

**Justus-Warren Heart Disease & Stroke Prevention Task Force**  
Wednesday, December 5, 2012  
Room 1027, Legislative Building

**Minutes**

**Present:** Helen Brann, Representative Becky Carney, Mary Edwards, Commissioner Stanley Haywood, Anita Holmes, Dr. David Huang, Glenn Martin, Representative Tom Murry, Peg O'Connell, Senator Louis Pate, Senator William Purcell, and Dr. Karen Smith.

Paige Bennett, Renee Bethea, Sylvia Coleman, Ron Cromartie, Deborah Dolan, Audrey Foster, Leigh Hayden, Sally Herndon, Jill Jordan, Kacie Kennedy, Stephen Kouban, Luann Lapio, Ann Lefebvre, Karen Luken, Virginia Maisch, Jim Martin, Nicole Miller, Jo Morgan, Jeremy Moseley, Sarah Myer, Debi Nelson, Oby Nwankwo, Dr. Ruth Petersen, Megan Pool, Melinda Postal, Libby Puckett, Sharon Rhyne, Rosemary Ritzman, Pam Seamans, Jessica Stone, Dr. Sammy Tchwenko, Betsy Vetter, Melanie Watkins, John Vitello, Alexander White, and Elynor Wilson.

**Welcome and Introductions**

Senator William Purcell welcomed everyone to the meeting. Task Force members and attendees introduced themselves and named the organizations they represent.

**Approval of Minutes:**

The minutes from the April 25, 2012 meeting were approved as distributed.

**I. An Update on the Burden of Cardiovascular Disease in North Carolina**

- Presentation by Samuel Tchwenko, MD, MPH (refer to handout distributed at meeting for details).
  - The overall mortality rate as well as the percentage of deaths due to cardiovascular disease has been declining since 1980. This is due to a combination of prevention and control of risk factors as well as the development of surgical intervention/medical treatment and technology.
  - Dr. Tchwenko reported that data specific for North Carolina on the reduction of coronary heart disease mortality attributed to changes in risk factors will be available in 2013.
  - The proportion of cardiovascular disease (CVD) deaths occurring in individuals less than 65 years of age (premature CVD deaths) is increasing. This is at least partly due to an increase in the prevalence of several CVD risk factors within the general population.
  - Heart disease and stroke death rates have been declining, including in the eastern region of North Carolina.
  - Average cost for a hospital stay for CVD has been increasing. This increase could be contributed to the institution of standardized protocols for treatment and evaluation to prevent another heart attack or stroke.
  - Hypertension is a significant risk factor for stroke. It is beneficial to spend money on primary prevention and hypertension control.

- i. Senator Louis Pate questioned if the cost of hypertension control is a factor in the high Medicaid cost for stroke.
  - ii. Dr. David Huang commented that approximately \$1,000 is spent on a patient with hypertension, but if it is not well controlled and a stroke occurs, an average cost of \$4,000 per person would be added. This can be attributed to stroke related disability costs. He also remarked that the self-pay patient has a great impact on Medicaid cost. A patient who is uninsured remains in the hospital until they are approved for Medicaid. Once they are approved, Medicaid pays for the entire stay.
  - iii. Commissioner Stanley Haywood noted that if what contributes to the \$4,000 could be identified, this could assist in identifying areas for savings.
- Senator Pate asked if it is known why stroke is so prevalent in eastern North Carolina.
  - i. Libby Puckett reported that there is a study, REGARDS (REasons for Geographic And Racial Differences in Stroke), being conducted to understand why people in some areas of the country develop more strokes than people in other areas.
  - ii. Anita Holmes reported that the NC Cardiovascular State Plan will have recommendations targeting eastern counties in North Carolina.

## II. Cardiovascular State Plan Update

### - Presentation by Peg O'Connell

- Peg O'Connell provided an update since the last Justus-Warren Task Force meeting (04/25/12) on the NC Plan for Cardiovascular Prevention and Management of Heart Disease and Stroke, at which time the Plan was approved with recommendations from the Task Force.

These recommendations included:

- i. An additional strategy for reimbursement for obesity under Objective 2.4.
  - ii. An additional strategy to Goal #3 around workplace signs and symptoms and appropriate action.
  - iii. Access to primary care and coordination of care across specialties and health care providers as it related to Goal #2.
- Other additions to the Plan include:
  - i. Identification of measureable outcomes to assess improvement in recommended objectives and strategies.
  - ii. An updated Burden Section.
  - iii. Development of an Evaluation Section that will include outcome evaluation measures for each objective.
  - iv. A "How Can I Help" Section to assist policy makers, physicians, business owners, etc. in implementing the plan.
  - v. Addition of an Overarching Goals Section that will include emerging issues related to access to care, disparities and telehealth.
  - vi. A Guidance/Resources Section.
- The final review and editing for publication should be completed by the end of December.
- Due to limited resources, only minimal copies will be published. A copy of the Plan will be maintained on the Start With Your Heart website.
- All Justus-Warren Task Force members are to receive a hard copy of the Plan.

### **III. Overview of the Community Transformation Grant (CTG) Project**

- Presentation by Ruth Petersen, MD, MPH (refer to handout distributed at meeting for details).
  - The Community Transformation Grant (CTG) is a five-year grant. North Carolina was the fourth highest recipient in the country to receive this grant.
  - The CTG will address physical activity and nutrition, tobacco use, and clinical preventive services.
  - Resources will be put into prevention of chronic disease.
  - The Centers for Disease Control and Prevention's vision is how to transform communities to make a difference.
    - i. Communities will be created with smoke-free environments.
    - ii. Communities will be planned to promote active living with parks, bikeways and greenways.
    - iii. Hypertension and cholesterol will be the main focus in clinical settings.
  - Commissioner Hayward presented a question regarding the possibility of other health care providers, such as pharmacists, being involved in patient education.
    - i. Anita Holmes responded that there have been successful models where pharmacists have been involved in prevention and patient education, such as the Asheville Project.

### **IV. CTG – Clinical Preventive Services**

- Presentation by Samuel Cykert, MD (refer to handout distributed at meeting for details).
  - Clinical measures are an important piece in preventing cardiovascular disease.
  - Quality Improvement (QI) coaches go to practices to identify systems of care. The QI coaches assist practices in implementing Electronic Health Records (EHR) and provide support to practices in obtaining accurate clinical measures and identifying patients who do not meet standards of control for prevention measures.
  - Teaching self-management skill is part of the program.

### **V. Stroke Advisory Council Report**

- Presentation by Karen McCall (refer to handout distributed at meeting for details).
  - A summary of the Stroke Advisory Council (SAC) meetings held on February, 29, 2012, April 4, 2012, July 18, 2012, and October 9, 2012 was provided.
  - The top priorities of the five Stroke Systems of Care (SSoC) Work Groups were reviewed.
  - The SAC reported four recommendations to the Legislative Committee meeting held on November 15, 2012.

### **VI. Legislative Committee Report**

- Presentation made by Peg O'Connell for Representative Tom Murry (refer to handout distributed at meeting for details).
  - A meeting of the Justus-Warren Task Force Legislative Committee was held on November 14, 2012. The meeting included:
    - i. Presentation on the Burden of Cardiovascular Disease by Dr. Tchwenko.
    - ii. Melinda Postal presented an overview of HDSP's Public Education Campaign.

- iii. Karen McCall reported on the SAC recommendations.
- iv. Alexander White provided an update on the Hypertension/Sodium Resolution that was not taken up last session.
- v. Susanne Schmal provided an update on the Eat Smart Choose a Better Snack vending machine pilot program.
- vi. Jim Martin presented a history of the tobacco Master Settlement Agreement.
- vii. Pam Seamans presented the Alliance for Health's policy priorities.
- A motion was made and approved for the following recommendations to the Justus-Warren Task Force:
  - i. Request North Carolina General Assembly (NCGA) appropriation of 400k (recurring) for Public Education Campaign for Stroke Signs and Symptoms.
  - ii. Request NCGA appropriation of 50k (recurring) for continued operation of the SAC.
  - iii. Introduce a NC Senate Hypertension/Sodium Resolution.
  - iv. Request that NCGA codify a definition for "Primary Stroke Center" (e.g., amending the Health Care Facilities and Services statutes, North Carolina General Statute Chapter 131E).
  - v. Endorse restoration of \$17.3 million in recurring funds for tobacco prevention and cessation efforts.
  - vi. Oppose any weakening of NC's smoke-free law.

#### **VII. Partner Reports**

- Betsy Vetter reported on the activities of the American Heart Association/American Stroke Association (AHA/ASA).  
In 2011 the AHA/ASA put forth a recommendation to screen for congenital heart problems in newborns. Pulse oximetry is a simple screening tool that determines oxygen levels in hemoglobin and costs less than \$5.00. A fact sheet was distributed for review.
- Pam Seamans provided an overview of the NC Alliance for Health activities. An initiative that the Alliance will focus on in the next Legislative session is to improve the food environment in the NCGA and snack bar.

#### **VIII. Special Report**

- Anita Holmes reported that the NC Stroke Care Collaborative (NCSCC) has received funding to continue the Quality Improvement program. In addition to acute care, pre-hospital care has been added and the NCSCC will be working closely with the Emergency Medical Services system. She also reported that the November/December 2012 issue of the NC Medical Journal will feature cardiovascular disease.
- A special tribute was made to Senator Purcell, who will be retiring. Senator Purcell was presented with a plaque for his service to the Justus-Warren Task Force from 2003 – 2012. The NC Plan for Cardiovascular Prevention and Management of Heart Disease and Stroke will be dedicated to Senator Purcell.

There being no other business, the meeting adjourned at 12:45 PM.