

Telestroke

Time is of the essence when treating a stroke. Getting to the hospital when suffering a stroke is critical and can be a matter of life or death. Some people may not have access to timely care which can be a factor in long term disability.

Telestroke, is the use of interactive telemedicine that gives patients access to quality stroke care. Specialists are provided with timely data of the patient at bedside, and then will be able to assist distant neurologist who are available around the clock to make critical life saving decisions.



Telestroke care has proven to be effective in urban areas throughout the United States, however, adoption has been inconsistent for several reasons, including how providers would get reimbursed for such services, limitations about which services can be reimbursed for Telehealth, and restrictions on where patients can receive the Telehealth treatments.

A study initiated by the Cleveland Clinic has found that stroke patients can be treated more quickly and effectively if the first responder has telemedicine access to a neurologist.

Researchers reported a door-to-CT rate of 13 minutes on average and a door-to-intravenous thrombolysis (IV-tPA administration) rate of 32 minutes on average through the use of a mobile stroke treatment unit. Under normal circumstances, where a patient exhibiting signs of a stroke is rushed to the nearest hospital, those rates average 18 minutes and 58 minutes, respectively. According to Brett M. Kissela, MD, MS, a Fellow of the American Academy of Neurology, “time is brain” when it comes to stroke evaluation and treatment.

Stroke guidelines outline exacting time goals for doing things such as administering tPA (tissue plasminogen activator) medication within 3 to 4.5 hours, depending on the patient, and interpreting CT scans within 45 minutes of arrival. If a hospital doesn't have a stroke specialist on-site, such goals are harder to meet.

Legislation is Needed for Telestroke

With strokes on the rise with younger adults, having access to critical neurological care can bridge the gap of time when the clot-dissolving drug TPA needs to be administered. Stroke severity can accurately single out which patients need ICU monitoring and which can be managed outside of a critical care setting in the hospital. In addition, Telestroke is HIPAA compliant. Site personnel are responsible for obtaining normal patient care consent and HIPAA documentation.

Doctors not politicians,
should determine the health
care needs of patients.

There have been great strides made to expand this program to all patients in need of critical stroke care. With 94% of strokes occurring in urban and rural areas, Medicare would

reimburse for the tele stroke consultation regardless of the location of the hospital where the patient presents with stroke symptoms.

Pathways Stroke Foundation supports The Furthering Access to Stroke Telemedicine (FAST) Act of 2017 (HR 1148) which would amend title XVIII of the Social Security Act to expand access to Telehealth-eligible stroke services under the Medicare program.

Further information on the HR 1148 can be found below:

<https://docs.house.gov/meetings/IF/IF14/20170720/106287/BILLS-1151148ih.pdf>

These videos give a brief overview of Telestroke:

<https://www.youtube.com/watch?v=RVrPsi5USZ4>

<https://www.youtube.com/watch?v=3XxjgUmV71w>