



Telestroke: Improving Access to Quality Stroke Care

OUR POSITION

The undersigned organizations strongly support the Furthering Access to Stroke Telemedicine Act – the FAST Act -- and urge Congress to pass this important legislation. This legislation would help ensure that Medicare beneficiaries who have a stroke receive high quality care as quickly as possible, regardless of where they live.

SUPPORTERS

- Alliance for Connected Care
- American Academy of Neurology
- American Association of Neurological Surgeons
- American Heart Association/ American Stroke Association
- American Telemedicine Association
- Congress of Neurological Surgeons
- National Stroke Association

Time is of the essence in treating stroke. The use of telemedicine in the treatment of stroke – commonly referred to as “telestroke” – has proven highly effective in improving patient access to quality stroke care. But there are a number of barriers that rob patients of the treatments that can improve their lives and prevent long-term disability, including lengthy travel times to primary stroke centers and a shortage of neurologists.

REMOVING TELESTROKE BARRIERS

Our organizations support the FAST Act (H.R. 1148 / S. 431), legislation that would address an important barrier to the expansion of telestroke services: lack of Medicare reimbursement for telestroke services when the patient originates in an urban or suburban area. Approximately 94 percent of all strokes occur in an urban or suburban area, and the Medicare beneficiaries who live in these areas also deserve access to the improved care that telestroke provides. Under this legislation, Medicare would reimburse for the telestroke consultation regardless of the location of the hospital where the patient presents with stroke symptoms; however, the existing originating site facility fee would not apply.

WHY THIS LEGISLATION IS NEEDED

- Stroke is the nation's No. 5 killer, a leading cause of long-term disability, and the 2nd leading cause of dementia. About two-thirds of the total hospitalizations for stroke occur among adults ages 65 and older.
- The recommended treatment for acute stroke, the clot-dissolving drug tPA, is now available to treat the most common type of stroke, but only 3-5 percent of eligible stroke patients receive it. Thrombolytic therapy has been shown to reduce disability from stroke significantly if administered as soon as possible within the first 3 to 4-1/2 hours after symptom onset.
- Forty (40) percent of Medicare beneficiaries reside in counties where hospitals administer tPA at a rate below the national average treatment rate of 2.4 percent.
- Telestroke has significantly increased the percentage of patients receiving thrombolytic therapy in hospitals using telemedicine, with outcomes comparable to those achieved in conventional tertiary care hospitals. One recent study of four urban hospitals with low tPA treatment rates found that the utilization of thrombolytic therapy increased by two to six times after telestroke was implemented.

To become a cosponsor of the FAST Act, please email Kristin Seum with Rep. Morgan Griffith (Kristin.Seum@mail.house.gov) or Dennis D'Aquila with Sen. John Thune (Dennis_D'Aquila@thune.senate.gov).