


Government of the District of Columbia
Office of the Chief Financial Officer



Jeff DeWitt
Chief Financial Officer

MEMORANDUM

TO: The Honorable Phil Mendelson
Chairman, Council of the District of Columbia

FROM: Jeff DeWitt
Chief Financial Officer 

DATE: June 19, 2014

SUBJECT: Fiscal Impact Statement – Stroke System of Care Act of 2014

REFERENCE: Bill 20-327, Draft Committee Print provided to the Office of Revenue
Analysis on June 16, 2014

Conclusion

Funds are not sufficient in proposed FY 2015 through FY 2018 budget and financial plan to implement the bill. The bill will cost \$244,518 to implement in FY 2015 and \$1,035,873 over the four-year budget and financial plan.

Background

The bill requires the Department of Health (DOH) to work with Fire and Emergency Medical Services (FEMS), the Office of Unified Communications (OUC), and hospitals to standardize and improve treatment for stroke victims. Currently DOH, FEMS, and hospitals voluntarily participate in the DC Stroke Collaborative in order to share best practices and data. This bill formalizes the relationship between these stroke-treatment stakeholders.

Specifically, the bill requires DOH to:

- Designate hospitals as accredited acute care hospitals or primary stroke centers;
- Work with FEMS to develop protocols for the assessment, treatment, and transport of stroke patients by emergency medical service providers (DOH and FEMS report that they have already developed these protocols);
- Collect and analyze data from hospitals and emergency medical service providers and share findings with stakeholders to improve stroke treatment delivery; and
- Maintain a database of stroke care statistics and information (the bill requires the use of the American Heart Association's data-set platform, or some other nationally recognized data-set platform).

DOH will develop a plan for this work in collaboration with FEMS.

The bill also requires FEMS and OUC to train emergency medical service providers and 911 dispatchers on the protocols developed by FEMS and DOH. Both agencies already provide such trainings but might modify the trainings if data analysis findings warrant it.

Financial Plan Impact

Funds are not sufficient in the proposed FY 2015 through FY 2018 budget and financial plan to implement the bill. The bill will cost \$244,518 to implement in FY 2015 and \$1,035,873 over the four-year budget and financial plan.

The majority of costs come from personnel. DOH will need a program coordinator to oversee the hospital designation process, coordinate data collection and sharing, and identify ways District emergency medical service providers and hospitals can improve stroke treatment. A part-time epidemiologist in DOH will analyze data from emergency medical services providers and hospitals. These positions will cost \$184,258 in FY 2015. Costs will rise to \$207,265 in FY 2018 due to anticipated salary increases.

FEMS will need a part-time nurse who will collaborate with DOH and hospitals. The nurse will incorporate improvements recommended by DOH into FEMS's stroke treatment protocol. He or she will also make sure the stroke data FEMS transmits to hospitals is sufficient for DOH's analysis. This position will cost \$50,260 in FY 2015 and will rise to \$56,536 by FY 2018 due to salary increases.

Other costs include \$5,000 per year for DOH to access hospital data in the American Heart Association's Get with the Guidelines database. The Office of Healthcare Privacy and Confidentiality in the Office of the Attorney General will need to make sure this database is compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and will train users of the data on patient privacy and data security. The Office of Revenue Analysis estimates that this training will cost around \$5,000 per year.

None of these costs have been incorporated into the proposed FY 2015 through FY 2018 budget and financial plan.

| Cost of Implementing the Stroke System of Care Act of 2014, FY 2015 - FY 2018 | | | | | |
|---|------------------|------------------|------------------|------------------|--------------------|
| | FY 2015 | FY 2016 | FY 2017 | FY 2018 | 4-Year Total |
| DOH Personnel ¹ | \$184,258 | \$191,628 | \$199,293 | \$207,265 | \$782,445 |
| FEMS Personnel ² | \$50,260 | \$52,270 | \$54,361 | \$56,536 | \$213,428 |
| Database Access ³ | \$5,000 | \$5,000 | \$5,000 | \$5,000 | \$20,000 |
| Data Training | \$5,000 | \$5,000 | \$5,000 | \$5,000 | \$20,000 |
| Total Fiscal Impact | \$244,518 | \$253,899 | \$263,655 | \$273,801 | \$1,035,873 |

Notes:

¹Includes one Grade 13 Public Health Advisor/Program Coordinator and one part-time epidemiologist.

²One Grade 12 registered nurse.

³Assumes DOH will work with area hospitals and the American Heart Association to access the Get with the Guidelines database.