

Trend-bending Stroke Care Model Overview

"ACT"

Avoid vascular risk by economically maximizing preventive Rx use

Convert hospital care of transient ischemic attack and mild stroke to care in safe alternative settings for most patients

Transform tPA delivery and transition to post-hospital care



~**11%** net reduction in direct healthcare spending on stroke and heart attack (and large reduction in strokes & disabling strokes)

Avoid Strokes (and Heart Attacks)...

Proactive Outreach to Patients
with Elevated Vascular Risk



Nurse-based Telephonic
Titration of Generic Meds



Low-Cost Health Coaches
Reducing Medication
Adherence Barriers



Toolkit

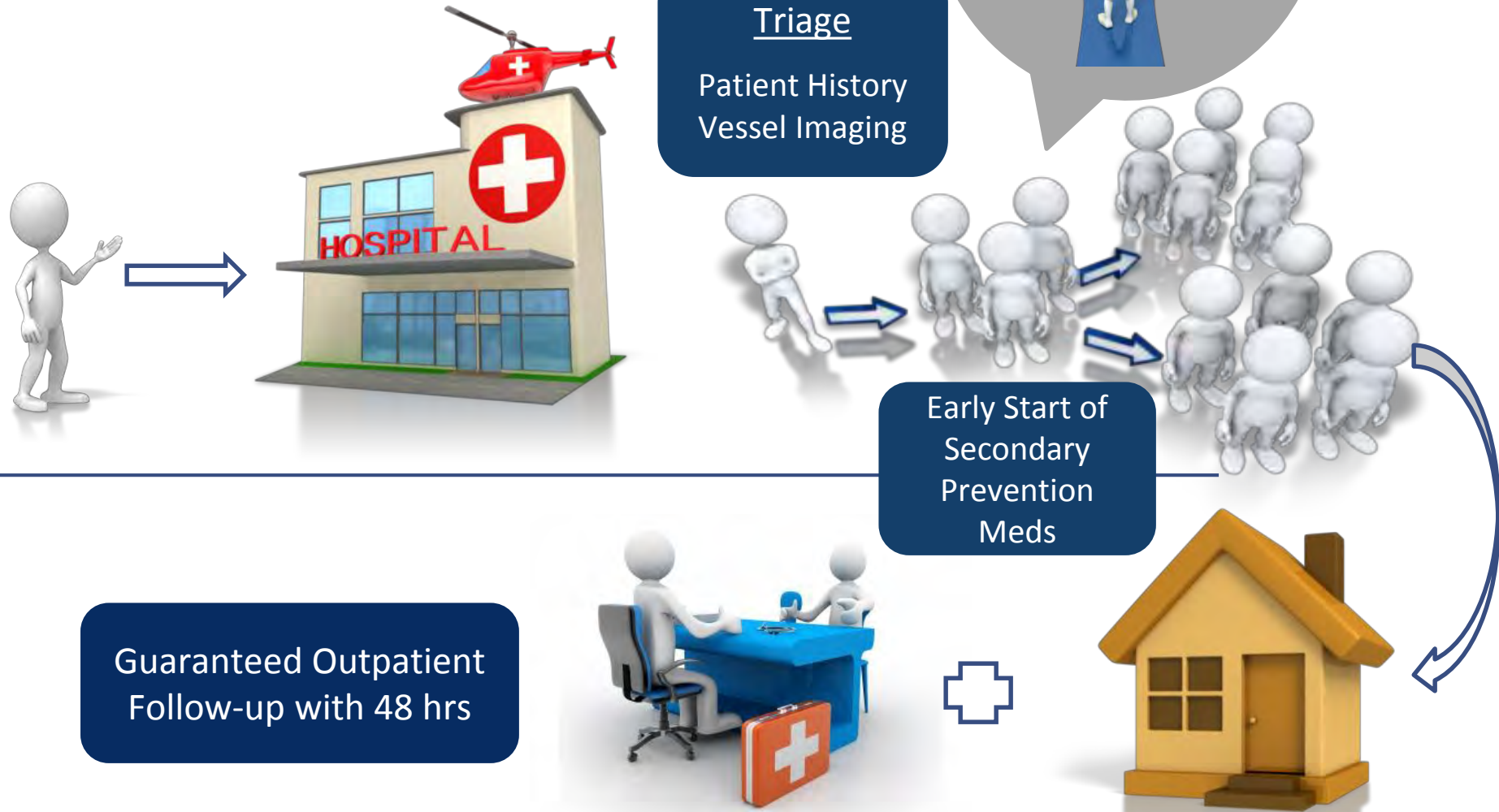


Motivational
interviewing
+
Reminders
+
Sociocultural
Factors

Eliminating Medication Copays for Post-MI
Patients +/- Post-Stroke Patients



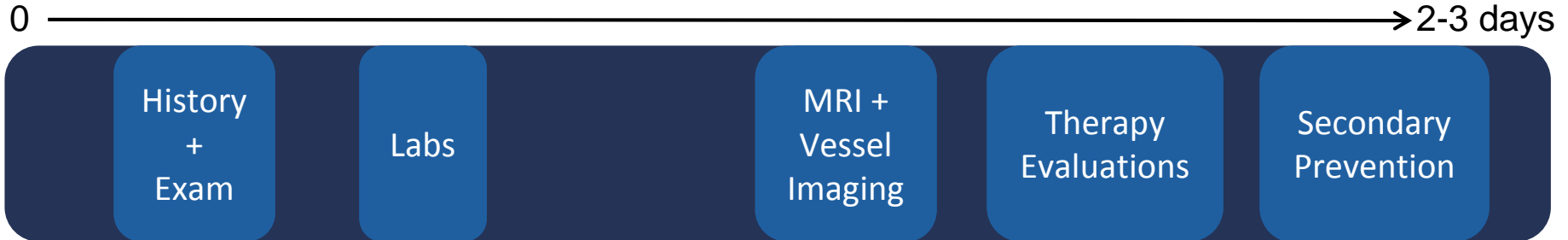
Convert Hospital Care for TIA



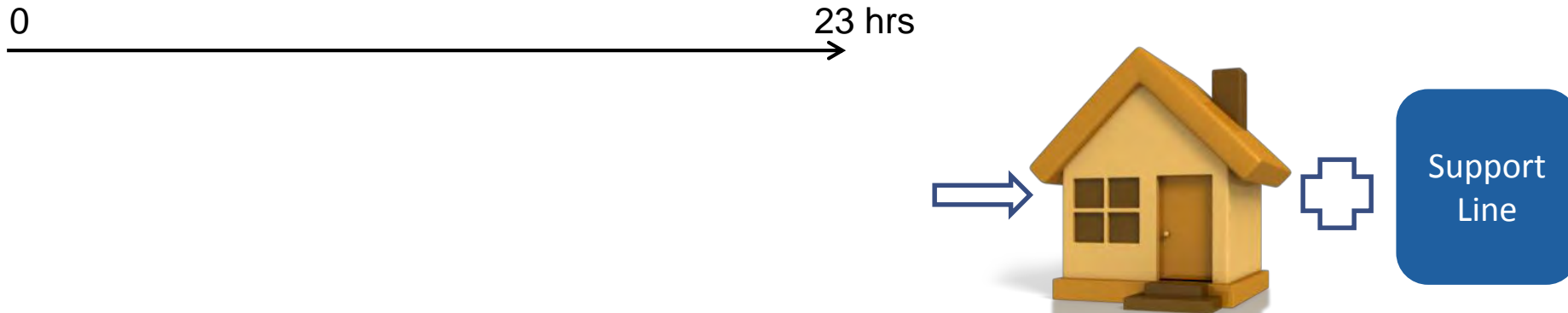
Convert Hospital Care for Mild Stroke

(For those not eligible for tPA)

Hospital Admission



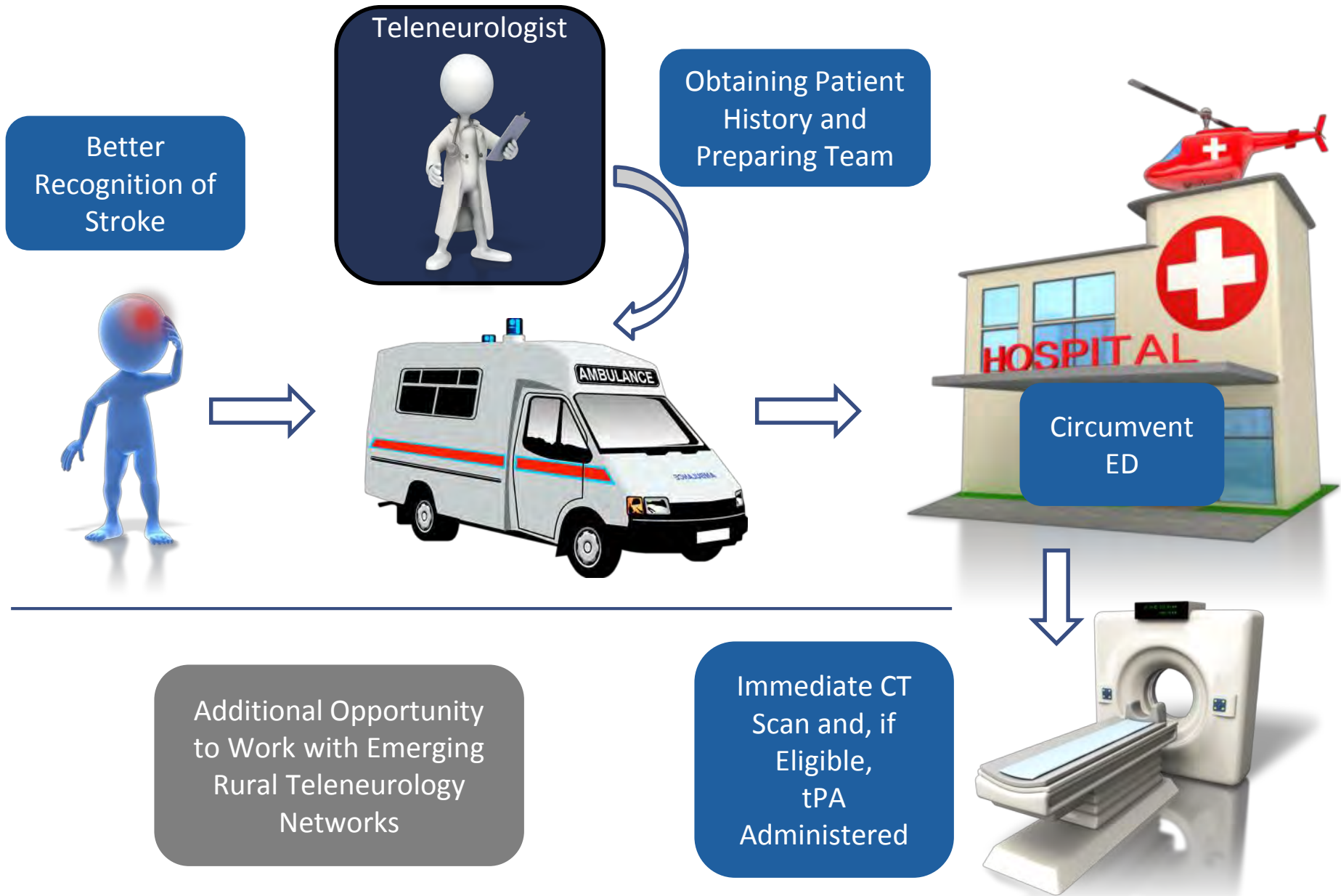
Observation Status



Key



Transform Hospital Care for Stroke...Faster tPA



Transform Hospital Care for Stroke...

Improved Transition to Post-Hospital Setting

During Hospitalization

Proactive Focus on Patients
with Elevated Readmission
Risk



High-Value Transitions
Planning Checklist



Post-Hospitalization

Peer Health Coaching to Better
Ensure Smooth Transition



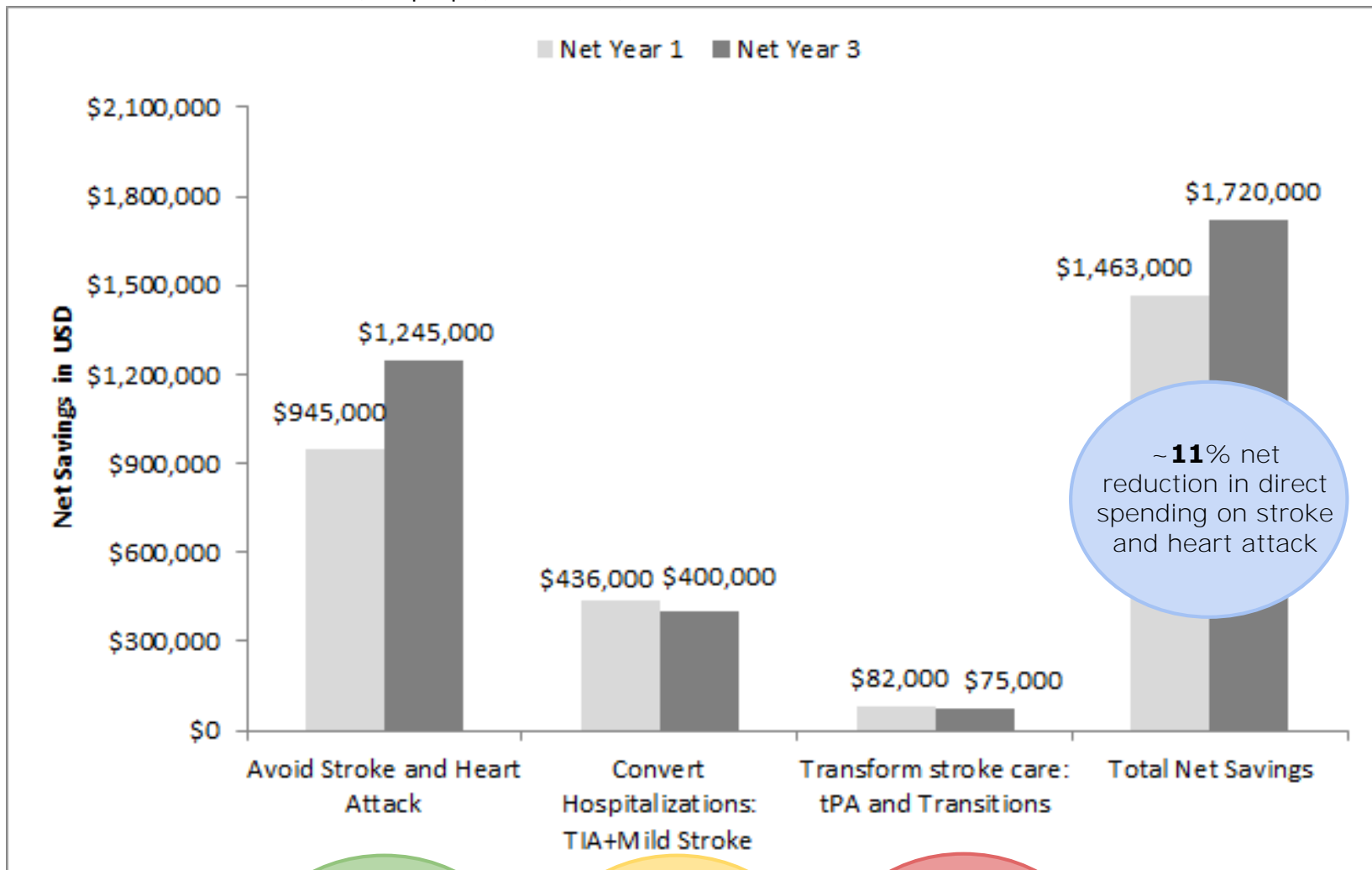
 Toolkit 
Solidify
Understanding
+
Support

PCP Visit Within 7-14 days of
Hospitalization



Trend-Bending Stroke Care Model: Projected Net Cost Savings at Year 1 and Year 3

For 50,000 people, of whom 10,000 are at elevated risk for stroke and/or heart attack



70 strokes and heart attacks avoided in 1st year

110 hospitalizations converted in 1st year

10 disabling strokes averted; **12** readmissions prevented in 1st year