Justus-Warren Heart Disease and Stroke Prevention Task Force
MEETING MINUTES
Tuesday, November 18, 2014 – 11 AM to 1 PM
Room 1027, Legislative Building

Present: Senator Austin Allran**,** Frank Amend, Helen Brann, Shonda Corbett, Dr. Brian Forrest, Ashley Honeycutt, Dr. Kathryn Lawler, Glenn Martin, Karen McCall, Dr. Kimberly Moore, Wanda Moore, Rick Willis

Anita Holmes, Mike Bachman, Tosha Boyd, Chris Colangelo, Sylvia Coleman, Tim Corbett, Sharon Davis, David Glendenning, Martha Ann McConnell, Adrienne Mims, Sarah Myer, Debbie Grammer, Greg Griggs, Jeffrey Hammerstein, Sally Herndon, Kristen Kearns, Brent Myers, Erica Nelson, Rick O'Donnell, Jonathan Olson, Dr. Ruth Petersen, April Reese, Sharon Rhyne, Cathy Thomas, Betsy Vetter, Mike Vicario, Scott Whisnant, Jeff Williams, Joseph Zalkin

Welcome/Introductions
Senator Austin Allran, standing in for Co-chairs Senator Louis Pate and Representative Becky Carney, welcomed everyone to the meeting and invited Task Force members and guests to introduce themselves.

Approval of Minutes
Karen McCall made a motion that the April 16, 2014 meeting minutes be approved as distributed. Wanda Moore seconded the motion and the motion passed with no opposing votes.

Stroke Advisory Council (SAC) Report – Karen McCall, Chair (Copy of presentation attached to minutes):

Karen McCall provided an update on the last meetings of the SAC (May 1, 2014 and October 9, 2014) and recommendations of the SAC Work Groups. Commenting on the May 1, 2014 meeting, Ms. McCall noted the following:

- The NC Primary Stroke Center Designation Rules, enacted in the last legislative session, are now under review.
- NC System for Telepsychiatry, provides hope that the same type of technology can be applied to other disease areas, such as Telestroke.
- There is a major grant opportunity for NC that aligns with the work of the SAC Work Group on Stroke Recovery and Transitions of Care.

The October 9, 2014 meeting included a presentation on the new *Stroke Prevention in Women Guidelines* and unique risks for women. An update on the North Carolina Stroke Care Collaborative (NCSCC) quality improvement program was also provided at the Oct 9th meeting. The NCSCC manages a stroke registry in which member hospitals enter stroke care and treatment information about their patients. NCSCC is seeking additional funding to sustain its program activities and to expand the services provided. The program is currently partnering with universities and hospitals across the state to secure funding in order to study early supported discharge.

Ms. McCall also highlighted the priority areas and recommendations of each SAC Work Group. These included addressing primordial and primary prevention as components of the Stroke System of Care, expanding Hypertension Awareness Day, interfacility transport from rural areas to Primary Stroke Centers, emergency medical dispatch, every hospital having a comprehensive plan for stroke care, stroke care capability designation for hospitals that are

not primary stroke centers, improved post-stroke recovery and transitions of care, and assessing the availability, placement, and quality of Telestroke services.

Peg O'Connell, Vice-chair of the SAC, and Betsy Vetter, AHA/ASA Senior Director Government Relations, reported that they had just returned from the public hearing on the draft rules for the Task Force supported stroke center designation legislation. During the hearing, they spoke in favor of adding the Acute Stroke Ready category to the proposed rules. There was no opposition to the proposed rules. The anticipated effective date is February 1, 2015. The public comment period is open through December 1, 2014.

Discussion included comments regarding:

- The importance of being able to identify hospitals as acute stroke ready.
- All prehospital service providers and the general population would benefit from an awareness and education campaign on hospital "designations".
- SAC Work Groups appear to be on track to finish activities for year three of the five-year plan.
- Large parts of eastern NC having fewer resources but having the highest incidence of stroke.
- All hospitals, through networking, increasing their knowledge and resources on stroke care but size and funding remaining major challenges.

A motion was made, seconded, and passed to accept the report.

Following the report, Ms. McCall requested that Arnett Coleman M.D. be considered for appointment to the SAC representing Old North State Medical Society. The motion was made and unanimously approved by the Task Force for Dr. Coleman to be appointed to the SAC.

Senator Allran opened the floor for further discussion and comments. Other points of discussion included:

- Increasing awareness of secondhand smoke as a stroke risk factor.
- Hospital identification of stroke patients and the need for immediate treatment.
- Importance of recognizing stroke as an emergency and the importance of calling 911. Suspected stroke patients should not be transported to the Emergency Department (ED) by family members.
- Ms. McCall spoke to the goal of identifying if a stroke is hemorrhagic or ischemic and, when appropriate, ischemic stroke patients receive tPA.
- Importance of having a plan, such as the *NC Plan for the Prevention and Management of Heart Disease and Stroke 2012-2017* to guide the Task Force's actions.
- Provision of expert guidance and support to hospitals developing their specific stroke care plan.
- Gaps in resources, such as the availability of neurologists and support that might be available through Telestroke.
- Hospital stroke readiness information being available to EMS personnel to assist in transporting patients to an appropriate facility.
- Administration of tPA to eligible patients for ischemic strokes within appropriate time window.

Emergency Medical Services (EMS) and Cardiovascular Health – Expanded Horizons
Chief Regina Godette-Crawford, NC OEMS

Senator Allran introduced Chief Regina Godette-Crawford who shared information on the background of EMS and recent activities. Expanding EMS into the community is a national goal and NC is one of states leading the way.

Mobile Integrated Healthcare requires rules, formalized roles and developed standards. At present, all of this depends on private endowments and grants for addressing reimbursement needs. Currently, there are no state funds in place for this quality improvement action in the NC healthcare system. Not only would stroke victims benefit, but those with chronic diseases who depend on the Emergency Department for primary care and the community, as a whole, would benefit.

Mobile Integrated Healthcare in Wake County, NC
Brent Myers, MD, MPH (Copy of presentation attached to minutes)
Dr. Myers started with some educational points to get the group speaking the same language and offered to receive questions at the end of his presentation.

- EMS is housed in the Department of Transportation at the federal level. EMS is requesting a move to Health and Human Services. The original purpose of EMS was to address trauma on interstate roadways. That need is now only 4-5% of all 911 calls.
- Mobile Integrated Healthcare is designed for patient centered outcomes.
- EMS incentives (reimbursement) are not necessarily patient centered. Wake County EMS wants to move that needle to improve both patient care and resources to operate EMS services.

Dr. Myers' presentation provided additional information on:

- Current EMS basic education, extended training and levels of expertise.
- Levels of prevention that EMS can join other members of a healthcare team in providing.
- The need for Medicaid to cover EMS transport when a patient's need is better met outside of the ED.
- Large percentage of 911 calls not considered emergencies. More appropriate utilization can open critical care beds in hospital EDs for stroke and heart attack patients.
- The only time EMS makes money is when EMS takes patients to the ED.
- Recommendations for utilizing advanced practice paramedics for their expertise and skills at the scene, for assessment of the patient's condition and determination of the best healthcare facility for needed service and transporting the patient accordingly; moving EMS at the federal level from the Department of Transportation to Health and Human Services; and ambulance transport to crisis centers. He commented that additional information is available upon request.
- EMS needs additional funding to support a Mobile Integrated Healthcare practice in NC.

Discussion included:

- Protocols utilized by paramedics to determine patient risk level and emergency medical screening.
- Compensation by Medicaid and Medicare and related criteria.

New Hanover Regional Medical Center (NHRMC) and Emergency Medical Services
David Glendenning - EMS Outreach Coordinator at NHRMC (Copy of presentation attached to minutes)

David Glendenning provided an overview of the New Hanover Regional Medical Center (NHRMC) Community Paramedicine Program.

- NHRMC provides all funding for Emergency Medical Services in New Hanover. NHRMC is a cardiac tertiary care center for seven counties and has an aggressive stroke care plan in place. They are also working towards Joint Commission certification.
- NHRMC, from a hospital perspective, sees a need to get patients into a system of care quickly so rehabilitation can begin earlier. EMS operates a variety of vehicles with qualified personnel assigned to each. The newest addition to their fleet is the Community Paramedic Vehicle.
- The reality of 911 being the safety net for non-emergency care is true for NHRMC as well.
- Based on evaluation of patient and community needs, a pilot community Paramedicine program was initiated and applied to congestive heart failure patients. Results showed over seven aspects of the patient's quality of life were improved as well as reducing unnecessary ED visits, improving readmission rates, adding partners in healthcare system integration and care coordination.
- Funding an additional 2.5 FTEs is needed.
- Status as an Accountable Care Organization will provide more reimbursement and better managed care.
- Tremendous cost savings are anticipated translating to a win for patients, service providers and insurers.

Discussion included:

- Appropriate utilization of various agencies providing emergency services.
- Need for public education regarding 911 services.
- Some of the emergency vehicles only require incremental fuel costs when responding.
- Potential partnership opportunities with other community services.
- Collaborative efforts with mobile integrated healthcare to improve hypertension identification, education, and management.

Justus-Warren Heart Disease and Stroke Prevention Task Force Executive Director Report Anita Holmes

Highlights of the report included:

- The Task Force's report to the General Assembly will be submitted in January 2015.
- Following the April 2014 Task Force meeting that included a presentation on cardiovascular disease and firefighters, a follow-up meeting with the Division of Public Health Chronic Disease and Injury Section was convened. Additional support is being provided to address some of the identified needs. A recently passed amendment to the Firefighters' Relief Fund legislation allows these funds to be utilized for annual physicals.
- Ms. Holmes, representing the Task Force, is collaborating with the Division of Public Health's Women's and Children's Health Section on the Every Mother Initiative in addressing the high incidence of cardiovascular disease in women of childbearing age. Dr. Cheryl Bushnell's' presentation at the October 2014 SAC meeting addressed the unique stroke risks for women, including those of childbearing age. Dr. Bushnell is available to speak with the group.
- Special thanks to Ms. Vetter, Dr. Brian Forrest, and Greg Griggs for the submission of an article to AHA on the NC Hypertension Awareness Day Campaign.
- The Hypertension Evidence-based Academy sponsored by the North Carolina Translational and Clinical Sciences Institute (NC Tracs) is scheduled for December 5, 2014 in Greenville. Ms. Holmes represented the Task Force on the Steering Committee and will also serve as a faculty member along with Dr. Ruth Petersen (NC Division of Public Health Chronic Disease and Injury Section Chief) and Ms. Vetter. Highlights of the Task Force's work will be shared.

- Post cards based on a Task Force public awareness campaign on the ABCS of heart disease and stroke prevention were mailed to 275,000 State Health Plan enrollees over 40 years of age and those under age 40 with diabetes.
- A December meeting with the Office of Rural Health and Community Care will explore Telepsychiatry and Telestroke developments in NC.
- Dr. Adrienne Mims, Vice President, Chief Medical Officer, of Alliant Quality, the new Quality Improvement Organization for NC, will partner with the Task Force on selected objectives in *The NC Plan for the Prevention and Management of Heart Disease and Stroke*.
- Special thanks to Vidant Medical Center for reconvening the Eastern North Carolina Stroke Network meetings.
- Lenoir Memorial Hospital is a new member hospital of the NCSCC.

The meeting adjourned at 1:00 pm.