

# **The State of Heart Disease and Stroke Care in Utah**

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# A Framework for this Discussion

Two Quotes from Quality  
Improvement Literature:

*“Good Enough Never Is!”*

*“Quality is a Journey, Not  
a Destination!”*

# Let's Talk DATA

- Utah is outstanding in this area!
- 27 % of US physicians using E.H.R.s in 2005 (in Health Affairs)
- 17% in 2008 study (in NEJM)
- Utah: 57% of PC, 27% of S-Sp.;  
Overall = 48% (HealthInsight-2008)  
(very few using all features)

# Let's Talk DATA

- Leader in E-billing (U.H.I.N.).
- Progress on the C.H.I.E.  
(Computerized Health Information Exchange)

# The State of Heart Disease and Stroke Care in Utah

Is Heart Disease  
And Stroke  
A Problem in Utah?

# The State of Heart Disease and Stroke Care in Utah

The Myth: Utahans  
don't smoke so they  
don't have cardio-  
vascular disease!

# The State of Heart Disease and Stroke Care in Utah

## The Facts: for Utah

- #1 Cause of Death:  
Cardiovascular Disease
- #3 Cause of Death: Stroke

# The State of Heart Disease and Stroke Care in Utah

## The Facts: compared to US

CVD Mortality (2003):

US = 306.1 deaths/100,000

UT = 250.5 deaths/100,000

“2010” Target = 162/100,000

# The State of Heart Disease and Stroke Care in Utah

## The Facts: compared to US

Stroke Mortality (2003):

US = 53.5 deaths/100,000

UT = 53.1 deaths/100,000

# The State of Heart Disease and Stroke Care in Utah

The Facts: also reveal disparities!

CVD Mortality (2003):

UT = 250.5 deaths/100,000

Rural UT = 230.2/100,000

Urban UT = 245.7/100,000

Frontier UT = 260.8/100,000

# The State of Heart Disease and Stroke Care in Utah

The Facts: also reveal disparities!

CVD Hospitalizations (2003):

UT = 113.7/10,000 (US = 209/10,000)

Overall Hosp. rate has decreased by 27%  
from 1996 – 2005, but;

Men = 138.8/10,000

Women = 85.5/10,000

# The State of Heart Disease and Stroke Care in Utah

The Facts: also reveal disparities!

Stroke Mortality (2003):

UT = 53.1 deaths/100,000

Rural UT = 47.9/100,000

Frontier UT = 50.2/100,000

Urban UT = 52.4/100,000

# The State of Heart Disease and Stroke Care in Utah

The Facts: also reveal disparities!

Stroke Mortality (2003):

UT = 53.1 deaths/100,000

Men = 46.4/100,000

Women = 54.4/100,000

# The State of Heart Disease and Stroke Care in Utah

What are we doing about this?

The Good News:

Certified Stroke Centers in 2003 = 0!

Certified Stroke Centers in 2007 = 4!

And, 7 hospitals have developed telestroke capabilities.

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What are we doing about this?

The Good News:

% of Ischemic stroke patients  
receiving rt-PA = 0.7% in 2001.

% of Ischemic stroke patients  
receiving rt-PA = 1.5% in 2005.

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What are we doing about this?

The Good News:

Improving EMS response by developing certification guidelines for “Stroke Receiving Facilities” as part of a hub and spoke system of care.

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“Stroke Receiving Facilities” – must have:

- 24/7 ED with a RN authorized to begin stroke protocol;
- standardized meds/forms/protocols in “Stroke Box;”
- 24/7 MD staff availability who are trained and willing to treat acute stroke and available to the bedside within 10-20 minutes of patient arrival;
- call roster of MDs trained to treat strokes; phone consultation with hub hospital stroke expert available 24/7;

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“Stroke Receiving Facilities” – must have:

- 24/7 CT availability (completed and interpreted within 45 minutes) by radiologist, neurologist, or neurosurgeon, or by teleradiology;
- 24/7 lab for CBC, BMP, PT/PTT/INR completed within 45 minutes;
- standardized stroke scales and stroke treatment protocols, including T-PA; and,
- Stroke coordinator in hospital to collect and submit standardized data regularly to State Stroke System Coordinator.

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Overall Goal for a system of Certified Stroke Centers and Stroke Receiving Facilities is to reduce the “door to needle” time of patients with acute ischemic strokes who may benefit from thrombolysis.

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## Similar Approach for ST Elevation

### M.I. (STEMI)

- Have standardized prehospital protocols.
- Have standardized evaluation and treatment expectations.

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## Similar Approach for STEMI

- Have standardized ED “STEMI box” meds and forms/documentation.
- Have standardized hospital data collection form for submission to State STEMI coordinator.

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What are we doing about this?

The Good News: **BP Control**

Insured Utahans: 41.4% in 1999

72.1% in 2005

Medicaid: 46.5% in 1999

70.6% in 2005

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But,

% of Population with Hypertension

<u>Year</u>	<u>US</u>	<u>UT</u>
1995	23%	19.2%
2005	25.7%	21.5%

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And, there are always  
opportunities to improve!

# The State of Heart Disease and Stroke Care in Utah

In 2005, % of Utahans who knew the:  
Signs/symptoms of Heart Attack =  
34.9%

Signs/symptoms of Stroke =  
47.5%

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Obesity rates for Utahans:

1996 = 51.9%

2007 = 62.1%

(A “GROWING” problem!)

# The State of Heart Disease and Stroke Care in Utah

Diabetes rates for Utahans:

1996 = 3.7%

2005 = 6.5%

# The State of Heart Disease and Stroke Care in Utah

Dx of high Cholesterol in Utahans:

1999 = 16.5%

2005 = 24.9%

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## Hospital Process of Care Measures:

<u>Measure</u>	<u>US</u>	<u>UT</u>
M.I. pts. given ASA at discharge.	91%	87%
M.I. pts. given ACE or ARB for LVSD.	88%	83%
M.I. pts. given B-blocker at discharge.	92%	91%

# The State of Heart Disease and Stroke Care in Utah

And now, I will share the secret to our successes in improving care for heart attack and stroke victims in Utah!

# The State of Heart Disease and Stroke Care in Utah

The secret is:

**YOU!**

Thank You!