

# **Stroke Advisory Council (SAC) Meeting Minutes**

Thursday, October 9, 2014  
Division of Public Health Campus – Cardinal Room  
5605 Six Forks Road, Raleigh  
1:00pm – 4:00pm

Members: Karen McCall, Andrew Asimos (phone), Robin Jones, Brent Myers, Peg O’Connell, Pamela Duncan, Wayne Rosamond, Charles Tegeler

Guests: Donna Beaman, Dawn Becker, Janet Bettger, Sharon Biby, Eileen Blaha, Tosha Boyd, Cheryl Bushnell, Vonda Cogdell, Chris Coleman, Sylvia Coleman, Mark Constable, Ron Cromartie, Sheila DeBastiani, John R. Dugan, Kimberly Elks, Dawn Enterline, Abby Fairbank, Heather Forrest, Maria Fisher, Susan Freeman, Valerie Gatlin, Anita Holmes, Jessica Jarvis, Amy Jones (phone), Vonda Kenlaw, Brian Kitsch (phone), Kimberly Leathers, Jo Malfitano, Sandy Maney, Jim Martin, Joan Mesler, Laurie Mettam, Sarah Myer, Kathy Neal, Erica Nelson, April Reese, Sharon Rhyne, Abby Ruetger, Birtha Shaw, Cathy Thomas, Betsy Vetter, Jeanne Whalen, Sharon W. Williams

## **Welcome, Introductions, Approval of Minutes**

Karen McCall, Chair, called the meeting to order, welcomed all and asked everyone present and on the phone to introduce themselves.

Wayne Rosamond made a motion that the May 1, 2014 meeting minutes be approved. Chuck Tegeler seconded the motion. The motion passed and the minutes were approved as submitted.

## **Review of General Assembly Short Session**

Peg O’Connell and Betsy Vetter reported that the Smoke Free Law remains intact; e-cigarettes are now defined as a tobacco product; tax on e-cigarettes remains low and; the health hazard impact has yet to be determined.

The Hypertension Awareness Day, held on May 21, 2014 at the NC Legislature, was successful. See additional information in the Prevention/Public Awareness Work Group Report provided with these minutes.

NC Alliance for Health: Addressed issues related to access to healthy food, food deserts and food swamps with poor nutritional food choices. The 2014 Legislative Study Committee on Food Deserts included numerous educational presentations. Voices for Healthy Kids received funding from Robert Wood Johnson Foundation. Funds will be administered through the American Heart Association/American Stroke Association.

Temporary rules for pulse oximetry reading on newborns were secured. Work on the final rules is in process.

Draft rules on primary stroke centers have been published. Comments on the final rules are being received through December 1, 2014. The public hearing on the rules is scheduled for November 18, 2014.

### Featured Presentation

#### ***Stroke Prevention in Women: Guidelines and Beyond***

Cheryl Bushnell, MD, MHS, Associate Professor Neurology and Director, Wake Forest Baptist Stroke Center

Dr. Bushnell's presentation addressed the evidence for sex differences in stroke epidemiology in North Carolina, unique and traditional risk factors for women. She also addressed Stroke Prevention in Women Guideline recommendations for each risk factor.

Dr. Bushnell played a video clip from NBC news related to women's stroke risks. The video can be viewed at: <http://www.nbcnews.com/health/heart-health/new-guidelines-pinpoint-womens-stroke-risks-n23816>

The AHA/ASA Primary and Secondary Prevention guidelines are recommended for treatment of traditional risk factors yet a paucity of data on women still exists. To address the major gaps in evidence for sex-specific risks, the following are recommended:

- Blood pressure lowering approaches in women vs. men
- Prospective data on the pathophysiology of long-term stroke risk after preeclampsia, as well as intervention trials to reduce risk
- Risk of hemorrhagic stroke with oral contraceptive use
- Stroke risk related to early onset of menopause and lifetime estrogen exposure
- Formulations of natural or transdermal estrogen for menopausal therapy initiated early
- Strategies to reduce the frequency of migraine with aura
- Appropriate doses of newer oral anticoagulants to prevent stroke in older, low body weight women with atrial fibrillation
- Mechanisms underlying the relationship between depression, psychosocial stress and stroke risk
- Assessment of whether carotid endarterectomy reduces stroke risk better than medical therapy in women

And the most important gap is the:

- Lack of a stroke risk score that includes risk factors unique to women as related to age and menopausal status

More research is needed to understand the biology of sex differences in stroke risk. Follow up discussion included:

- Ron Cromartie asked “What does NIH need to hear to motivate them to bring more women into studies?”
- The “Ambien” study may be a lead on getting the studies for women going
- Animal research now requires recording of the animal’s gender
- Karen McCall suggested partnering with Planned Parenthood
- The Every Mother Initiative was mentioned as a potential group for collaboration
- Robin Jones asked how to take this information and translate it to other providers
- Jim Martin referenced the Surgeon General’s Report and secondhand smoke being causal for stroke

See the PowerPoint presentation included with the minutes for more detail.

### **Stroke Advisory Council Work Group Reports:**

#### **Prevention/Public Awareness: Betsy Vetter and Peg O’Connell**

Items addressed by the work group included:

- Membership
- Priorities Assessment
- Inclusion of components of the Stroke System of Care
- Justus-Warren Heart Disease and Stroke Prevention Task Force leadership
- Hypertension Awareness Day – 2014 and 2015

See the PowerPoint presentation included with the minutes for more detail.

#### **Pre-Hospital: Brent Myers**

Items addressed by the work group included:

- Prioritization of inter-facility transport from rural areas to Primary Stroke Centers, where the level of stroke care needed is available
- Emergency Medical Dispatch (EMD)
- Exploring telestroke:
  - Working on bringing telemedicine to the bedside of the ambulance,
  - Using ‘FaceTime’ in HIPPA compliant format is workable with funding
  - Telepresence and verification will move care forward
- Pre-hospital Strategies/Next Steps
- Would like to work collaboratively with Acute/Subacute work group and periodically work with all SAC work groups to identify points of intersection and possible collaboration
  - Karen suggested all meetings be posted with agendas so others can see and potentially join in the regular meeting
- Next work group meeting is November 5, 2014, 2 to 3 pm

See the PowerPoint presentation included with the minutes for more detail.

**Acute/Subacute: Karen McCall**

Items addressed by the work group included:

- Work group membership/alignment with areas of focus
- Include representation of EMS and telestroke providers on the work group
- Working with every hospital to have a comprehensive plan for stroke care
- Stroke care capability designation criteria for all hospitals that are not primary or comprehensive stroke centers:
  - Joint Commission draft requirements for acute stroke ready hospitals.
  - Education of the public on different hospital stroke care capabilities
- Secondary transport. JC draft certification rules also address secondary transport and telestroke. Cost is also a factor. Comments to draft rules due Oct 28th.

See the PowerPoint presentation included with the minutes for more detail.

**Recovery/Transition of Care: Pamela Duncan**

Items addressed by the work group included:

- Janet Bettger is leading a large Patient Centered Outcomes Research Institute (PCORI) study across the state merging Get With the Guidelines (GWTG) data with Medicare data nationally
- Background data on stroke recovery and transition of care outcomes with a goal of improving the process and quality of a stroke patient's transition back into the community:
  - Patients may not recognize their needs, shortcomings until they are home
- Action taken on the **Comprehensive Post-Acute Stroke Services** (COMPASS) study opportunity offered by PCORI in August 2014 which directly align with the work group's top priorities and benefits of award:
  - Caregiver strain, readmission rates and health services outcomes will also be measured in the study
  - Funding of the COMPASS study will provide NC the opportunity to systematically evaluate early supported discharge and improved health outcomes for stroke patients
  - Statewide engagement, with new resources/providers, in support of early discharge and consistent patient management can be initiated
  - Tools for working with ICD coding for Transitional Care Management is part of the COMPASS mechanism
  - The application is supported by many partners and stakeholders
  - All NC Stroke Care Collaborative (NCSCC) participating hospitals are eligible to participate

Status of the COMPASS application:

- Passed phase one of application process
- Passed internal review, external review scheduled for November 2014.

Stroke is the highest cost of (#1 condition in Medicare) post-acute care. Will reconvene recovery stakeholder team after grants are awarded.

See the PowerPoint presentation included with the minutes for more detail.

**North Carolina Stroke Care Collaborative Update – Wayne Rosamond**

Items addressed during the update included:

- NC Stroke Data Overview
- NCSCC Data Portal and Linkage
- Quality Improvement
  - Regional Workshops, Focus Groups, Webinars, Other Stroke Care Education and Training
- Other NCSCC activities include hospital recruitment and retention, partnerships and funding.

See the PowerPoint presentation included with the minutes for more detail.

The next Justus-Warren Heart Disease and Stroke Prevention Task Force meeting is scheduled for November 18, 2014 (Dr. Myers presents) and Jan 7, 2015.

The Stroke Advisory Council will meet in March and October 2015.

The meeting adjourned at 4 pm.

Respectfully submitted by Alicia Clark, November 3, 2014.