

# Texas Advocacy Leader Wrangles Support for Stroke Treatment Legislation

The vast ranges of Texas more quickly inspire visions of driving cattle than images of shepherding healthcare professionals and legislators, but Liana Dawson, MD, might see the similarities. The AAN Advocacy Leader spent more than a year successfully wrangling and roping fellow physicians and state legislators to support a bill to improve stroke treatment.

According to data collected by the Texas Neurological Society, an average of between three to four percent of stroke victims in the state received tPA. "This potentially life-saving and disability-reducing therapy simply does not reach enough of the state population faced with multiple barriers," said Dawson.

Practicing in Longview, about 120 miles east of Dallas, Dawson is well aware of these barriers: the state's vast size and long distances between stroke treatment centers; the lack of an emergency transport system that enables strokes to be recognized early and transported rapidly to a center that has the capability to deliver treatment; weak reimbursement to hospitals for tPA, which is expensive but may reduce both physical disability in the patient and the length of the patient's hospital stay; limited access to neurologists, who are poorly reimbursed; and a general lack of public education about stroke symptoms and effective therapies or treatments.

Dawson, a graduate of the AAN's Donald M. Palatucci Advocacy Leadership Forum in January, 2003 and mentor at the 2004 Forum, has long been concerned about these problems. Her training at the Forum helped her effectively promote a no-smoking ordinance in Longview. This in turn raised her visibility, and in late 2003 she was appointed to a statewide task force organized by the American Heart Association (AHA) to improve access to stroke treatment and care. "We determined the need for legislation to enable communities such as mine in Longview to develop access to stroke care. Previously, I had set up stroke protocols in our hospitals and worked with EMS personnel, but it was an uphill battle, and neurologists in my community were overworked. Distances were formidable and public education was lacking."

A significant obstacle faced by Dawson and her cohort of physicians forced rewriting of the legislation. "The initial



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***-Liana Dawson, MD***

bill submitted in January had to be rewritten because the legislature's House Public Health Committee would not hear new bills that required new budget, so the budget and grant features were dropped." Dawson participated in the AHA State Lobby Day and talked with her legislators about the bill. She also began shepherding physician support in earnest.

"As chair of the Stroke Subcommittee of the Texas Neurology Society, I obtained TNS endorsement of the legislation, and drafted a letter in support of this bill that was distributed to state legislators." Dr. Dawson met with stakeholders in face-to-face meetings in Austin and in teleconferences to attempt to resolve differences in the implementation of the bill. "Physician unity was the most personal challenge. Stakeholders were fragmented."

Stakeholders included the Texas Hospital Association, which had budgetary concerns that were addressed. Through the Texas Medical Association (TMA), some family practice physicians and emergency room physicians expressed their opposition, fearful of an extra burden of responsibility that would be levied on them through lack of support by local neurologists who either were in short supply or who were predominantly clinic-based and not able to present to the emergency rooms.

"Then the cardiologists wished to modify the bill to a cardiovascular (and stroke) emergency transport system. Although this was a good idea, it would have directed the focus away from access to stroke care and the primary dilemma of how to improve access to treatment for stroke in a time-driven process."

In spite of a flurry of teleconferences and e-mails to soothe the apprehensions of other physicians, the parties reached an impasse. "I held firm to the position the bill should not be compromised by assuming the broader role of cardiovascular emergency treatment and the best result obtained was that the TMA did not speak up against the bill but they did not stand and voice their support. The task force consensus also supported my position, believing the bill should remain focused on emergency access to stroke treatment."

The final form of the bill, passed by the legislature in May and signed by Governor Rick Perry in June, specifies:

- The development of a state emergency stroke treatment system to identify, transport, and treat stroke victims
- The creation of a state stroke committee (including a neurologist) to facilitate the development of the plan
- The stroke committee will work in collaboration with the existing Texas Council on Cardiovascular Disease and Stroke
- The stroke emergency transport plan will include:
  - Training requirements on stroke recognition and treatment
  - Protocols for rapid transport
  - Stroke prevention plans and community education
  - The establishment of criteria for stroke facilities using guides such as the Stroke Treatment Center certification guidelines from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

"This bill opens the door to acceptance of the need for stroke treatment plans, stroke awareness education, and improving access to stroke care. In recognizing the significance of stroke treatment, I hope it will also raise awareness of the need for improved physician reimbursement and physician utilization strategies."

Dawson anticipates that funding needs will be identified during the development of the state system and will be requested to establish the system. "Certainly, that is what we hope—that once the state appointed committee makes its recommendations that incentive for identifying funding sources will result and be more willingly entertained. But I also believe that the awareness that can result by passing legislation such as this may raise the bar for more hospitals to step up to the stroke treatment center challenge."

While the passage of the bill achieved the desired result, it was not without a lot of give and take among the participants. "It is vitally important to be open to compromise towards achieving the best end result but it is equally important to recognize what is significant in your platform and to hold firm," said Dawson, who gives credit to the Palatucci Advocacy Leadership Forum. "The advocacy program gave me the confidence and realization that I could apply my efforts and see them make a difference."

Dawson applied herself so well among her allies that in June 2005 she was named Outstanding Advocate for 2005 by the American Heart Association.

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