

**Stroke Advisory Council (SAC)
Meeting Minutes
Thursday, March 6, 2014**

1:00pm – 4:00pm

Present: Dr. Andrew Asimos (phone), Dr. Brian Forrest, Anita Holmes, Dr. David Huang, Robin Jones, Karen McCall, Dr. Wayne Rosamond, Dr. Charles Tegeler,

Dawn Becker, Todd Bennett (phone), Renee Bethea, Sharon Biby, Sylvia Coleman (phone), Ron Cromartie (phone), Sheila DeBastiani, Abby Fairbanks, Valerie Gatlin, Greg Griggs, Valorie Holwerda, Amy Jones, Katy Kirk, Debbie Lambert, Kimberly Leathers, Jo Malfitano, Sandy Maney, Jim Martin, Will McLean, Joan Mesler, Jeremy Moseley, Kathy Neal, Heather Norman, Sarah Myer, Brett Palchurst, Beth Parks, Dr. Ruth Petersen, Melinda Postal, April Reese, Sharon Rhyne, Kim Shodack, Christine Small (phone), Cathy Thomas, Betsy Vetter, Melanie Watkins, Caroline Vierheller, Marie Welch (phone), Angie Wester

I. Welcome, Introductions, Approval of Minutes

Dr. Ruth Petersen, Section Chief, Chronic Disease and Injury Section, NC Division of Public Health, welcomed everyone to the Six Forks Campus. Following, Karen McCall, Chairperson, called the meeting to order and asked everyone present and on the phone to introduce themselves.

The minutes from the meeting on October 22, 2013 were approved.

II. Dr. Brian Forrest, Access Health Care, Justus-Warren Heart Disease and Stroke Prevention Task Force Member – Hypertension Update/South Carolina Initiative

- Presented findings on the ATGOAL PROJECT in South Carolina which partnered with COSEHC (Consortium for Southeastern Hypertension Control).
- The strategy consisted of academic/clinical partnerships with a focus on primary care practices to decrease disparities within participating practices.
- The ATGOAL Project worked with 62 practices.
- CME on-site training occurred with the physicians and COSEHC faculty.
- Baseline data on the patients was collected and then reviewed with each physician. Practices were given charts showing blood pressure and diabetes outcomes for their female patients and graphs indicating where the practice ranked overall.

- Dr. Forrest noted that the percentage of patients who have their blood pressure under control and are actually taking their medications impact the stroke rate of an area.
- Interventions were developed and then assessed three months later with significant improvements identified.
- The key to the success of the project was the individualized interventions for each practice.

Discussion:

- Implications of work for North Carolina.
- Are there opportunities to coordinate and collaborate among current QI programs?
- In May, a meeting is being planned to discuss this with a variety of partners.

**III. Dr. Charles Tegeler, Wake Forest Baptist Hospital, Co-Chair SAC
Telestroke Work Group – NC Telestroke Update**

- Presented cases as examples of the use of telestroke technologies and capabilities.
- As a result of telestroke, use of tPA has increased 40% and patients are able to stay at local hospitals 50% of the time.
- There are 38 telestroke hubs in NC. This number is constantly changing.
- Continued improvements have the potential to increase access to stroke care for underserved areas across the state.
- More creative ways are needed to fund telestroke.

Discussion:

- How do we deploy telestroke capabilities to smaller hospitals?
- How is Medicare reimbursing telestroke technologies?

**IV. Partner/Stakeholder 2014 Priorities and Updates (Part I)
*North Carolina Hospital Association- NCHA***

- Presented by Erica Nelson, Director of Health Policy.
- Focusing on ensuring consistent care for everyone who has a stroke in NC.
- First quarter 2013 stroke measures set: 8 measures of stroke care are posted on the CMS website.
- Core measures set: hospitals will be required to meet the measures or be penalized.
- NCHA will make sure hospitals have tools to meet the guidelines.
- Effect of ACA on hospitals: from volume to value and reducing variation in practices.

Discussion:

- The Stroke Advisory Council is looking for a representative from a small hospital that is working towards becoming a stroke capable hospital.
- Many hospitals are now stroke capable and are working toward Primary Stroke Center certification. A barrier is the tPA door to administration time frame.

American Heart Association/ American Stroke Association- AHA/ASA

- Betsy Vetter, Sr. Director of Government Relations, presented on behalf of the AHA/ ASA.
- Discussed the Primary Stroke Center Legislation.
- Telestroke medicine – How can the AHA/ASA support telemedicine?
- Prevention work includes working with the NC Alliance for Health's Voices for Healthy Kids to take on childhood obesity and Healthy Corner Store Initiatives.
- Tobacco control issues: Continue QuitlineNC funding and monitoring Smoke-Free law.
- Meet Target Stroke Initiative goals by 2015.

North Carolina Association of Family Practitioners- NCAFP

- Greg Griggs, Executive Vice President, presented on behalf of the NCAFP.
- Noted importance of funding on prevention and work of primary care practices.
- Reiterated Dr. Forrest's position that medication adherence is extremely important and the efforts that doctors put into this are often not billable.
- Data is critical to physicians knowing how well they are doing, especially in regards to patient care.
- May 21, 2014: HTN Awareness Day at the Legislature.

Discussion:

- In NC, doctors are not reimbursed significant amounts for making improvements in programs like Bridges to Excellence.
- In reference to the project in South Carolina- What did BCBS give back to participating practices in South Carolina that moved the mark?

North Carolina Stroke Association- NCSA

- Beth Parks, Executive Director, presented on behalf of the NCSA.
- The NCSA started 16 years ago.
- Focus is on primary and secondary prevention.
- Provides grant program to hospitals; approximately \$20-40,000 per year awarded.

- Examples of programs supported include the following: Community Training Program, Stroke Risk Identification Program, and Beyond the Hospital Program.
- Provide follow-up calls to at risk stroke patients and obtain data for hospitals.

Discussion:

- Does the SAC need to revisit the Stroke Rehabilitation Guide developed in 2009? Is it being used?
- How are hospitals informed of the services offered by the NCSA?

V. Next Steps

- April 16, 2014, Task Force meeting, 9:30 am – 12:30 pm, NC General Assembly
 - Recommendations for Task Force meeting
 - Report from each work group on top priorities
 - Follow-up on South Carolina project and how it could affect care in North Carolina
- May 1, 2014 SAC meeting, 1-4 pm, DPH Cardinal Room

VI. Adjournment

- Adjourned for Work Group sessions at 3:30 pm.