NC Stroke Advisory Council Work Group Recommendations & Updates

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Recovery/Transitions of Care Work Group

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Start With Your Heart
Justus-Warren Heart Disease & Stroke Prevention Task Force

Recovery/Transitions of Care Work Group

- **Background:**
  - Stroke is the leading cause of serious, long-term disability in the US.
  - Stroke mortality is 20-40% higher in NC than in the US overall. After discharge, stroke patients are at high risk for complications.
  - Stroke is also the leading cause of serious, long-term disability in the US.
  - Although a model of stroke post-care (early supported discharge) exists in Europe and Canada, it has not been adapted for and tested in the US, although patients and stakeholders attest that post-acute care does not meet their needs.

Recovery/Transitions of Care Work Group

- **Background:**
  - Forty-nine percent of all stroke survivors from NCSCC registry are discharged home requiring assistance or dependent on support for ambulation.
  - Recovery/Transitions of Care Work Group's Top Priority: Launch a preliminary study to link post-hospital data with NC Stroke Care Collaborative data.
    - Goal: To improve the process and quality of patient's transition back into the community. .

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- **Action Taken:**
  - Successful submission of ***<u>Com</u>prehensive <u>P</u>ost-<u>A</u>cute <u>S</u>troke <u>S</u>ervices (COMPASS)*** application to the Patient Centered Outcomes Research Institute on August 6, 2014.
  - COMPASS directly aligns with Work Group's top priority.
  - COMPASS trial's main question: Compared to usual care, does COMPASS improve patients' daily function, as measured by the Stroke Impact Scale -16, 90 days after stroke in those who go home directly from the hospital?

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- **Action Taken:**

  Secondary aims address caregiver strain, readmission rates, and health services outcomes.

  - If funded, COMPASS will:
    - Provide an opportunity in NC to systematically evaluate whether early supported discharge improves health and outcome for stroke patients.
    - Provide resources across the State and engage people not previously engaged in early supported discharge of stroke patients in consistent patient management.

Recovery/Transitions of Care Work Group

- COMPASS will also provide mechanism for dealing with new Transitional Care Management (TCM) codes. Codes are payable only once per patient in the 30 days following discharge.
- Support for COMPASS received from numerous partners and stakeholders
- All hospitals participating in NCSCC would be eligible to participate.
  - All hospitals in NC are eligible to participate in NCSCC
- Work Group will reconvene in November 2014 and update work plans.

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Study Design