



American Heart Association | American Stroke Association

Learn and Live.

Serving Hawaii

LATE

Testimony on HB 1482, HD1 "RELATING TO HEALTH"

The American Heart Association/American Stroke Association strongly supports HB 1482, "Relating to Health."

The AHA/ASA collaborated with hospitals throughout the state and with representatives of the Department of Health to reach consensus of agreement on the proposal. The bill is designed to lay the foundation needed to address improvements in the stroke system of care in Hawaii.

Among other things, the bill would require the DOH to collect and compile stroke patient data from hospitals in the state and compile it into a registry. Since funding might be an issue for the DOH, the AHA has identified that the DOH could accomplish that requirement by becoming a "super-user" account under the AHA's Get With The Guidelines-Stroke program (at an annual cost of approximately \$2,000). Acute stroke care hospitals in Hawaii use the Get With The Guidelines-Stroke quality improvement program as both a way to optimize patient care and also as a way to qualify for Medicaid reimbursement. As a super-user account, the DOH would have access to a systematic collection and recording of data pertaining to stroke patients treated at a given hospitals throughout the state. It would include data that ranges from length of time taken to transport patients by ambulance to the emergency room, to the final outcome of treatments provided by the hospital. Quality Improvement strategies could focus on improvement in: Emergency Medical Services (EMS) care, rapid diagnosis and treatment in the Emergency Department, prevention of stroke complications, and prevention of a secondary stroke. The stroke registry could assist hospitals and the State in their initiatives to provide professional and public education, improve documentation practices, modify or introduce stroke standing orders, and create other systems and policy changes within their institutions. The DOH would serve as a neutral entity housing the registry.

Other possible goals that could be achieved through a data registry include:

- Increase quality improvement through collaborative efforts among participant hospitals.
- Lower the stroke morbidity experienced in Hawaii.
- Enhance the effectiveness of secondary care and prevent recurrent strokes.
- Develop protocols to guide physician care with effective stroke management.
- Develop effective methods to care for acute stroke patients.

The bills would also require the DOH to use nationally-recognized accreditation criteria to designate hospitals by the level of stroke care that they are capable of achieving. That would help the State EMS Department to develop stroke patient transfer protocols to insure that patients are delivered to hospitals that can deliver the optimal

Serving Hawaii since 1948

For information on the AHA's educational or research programs, contact your nearest AHA office, or visit our web site at www.americanheart.org or e-mail us at hawaii@heart.org

Oahu:
677 Ala Moana Blvd., Ste. 600
Honolulu, HI 96813-5485
Phone: 808-538-7021
Fax: 808-538-3443

Maui County:
Phone: 808-224-7185
Fax: 808-224-7220

Hawaii:
Phone: 808-961-2825
Fax: 808-961-2827

Kauai:
(Served by Oahu office)
Phone: 866-205-3256
Fax: 808-538-3443

*"Building healthier lives,
free of cardiovascular
diseases and stroke."*

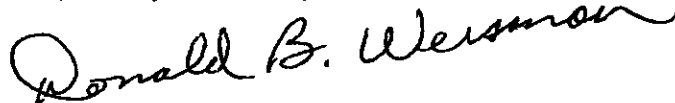
care depending on factors including geographic location, transport time, CT scan availability, etc. Having the state recognize national accreditation criteria would insure that hospitals don't self-select their level of designation, and insure that EMS patient delivery protocols are based on technical ability, not economic factors.

The AHA/ASA supports the establishment of a state stroke data registry, and of designation of primary stroke centers as two of its national policy priorities. The AHA serves as a neutral party in bringing together sometimes competing hospitals and other business entities to agree on legislation such as the bill being considered.

Stroke is the third leading cause of death in Hawaii. Nationally it has declined to the fourth leading cause of death, so Hawaii is falling behind the nation in the quality of stroke care it offers to stroke patients. Stroke is also the leading cause of major disability in Hawaii. It is imperative that a coordinated effort be enlisted to address weaknesses in Hawaii's stroke system of care, and to better insure that stroke patients are provided the optimal care, based on current stroke treatment guidelines, regardless of their geographic location in the state, or the time of day which their stroke occurs.

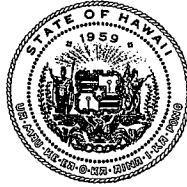
The American Heart Association urges your strong support of HB 1482, HD1 as a way to improve Hawaii stroke system of care, and to insure that all Hawaii stroke patients are provided access to optimal stroke care.

Respectfully submitted,



Donald B. Weisman

Hawaii Government Relations/Mission:Lifeline Director



LATE

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

HB1482,HD1, RELATING TO HEALTH

**Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.
Director of Health**

**February 25, 2013
2:30 PM, Room 325**

1 **Department's Position:** COMMENTS.

2 **Fiscal Implications:** The Department of Health (DOH) currently does not have funding to support a
3 comprehensive stroke system of care as described in this measure.

4 **Purpose and Justification:** The purpose of HB1482,HD1 is to establish a state stroke care system
5 wherein the Department of Health (DOH) approves, recognizes, and publishes online the qualifications
6 of various facilities in meeting nationally recognized standards for stroke treatment.

7 Although in strong support of the concept of a statewide comprehensive stroke system, DOH
8 respectfully requests further study on the matter. We understand there are similar models in other states,
9 but resist being given this authority until the following issues can be clarified:

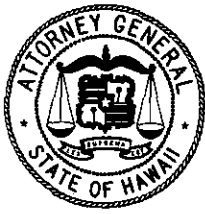
- 10 1) Liability – the extent to which the State of Hawaii will be liable for the accuracy, completeness,
11 timeliness, and appropriate use of information regarding the self-reported stroke treatment
12 qualifications of private hospitals;
- 13 2) Cost – the level of appropriation required to implement and maintain this new regulatory and
14 enforcement authority;

- 1 3) Medical expertise – the capacity, or lack thereof, of the DOH to make a judgment on the
2 appropriateness of one guideline or the other, including evidence of its adoption, application, and
3 compliance in actual medical practice; and
- 4 4) Codification of standards – the appropriateness of codifying in such specificity the standards by
5 which stroke center classifications are defined, as opposed to the flexibility granted by
6 memorandums of agreements to keep pace with changes in standards of care.

7 We understand from discussions with stakeholders that the intent of this bill is not to involve
8 government in healthcare decisions best left to the private healthcare space and therefore request a
9 concurrent resolution in place of HB1482,HD1 to accomplish the following:

- 10 1) Establish a statewide stroke task force delivering its findings no later than Opening Day of the
11 2015 Legislature;
- 12 2) Conduct a needs assessment, in particular assuring that Neighbor Islands issues are adequately
13 addressed;
- 14 3) Identify epidemiological, social, economic, geographic, linguistic, and environmental barriers to
15 quality care for stroke patients;
- 16 4) Compare and contrast national and international models, best practices, guidelines, and standards
17 of care;
- 18 5) Develop a method of evaluation;
- 19 6) Refine the collection, analysis, and use of a data, including a stroke registry;
- 20 7) Propose a legal framework that supports Continuous Quality Improvement among all Hawaii's
21 stroke care continuum;
- 22 8) Assure alignment with the State's Healthcare Transformation priorities, including the Affordable
23 Care Act and Meaningful Use of Health Information Technology;

- 1 9) Develop a plan to implement a stroke system of care that sets benchmarks, milestones, and mid-
2 and long-term objectives; and
- 3 10) Recommend an adequate appropriation amount for any new responsibilities created for the DOH.
- 4 In the absence of a resolution in lieu of this bill, the DOH requests HB1482,HD1 be amended to include
5 an appropriation and expending authority for DOH.
- 6 Thank you for the opportunity to testify on this important community health matter.



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
TWENTY-SEVENTH LEGISLATURE, 2013**

ON THE FOLLOWING MEASURE:

H.B. NO. 1482, H.D. 1, RELATING TO HEALTH.

BEFORE THE:

HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

LATE

DATE: Monday, February 25, 2013

TIME: 2:30 p.m.

LOCATION: State Capitol, Room 325

TESTIFIER(S): David M. Louie, Attorney General, or
Ann Andreas, Deputy Attorney General

Chair McKelvey and Members of the Committee:

The Department of the Attorney General provides the following comments on this bill.

The purpose of this bill is to create a new part in chapter 323, Hawaii Revised Statutes, that would: (1) require the Department of Health (DOH) to recognize hospitals or health care facilities that meet the criteria for three levels of stroke care, (2) publish a list of recognized hospitals and health care facilities and their levels of recognition, and (3) establish a statewide stroke database.

While the general powers and duties of the DOH do not encompass establishing clinical standards of care, this bill moves the DOH into that role, creating the potential for the DOH's exposure to significant liability. This bill requires the DOH to recognize three classifications of stroke care programs. Each of the classifications reference criteria specified by the American Heart Association, the American Stroke Association, or the Brain Attack Coalition. In addition, at page 7, lines 5-8, this bill allows the DOH to accept an accreditation or certification from the Joint Commission, or "other nationally recognized organizations that use criteria consistent with the American Heart Association, the American Stroke Association or the Brain Attack Coalition's criteria." The lack of specificity as to the standard by which the DOH will be expected to determine the level of stroke care provided by a facility can be expected to create opportunities for at least confusion, inconsistency, and ambiguity as the DOH proceeds with implementation of the bill, and possibly liability for the State if the DOH's actions or inability to act contributed to a stroke patient's injury or death.

At page 9, lines 6-9, this bill also requires the DOH to “adopt standardized pre-hospital stroke-triage assessment guidelines for use by recognized stroke centers and emergency medical services and publish the guidelines on its website.” This provision is so vague that it can be read as a mandate to redefine emergency medical services standards of care without providing any criteria as to what those standards should be.

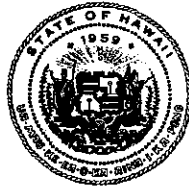
The Department of the Attorney General has concerns that this bill creates a “regulatory” scheme, but provides no enforcement authority for the DOH. The lack of a fully developed regulatory scheme also contributes to the potential for significant liability. For example, at page 6, lines 13-17, this bill requires the hospital or health care facility seeking recognition to submit an application to the DOH without allowing the DOH to specify the contents of the application or the documentation required to support the application. The bill fails to give the DOH any authority to require additional documentation or investigate the facility seeking recognition. In fact, if the facility submits documentation of its accreditation or certification from American Heart Association, American Stroke Association, or Brain Attack Coalition, this bill requires the DOH to presume that the facility meets the classification criteria set forth in the bill. Because these organizations and the Joint Commission issue such accreditations or certifications, the DOH’s determination that a facility meets the criteria for a certain level of recognition does not appear to be necessary or meaningful. The bill, however, allows recognized hospitals and health care facilities to advertise to the public their “state-approved status” and “state level recognition.” Page 8, line 13.

The bill does not give the DOH any authority to enforce this regulatory scheme. As set forth on page 7, lines 19-22, the only information that the DOH receives about a recognized facility’s current status is an annual self-report by affidavit of its chief executive officer that the facility “continues to meet” the necessary criteria. If the facility fails to meet criteria for recognition for more than six weeks or chooses not to maintain its recognition, it self-reports that failure or choice to the DOH. See page 8, lines 1-4. The bill, however, does not specify any process for removal the facility’s name from the DOH’s list of recognized facilities. Other common aspects of a regulatory scheme are missing from this bill. The bill does not specify a complaint report and resolution process or authorize the DOH to establish such a process by rulemaking. The DOH has no authority to suspend or revoke any facility’s level of recognition.

The bill involves the DOH in improvement of care for stroke patients by mandating that the DOH require both recognized stroke centers and emergency medical services to demonstrate effective use of unspecified recommendations and clinical practice guidelines and maintain quality assurance programs that include performance measurements and improvement activities. See page 9, lines 11-16. The performance measurements will have to be consistent with nationally recognized guidelines such as those published by the American Heart Association or the Joint Commission, and reported to the DOH. Again, the lack of a specific standard creates ambiguity, and the lack of any enforcement powers means that the DOH will be collecting information that will not lead to remedial action.

In prior testimony on this bill's companion measure, the Director of Health expressed "some concerns over what liability the State may incur as an ostensible certifier of the quality of medical practice and policy." The Director's concern is well founded. If a stroke patient suffered a serious adverse outcome at a hospital or health care facility recognized by the DOH as providing a certain level of care to stroke patients and if the care provided actually failed to meet the criteria for the recognized level of care, the DOH could be exposed to significant liability for the adverse outcome.

Accordingly, the Department of the Attorney General respectfully requests that the Committee hold this bill.



STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

HB1482,HD1, RELATING TO HEALTH

Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.
Director of Health

February 25, 2013
2:30 PM, Room 325

1 **Department's Position:** COMMENTS.

2 **Fiscal Implications:** The Department of Health (DOH) currently does not have funding to support a
3 comprehensive stroke system of care as described in this measure.

4 **Purpose and Justification:** The purpose of HB1482,HD1 is to establish a state stroke care system
5 wherein the Department of Health (DOH) approves, recognizes, and publishes online the qualifications
6 of various facilities in meeting nationally recognized standards for stroke treatment.

7 Although in strong support of the concept of a statewide comprehensive stroke system, DOH
8 respectfully requests further study on the matter. We understand there are similar models in other states,
9 but resist being given this authority until the following issues can be clarified:

- 10 1) Liability – the extent to which the State of Hawaii will be liable for the accuracy, completeness,
11 timeliness, and appropriate use of information regarding the self-reported stroke treatment
12 qualifications of private hospitals;
- 13 2) Cost – the level of appropriation required to implement and maintain this new regulatory and
14 enforcement authority;

- 1 3) Medical expertise – the capacity, or lack thereof, of the DOH to make a judgment on the
2 appropriateness of one guideline or the other, including evidence of its adoption, application, and
3 compliance in actual medical practice; and
- 4 4) Codification of standards – the appropriateness of codifying in such specificity the standards by
5 which stroke center classifications are defined, as opposed to the flexibility granted by
6 memorandums of agreements to keep pace with changes in standards of care.

7 We understand from discussions with stakeholders that the intent of this bill is not to involve
8 government in healthcare decisions best left to the private healthcare space and therefore request a
9 concurrent resolution in place of HB1482,HD1 to accomplish the following:

- 10 1) Establish a statewide stroke task force delivering its findings no later than Opening Day of the
11 2015 Legislature;
- 12 2) Conduct a needs assessment, in particular assuring that Neighbor Islands issues are adequately
13 addressed;
- 14 3) Identify epidemiological, social, economic, geographic, linguistic, and environmental barriers to
15 quality care for stroke patients;
- 16 4) Compare and contrast national and international models, best practices, guidelines, and standards
17 of care;
- 18 5) Develop a method of evaluation;
- 19 6) Refine the collection, analysis, and use of a data, including a stroke registry;
- 20 7) Propose a legal framework that supports Continuous Quality Improvement among all Hawaii's
21 stroke care continuum;
- 22 8) Assure alignment with the State's Healthcare Transformation priorities, including the Affordable
23 Care Act and Meaningful Use of Health Information Technology;

1 9) Develop a plan to implement a stroke system of care that sets benchmarks, milestones, and mid-
2 and long-term objectives; and

3 10) Recommend an adequate appropriation amount for any new responsibilities created for the DOH.

4 In the absence of a resolution in lieu of this bill, the DOH requests HB1482,HD1 be amended to include
5 an appropriation and expending authority for DOH.

6 Thank you for the opportunity to testify on this important community health matter.