

HQPC

Health Quality Planning Commission

December 13, 2012

MEMORANDUM

TO: 2013 Idaho Legislative Committees

FROM: J. Robert Polk, M.D., MPH, Chief Quality Officer, Vice-President Quality and Patient Safety, Saint Alphonsus Health System, Health Quality Planning Commission Chairman

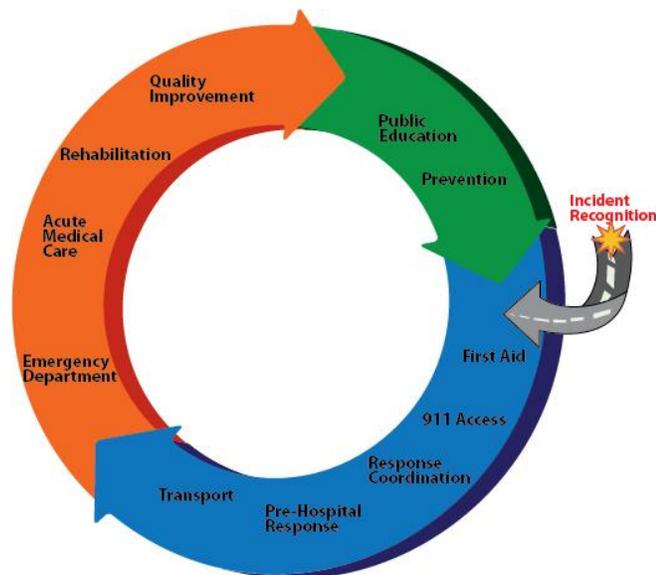
SUBJECT: Recommendation on time sensitive health conditions

The Health Quality Planning Commission (HQPC) is asking the legislature to adopt a concurrent resolution that will be introduced in the upcoming session. It will empower the Department of Health and Welfare to convene a workgroup to create an implementation plan and framework for a statewide system of care to address time sensitive health conditions. Time sensitive health conditions include trauma, stroke and heart attack. The implementation plan should include a phased approach to a system of care beginning with trauma, then adding stroke and heart attack.

History and Mission of the Health Quality Planning Commission: The HQPC was established by the legislature in 2006. The purpose of the HQPC is to promote improved quality of care, health outcomes, quality initiatives, and patient safety in Idaho through investment in health information technology and other means. The HQPC was further encouraged through Concurrent Resolution 39, passed during the 2010 legislative session, to investigate stroke care.

Description of a System of Care for Time Sensitive Health Conditions:

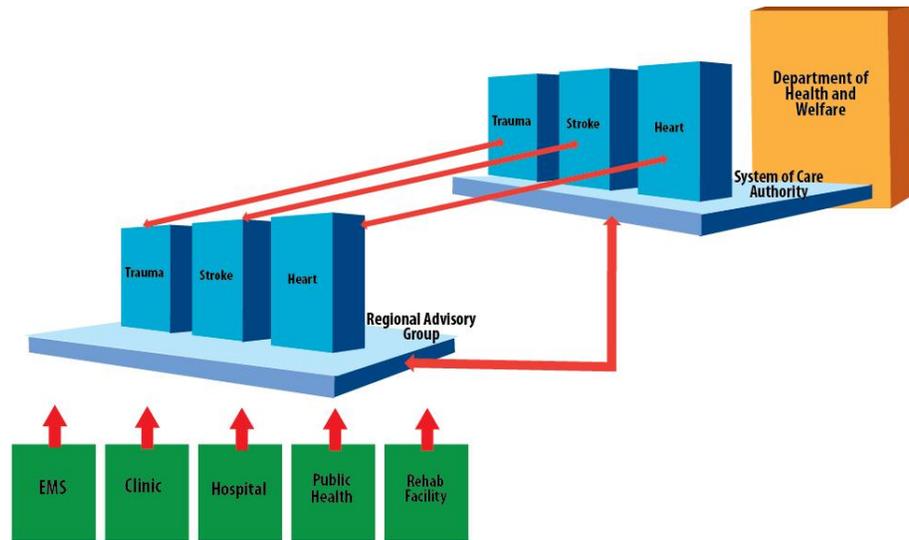
Using trauma as an example, a system of care is an organized, coordinated effort in a defined geographic area that delivers the full range of health care to all affected patients and is fully integrated with the local or regional emergency medical services (EMS) system. The value of a trauma system is that it can provide a seamless transition between and among each level of care, integrating existing community and regional resources to achieve improved patient outcomes. In Idaho, with its great geographic distances between health care facilities and regional referral centers, a trauma system is a cost effective way of making efficient use of Idaho's scarce health care resources and would bring much needed training to areas of the state where it has not been easily accessible in the past. A trauma system focuses on the broad spectrum of patient care



from prevention through the acute care phase of trauma, stabilization, resuscitation, definitive care and ultimately rehabilitation. This system can later be expanded, with the same advantages, to include care of patients with stroke and heart attack. Of note, all three conditions, trauma, stroke and heart attack, dictate the need for time sensitive interventions to produce successful outcomes.

A Statewide System of Care Will Improve the Health of Idahoans: The overall goal of a system of care for time sensitive health conditions is to enhance the community health and to ensure that all affected patients gain access to the appropriate level of care in a timely, coordinated and cost-effective manner. Creating an implementation plan to, at a later date, include stroke and heart attack in this same system of care model will ensure Idahoans receive the best care and avoid costly and life threatening emergencies.

Data collected by this system can offer many benefits. Using trauma as the example, in addition to improving patient care and lowering costs, data collected from the trauma registry, which is an integral part of a trauma system, can be used to help identify areas where improving



the delivery of trauma care through quality assurance/quality improvement activities would benefit Idahoans. Furthermore, this registry data is available for both pre- and post-intervention analysis to identify whether a given intervention results in a decrease in the occurrence of trauma or the need for trauma care. This would help to maximize the integrated delivery of optimal and often scarce medical resources and services to Idahoans and focus them where they are most needed.

Attached please find further supporting information about the known benefits of a system of care for each trauma, stroke and heart attack, data on each health condition, supporting documentation from other states on their experiences with these systems of care, and letters of support for this effort from the American College of Surgeons and the Idaho EMS Physician Commission.

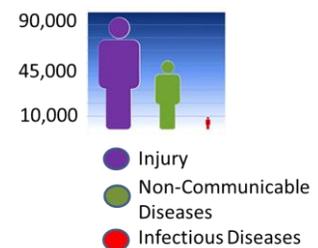
JRP/mt

Facts about Trauma, Stroke and Health Attack

Idaho currently does not have a comprehensive, coordinated, statewide system for gathering the relevant data on trauma, stroke and health attack. However, here is some of what we do know.

Current Facts about Trauma

1. Each year, trauma accounts for 37 million emergency department visits and 2.6 million hospital admissions and kills three times the number of Americans killed during the Vietnam conflict. (Centers for Disease Control and Prevention, April 2012, found at: www.nationaltraumainstitute.org.)
2. Rural Residents are 50% more likely to die from trauma than their urban peers. (Gonzalez, R.P., Cummings, G., Mulekar, M., Roding, C.B. 2006, Increased Mortality in Rural Vehicular Trauma: Identifying Contributing Factors Through Data Linkage. *Journal of Trauma Injury, Infection, and Critical Care*, 61(2), 404-409.)
3. In 2010, 647 Idahoans lost their lives to unintentional injury. (Vital Statistics Summary for Idaho – 2010. Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare, September 2011.)
4. Trauma is the leading cause of death of children in the United States. (National Trauma Institute, *The Case for Trauma Funding*, www.nationaltraumainstitute.org)
5. Idaho has a higher death rate from trauma than the national average, 43% versus 41%. (Idaho Vital Statistics 2009, Idaho Department of Health and Welfare, Division of Health, Bureau of Vital Records and Health Statistics, January 2011.)
6. Trauma is the number cause of death for age group 1-44, or 47% of all deaths in this age range. (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. Accessed April 11, 2012.)



Current Facts about Stroke

1. Stroke was the 5th leading cause of death in Idaho in 2006-2010 and was responsible for the deaths of 641 Idahoans in 2010. (CDC WISQARS (www.cdc.gov/ncipc/wisqars, Accessed 12/5/2012)
2. Stroke was the 10th leading cause of disability reported in the U.S. in 2005. (Centers for Disease Control and Prevention. Prevalence and Most Common Causes of Disability Among Adults ---- United States, 2005. Available at <http://www.cdc.gov/mmwrhtml/mm5816a2.htm/>.)

3. Idaho's death rate due to stroke for adults aged 35+ is 81.4 per 100,000 compared to the national rate of 78.6 per 100,000, 3.6% higher than the national rate.
(<http://apps.nccd.cdc.gov/DHDSPAtlas/reports.aspx>)
4. Idaho has two hospitals that have completed their Joint Commission Primary Stroke center Certification, with another two hospitals in process. (Personal Communication. April Dunham, DHW Heart Disease and Stroke Prevention Program. 12/5/2012)
5. It is estimated that stroke costs the nation \$54 billion annually, including the cost of health services, medications, and lost productivity. (Personal Communication. April Dunham, DHW Heart Disease and Stroke Prevention Program. 12/5/2012)

Current Facts about Heart Attack

1. Heart disease, including STEMI, was the 2nd leading cause of death in Idaho in 2006-2010 lead only by cancer. (CDC WISQARS (www.cdc.gov/ncipc/wisqars/) Accessed 12/5/2012)
2. Idaho's death rate due to heart attack for adults aged 35+ is 93.3 per 100,000 compared to the national rate of 77.5 per 100,000, an alarming 20% higher than the national rate.
(<http://apps.nccd.cdc.gov/DHDSPAtlas/reports.aspx>)
3. Heart disease was the 3rd leading cause of disability reported in the U.S. in 2005 (Centers for Disease Control and Prevention. Prevalence and Most Common Causes of Disability Among Adults ---- United States, 2005. Available at <http://www.cdc.gov/mmwrhtml/mm5816a2.htm/>)