

AAN Advocacy Leader Drives Stroke Care Improvements in New Mexico

Where stroke is concerned, the situation confronting New Mexico neurologists like Glenn Graham, MD, PhD, is common to many neurologists elsewhere: a lack of awareness about stroke among providers and public; little training for EMS personnel in urgent stroke care; and primary care providers with limited acute stroke care knowledge and experience. Stroke receives little attention at the state level, and the Department of Health (DOH) has no one devoted to vascular diseases—stroke or otherwise.

But New Mexico has some distinct challenges, including a shortage of neurologists and most specialists. The few large medical centers in the predominantly rural state require patients to travel long distances. And New Mexico is largely a poor state relative to others.

“These factors combine to explain the very small number of patients statewide who receive thrombolytic therapy,” said Graham.

All that may begin to change now thanks in large part to Graham’s efforts to raise awareness of stroke both within the state government and across the general population. While attending the AAN’s 2003 Donald M. Palatucci Advocacy Leadership Forum, Graham refined a proposal and strategy to establish a statewide stroke task force, an idea that had grown from discussions Graham had with the stroke and advocacy staff of the New Mexico American Heart Association/American Stroke Association and the director of the state Brain Injury Foundation. The proposal impressed New Mexico’s secretary of health, and Graham was appointed chair of the task force, which released its report in 2004.

To address the deficiencies identified by the task force, the report calls for the establishment of a stroke focus within the New Mexico Department of Health (DOH) by hiring a dedicated permanent employee to monitor stroke healthcare, including a state stroke registry. It would increase awareness of stroke through enhanced EMS training and a public education campaign. Transportation protocols would be standardized and a network of stroke centers would be identified. This would improve both acute stroke care, including increased use of thrombolytic therapy, and assist stroke prevention efforts.

In honor of his advocacy work, Graham was named the Medical Volunteer of the Year by the 10-state Pacific Mountain Affiliate of the American Stroke Association/American Heart Association.



Glenn Graham, MD, PhD

Beyond the initial challenges of crafting a bill to establish the task force, identifying sponsors in the legislature, and lobbying for the bill’s passage, Graham had to strike up alliances with other healthcare players. “We then had to enlist the participation and input of a diverse group of ‘interested parties’ to ensure that our recommendations would have broad support from providers, hospitals, the EMS system, health plans, etc.,” said Graham. “We had to identify personnel to collect data, including state health statistics and surveys. And we had to write the report of our findings and recommendations in a format that would be compelling to our state legislators. This was made more challenging by the fact that the task force received no special appropriation to conduct its work. We also had to overcome an initial ‘lack of enthusiasm’ from some within the Department of Health.”

But by including a broad range of participants early, including the medical director of the DOH, Graham built momentum behind the task force. “We were able to find staff members in the DOH who were enthusiastic about our efforts. They provided a great deal of assistance and were able to secure limited funding to hire a consultant to prepare our report. We also worked with local advocacy staff and a lobbyist to negotiate political issues, ensure that the task force findings would be presented to the Health and Human Services Committee, and identify sponsors of task force-recommended initiatives, including our funding request.”

Graham is not resting on his laurels, however. “We are working to apply the funding we received to begin implementing the key task force recommendations. This involves negotiating very tight funding within the state Department of Health and various political factors. In addition, we want to establish a standing stroke advisory committee to monitor the progress of the state stroke initiatives and provide oversight and guidance on a continuing basis. The funding we received is for a single fiscal year, so we will soon need to apply for continuing funding—especially for the staff position—and/or federal funds to ensure continuity of our programs.”

Beyond the immediate scope of improved stroke care, Graham sees this experience having a continuing positive effect on neurology in New Mexico.

“I hope it will raise the profile of neurology in state government, both in the legislature and the DOH, and encourage neurologists to become more involved in state government, both on stroke-related matters and other issues. There have been some efforts to revive the state neurological society, which I hope will continue. I also hope that those we have worked with on our stroke efforts will solicit the involvement and expertise of neurologists on other issues affecting public health and the medical profession.”

Graham’s experience as an Advocacy Leader at the 2003 Palatucci Advocacy Leadership Forum, and further training as a mentor at the 2004 Forum, gave him a solid grounding in successfully navigating his proposals through the system.

“It taught me not to assume the positions and alliances of public officials, and the importance of personal contact with legislators to motivate them to support your issues or proposals. It also helped me to formulate a strategy of how to present the problem of stroke to legislators in a compelling way, to identify shared interests with other constituencies, and to be open to compromise when necessary.”

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To read the New Mexico Stroke Task Force report, go to www.health.state.nm.us/pdf/Report-Stroke_The-Challenge-09-2004.pdf.

www.aan.com/advocacy