

# AAN Members Take Action for Increased Stroke Care

When two neurologists saw the growing impact of nationwide healthcare trends and public policy on stroke care, they decided to see what kind of impact of their own they could make close to home.

Each neurologist—Glenn Graham, MD, PhD, of the VA Medical Center, Albuquerque, NM and the University of New Mexico School of Medicine, and Jonathan Hosey, MD, of the Geisinger Health System, Danville, PA—became part of statewide advocacy efforts to promote legislation to improve the delivery of stroke care in areas that are short on resources.

The result was the passage of the New Mexico State Stroke Task Force bill and the Pennsylvania Rural Stroke Initiative.

“There are tremendous challenges in delivery of stroke care,” said Graham. “We struggle to get the system together. We have a shortage of neurologists, neurosurgeons, and other specialists. There’s a big need for education, and we’re short on resources.”

“But,” he noted, “these problems aren’t solving themselves.”

Graham’s plan included networking with colleagues from the Western States Stroke Consortium, the American Stroke Association (ASA) / the American Heart Association (AHA), and the Brain Injury Foundation. Together they worked to develop their own version of successful Colorado legislation for a statewide stroke task force, and contacted legislators for sponsorship. They also sponsored a Stroke Lobby Day at the state capitol, which included stroke screening in a private lounge and visits by stroke survivors to their representatives.

The New Mexico state legislature passed the bill unanimously to establish the state Stroke Task Force, which Graham now manages since his appointment as chair. The task force will be asking for official funding in 2005.

Hosey also felt the issues in Pennsylvania were not going to improve without neurologist involvement. “We need to be active on local, state, and national levels. We need to be willing to say ‘Let’s try this’ and get started,” he said.



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Hosey did just that, on a national level, along with his colleagues at Geisinger. They sent a letter to Senator Arlen Specter outlining the great need for stroke education to counter the mismatch of stroke resources between rural and urban areas in Pennsylvania.

“We didn’t know what would happen,” Hosey said. “But we knew it was an issue of great importance.”

One week later, Specter’s office responded asking for more information. Three weeks after that, Specter said he wanted to personally see the situation in rural Pennsylvania. In addition, Senator Rick Santorum and various state legislators also made trips to the area. The result was the sponsorship of the Pennsylvania Rural Stroke Initiative from the Department of Health and Human Services, Health Resources, and Services Administration (HRSA) with funding of \$260,000. Recently, additional funding of \$860,000 has been added for educational initiatives. To date, activities have included partnerships of 18 organizations, a 24-hour service line to the Geisinger stroke neurologist on call, educational materials for physicians, public outreach, a mini-fellowship program, state of the art conferences, and web-based education.

Both Graham and Hosey felt they learned a great deal from their advocacy experiences.

“You need to tap into insider expertise,” said Graham, who worked closely with other organizations to establish partnerships. “You can’t make too many assumptions about either the people or the process. It is common sense, but it is good to remember that how you approach things can be as important as what you are approaching about.”

Graham also noted the need to be patient with the process. “Even with an issue as uncontroversial as stroke care, the process takes time. There are lots of meetings, revisions, and time spent getting everyone together. That is just something you should expect,” he said.

Hosey said the ability to define a specific goal with measurable results was critical to the success in Pennsylvania. “We needed to break the problem down into manageable pieces so that people can get involved,” he said.

Hosey added that selecting an issue with a broad reach, open sharing of resources and information with partners, and communicating success back to legislators have also been important lessons.

Both Graham and Hosey were participants in the AAN’s 2003 Palatucci Advocacy Leadership Forum, and said they gained training on what it takes to succeed in the political arena, which helped in their advocacy efforts.

“It was invaluable to learn the ‘process’ of interaction with legislators and their staff, which function in a completely different manner than we, as physicians, are accustomed to in communicating with each other and our patients,” said Hosey.

Both also participated in the first mentorship program for the Palatucci Advocacy Leadership Forum, held January 2004.

“I plan to use my new skills to give insight and advice to advocacy groups seeking to increase physician membership, participation, and leadership,” said Graham. “Occasionally, someone simply needs to be asked to get involved.”



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