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Stroke Care Out of Reach for One-Third of Americans

One-third of the U.S. population does not have access to a primary stroke centre within one hour by ambulance, according to a new study published online in the March 4 issue of *Neurology*. Even under optimal conditions, a large proportion of the U.S. populace would be unable to access a stroke centre within this timeframe.

Certification of hospitals as stroke centres includes primary stroke centres and comprehensive stroke centres, the highest level. Certification of comprehensive stroke centres began in 2012. The study examined data from 2010, when there were 811 primary stroke centres and no comprehensive stroke centres in the United States.

Study author Michael T. Mullen, MD, from the Perelman School of Medicine at the University of Pennsylvania in Philadelphia, and colleagues created models to estimate what proportion of the population would have access to a comprehensive stroke centre within an hour under optimal circumstances.

They found that converting up to 20 optimally located primary stroke centres per state into comprehensive stroke centres would result in 63 percent of the population living within a one-hour drive and an additional 23 percent within a one-hour flight of a centre. There was however substantial variability in access, with some states lagging behind the national average.

“Even under optimal conditions, many people may not have rapid access to comprehensive stroke centres, and without oversight and population level planning, actual systems of care are likely to be substantially worse than these optimised models,” said Mullen. He also noted that access to care in the models was lowest in the southeastern United States, an area often referred to as the “Stroke Belt.”

“There are geographic differences in stroke incidence, especially in rural areas and in the Stroke Belt,” Mullen said. “Reduced access to specialised stroke care in these areas has the potential to worsen these disparities. This emphasises the need for oversight of developing systems of care.”

Mullen said he is hopeful that optimisation modelling studies, such as this could help policymakers and health planners identify areas of need, with the ultimate goal of ensuring that specialised stroke care is accessible throughout the U.S.

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