested in the risk factor drivers for stroke which are highlighted in my attachments.



## Getting a Grip on High Blood Pressure

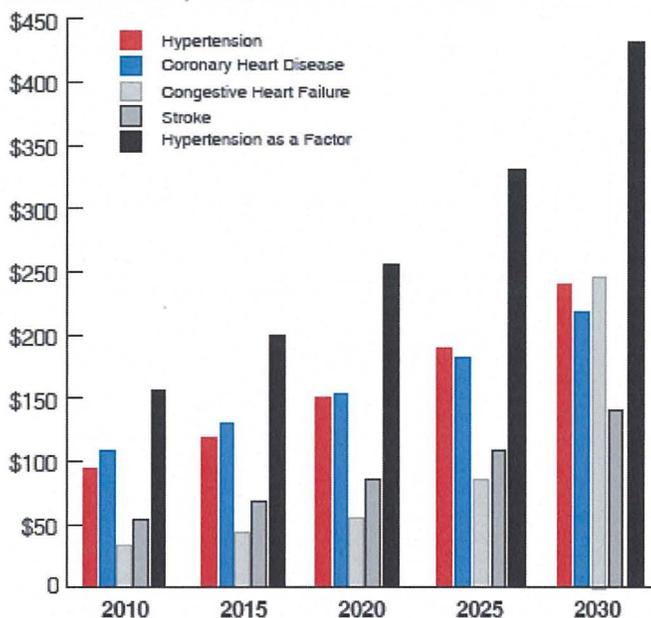
**One out of three Americans currently have hypertension—a silent killer that accounts for 18 percent of CVD deaths in Western countries. It is also a major risk factor for stroke, coronary heart disease, and heart failure.**

Hypertension is the most costly form of CVD. The total medical cost for hypertension makes it a particularly valuable target to reign in CVD's future costs.

Annual medical costs directly attributable to hypertension are projected to increase by \$130 billion over the next 20 years for a total projected annual cost of \$200 billion by 2030. And that is just scratching the surface. If the cost is expanded to include how much the presence of hypertension contributes to the treatment of related diseases, such as

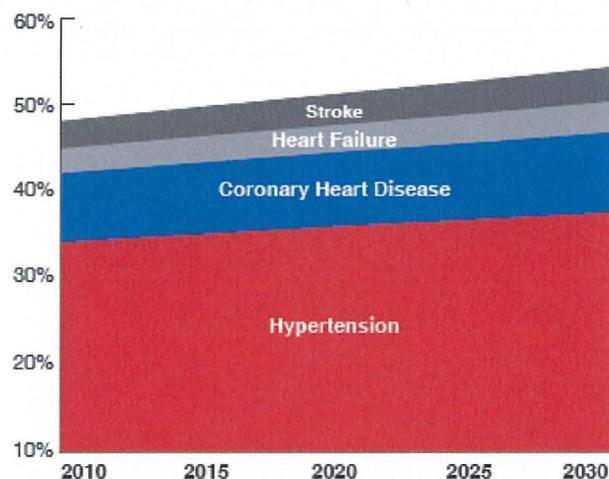
coronary heart disease and stroke, the increase of annual spending for 2010 to 2030 almost doubles.

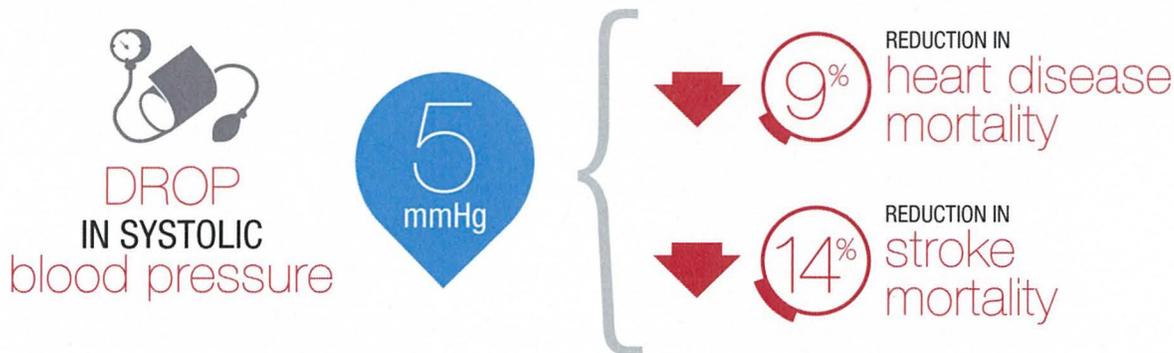
### Projected Direct and Indirect Costs of CVD In Dollar/Billions, 2010-2030



Hypertension as a risk factor includes a portion of the costs and prevalence of complications associated with hypertension, including heart failure, coronary heart disease, stroke, and other CVD.

### Projections of Cardiovascular Prevalence Percentage of U.S. Population, 2010-2030

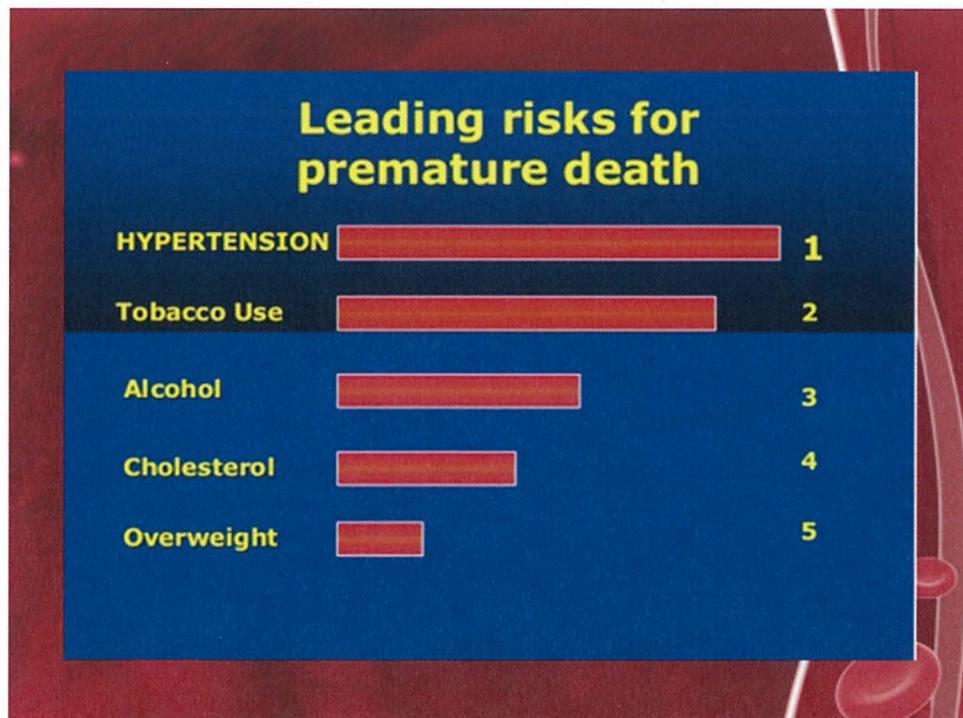




## WHAT DO THESE RESULTS MEAN?



Also, a 5mmHg reduction in systolic blood pressure would increase the prevalence of ideal blood pressure from 44.26% to 65.31%





**72% of all ND stroke cases are identified with HBP.**

- **81% of ND strokes are under age 85, with 1/3 of those strokes under age 65.**
- **Only 1% of those ND hypertension cases were being treated prior to stroke for HBP**

And the data says....

