Appropriateness of Medical Transport and Access to Care in Acute Stroke Syndromes

Position Statement of the Air Medical Physician Association
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BACKGROUND

Acute stroke syndromes are common reasons that air and ground medical transport is utilized. An estimated 700,000 new and recurrent strokes occur each year in the United States.[1] The certification of primary stroke treatment centers by the Joint Commission on Accreditation of Health Care Organization (JCAHO), through a program developed in collaboration with the American Stroke Association (ASA), and the work of the Brain Attack Coalition (BAC) support the need to improve the access to care for acute stroke syndromes victims.[2,3] The extreme time sensitivity of neuronal tissue to prolonged ischemia, the recent evidence demonstrating improved outcomes using thrombolysis and systematized stroke care, and the advances in interventional neuroradiologic treatment for acute stroke syndromes are compelling reasons to address the need for rapid medical transport of acute stroke victims to improve the access to stroke treatment centers.[4-9]

As outlined by the American Stroke Association, acute stroke syndromes represent the spectrum of clinical disease, presenting with syndromes ranging from transient ischemic attacks to complete cerebral infarctions and cerebral hemorrhage.[10]

The medical transport community provides regionalization and access to high level care to highly specialized tertiary care centers in many areas of health care, including trauma, pediatrics, oncology, obstetrics, neonatology, and cardiology. The increasing publicity and public education concerning the improvements in mortality and morbidity of invasive and other time sensitive therapies for acute stroke syndromes, as well as efforts to minimize both the time to therapy and out-of-hospital ischemic time, are significant drivers in improving stroke care, and for reducing the estimated $90,000 per patient life time cost of ischemic stroke.[11-13] Increasing the appropriate utilization of medical transport to provide rapid access to specialized stroke care has been recommended by many stroke researchers, as well as the Brain Attack Coalition, a multidisciplinary group representing major professional organizations involved with delivering stroke care.[14] This recommendation is especially true for care in rural areas where low patient volumes, an inability to maintain full-time neurologic subspecialty care, and lack of radiology resources at local hospitals severely delay access to care, thus increasing morbidity and mortality.[15,16]

The medical transport community is resolved to support the improvement of standardized identification, standardized treatment, and regional rapid transport of victims of acute stroke syndromes. Further, we support the standardization of policies.

POSITION STATEMENT

The Medical Transport Community supports the use of rapid medical transport for patients with acute stroke syndromes requiring or potentially requiring urgent/time-sensitive diagnosis and intervention to stroke treatment centers.

It is the Medical Transport Community's position that the determination of the need for urgent/time-sensitive interventions in acute stroke syndromes once at a hospital is made by a physician or other qualified provider, as documented on a written Certification of Medical Necessity.

Furthermore, the Medical Transport Community acknowledges that scene medical transport of acute stroke syndromes occurs routinely. The Medical Transport Community supports the standardized field identification of acute stroke syndromes by trained personnel, based on regional and national policy and their best medical judgment at the time of the request for medical transport, and that this method of determination is sufficient to certify the medical necessity of the medical transport.

The Medical Transport Community does not support the use of discharge ICD-9 codes or other methodologies that are used to retrospectively determine medical appropriateness of acute stroke syndromes, as this may adversely restrict access to appropriate care, increase mortality, and contradict the intent of the Emergency Medical Treatment and Active Labor Act (EMTALA) regulations.

The Medical Transport Community also believes that retrospective determination of medical appropriateness also excludes consideration of clinical, logistic, situational, and other variables that are present at the time of transport and that are important factors in determining medical appropriateness for rapid medical transport in acute and potentially acute stroke syndromes.

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