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Novel Technology in Stroke

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Novel technologies are continuously emerging in the field of stroke medicine. Some of them accumulated enough evidences for the efficacy through serious of researches and are already used in the clinical practice. However, still many of them are not designated as the reimbursement items from the health insurance of Korea. This might shrink the application of novel effective clinical options, thus resulting in the loss of possible good outcome of a patient, and need to be corrected. This review will discuss the examples of such neglected technologies in stroke care.

Stroke unit, a critically organized multidisciplinary stroke care, has shown proven efficacy in the management of acute stroke, and many clinical practice guidelines point out that acute stroke patient should be treated in the stroke unit. It requires many resources from structural facilities to the effective clinical pathway. But at present there is no reward at all to the hospital in spite of these resource supplies, and practically stroke unit became a burden to the hospital management. This situation is the major barrier for the dissemination of stroke unit in Korea.

Monitoring of neurological status with National Institute of Health Stroke Scale (NIHSS) and assessment of clinical outcome using Modified Rankin Score (MRS) are both essential tool for the management and evaluation of stroke patient. Training and certification process are required and established for the validation of these scales. These efforts are also need to be considered for charge.

Intravenous (IV) thrombolysis, the major treatment options for the hyperacute ischemic stroke, requires not only the tissue plasminogen activator itself but also complete devotion of stroke team during the whole critical hours. But at preset the drug fee is the only charge for the hospital.

Effective stroke education is very important strategy for secondary prevention of stroke, and usually requires intense interview of more than an hour for the complete understanding of patient and family, but unlike the diabetes and nutritional education or smoking cessation interview program, stroke education is not the subject of reimbursement at present.

There are many others to be reconsidered from the field of stroke care in current health insurance system in Korea. Novel technology can effectively incorporate to the real world practice when appropriately rewarded.

Key Words: Stroke unit; Thrombolysis; NIHSS; Stroke education

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