

STROKE ADVISORY COUNCIL MEETING MINUTES

Wednesday, February 28, 2018, 11 AM - 1 PM

Cardinal Room, DPH

Members/Partners

Present: Peg O'Connell, Chair, Fuquay Solutions; Chuck Tegeler, Vice Chair, Wake Forest Baptist Health; Anna Bess Brown, Justus-Warren Heart Disease and Stroke Prevention Task Force (JWHDSPTF); Stephanie Bradbury, Chiesi; Sylvia Coleman, COMPASS Study, WFBMC; Ben Collins, Johnson & Johnson; Pam Duncan, COMPASS Study, WFBMC; Kimberly Elks, WakeMed; Abby Fairbank, American Heart Association (AHA); Kelly Frankenreider, Genetech; Heather Forrest, Duke; Sonya Games, Vidant Medical Center; Carmen Graffagnino, Duke University; Sally Herndon, Division of Public Health (DPH) Tobacco Prevention & Control Branch; David Huang, UNC Health Care Comprehensive Stroke Center; Susan Kansagra, DPH Chronic Disease & Injury (CDI); Sanga Krupakar, DPH Community & Clinical Connections for Prevention and Health (CCCPH); Monique Mackey, NC AHEC; Colin McDonald, Novant Health; Lorie Ann Meek, Duke Telestroke and Subspecialties; Wanda Moore, JWHDSPTF member; Karen Norman, Novant Health Forsyth; Brett Parkhurst, Genentech; Beth Parks, NC Stroke Assoc.; Jeana Partington, Alliant Quality; Joey Propst, JWHDSPTF member; Sharon Rhyne, CDI; Maya Sanders, DPH Div. of Aging & Adult Services; Jen Sohl-Marion, DPH CCCPH; Cathy Thomas, DPH CCCPH; Jackie Thompson, UNC Rex; Betsy Vetter, AHA; Gwendolyn Wise-Blackman, Minority Women Health Alliance

By phone: Andrew Asimos, Carolinas HealthCare System; Robin Jones, Mission Health; Birtha Shaw, Central Carolina Hospital; Jason Walchok, AHA; Jacqueline Wynn, NC Area Health Education Center; Omar Kass-Hout, UNC Rex

Welcome, Introductions and Approval of November 1, 2017 Meeting Minutes

Peg O'Connell, chair, welcomed new vice chair Chuck Tegeler; and attendees introduced themselves.

David Huang made a motion that the minutes from the November 1, 2017 meeting be approved as submitted, Carmen Graffagnino seconded, and the minutes were approved unanimously.

High Blood Pressure Media Campaign

Jen Sohl-Marion, Communications Coordinator, Community and Clinical Connections for Prevention and Health Branch, NC Division of Public Health, presented two media campaigns running in the state. A video and digital ads for [High Blood Pressure](#) awareness and control are running in eastern region of the state. The goal of this campaign is to get adults with high blood pressure to know their blood pressure numbers and take steps to control their blood pressure. [Live Healthy To Be There](#) TV, radio and web ads promoting chronic disease prevention are running statewide. The statewide campaign will have over 42 million impressions which means audience members will have 42 million exposures to the ads. Two phases of the high blood pressure campaign will reach over 375,0000 viewers with 14 million impressions.

The High Blood Pressure campaign leads viewers to our [Start With Your Heart](#) website; click through for patient and provider resources. Live Healthy leads viewers to preventchronicdiseasenc.com which has resources on quitting tobacco, monitoring blood pressure, being physically active, etc.

When asked how the CCCPH branch is measuring success, Jen explained that her team is logging hits to the websites. The cost for three phases of both campaigns was \$400,000 - \$450,000; funding came through the CCCPH branch from the CDC and from some state funds. She offered to share the Live Healthy digital ads (and other formats such as floor decals) and the TV and web Blood Pressure ads.

Contact Jen at jen.sohl-marion@dhhs.nc.gov for ads for your website and publications. See Jen's full slide presentation on StartWithYourHeart.com.

North Carolina Stroke Association

Chuck Tegeler, President of North Carolina Stroke Association (NCSA), provided an update on the progress of NCSA since it began two decades ago. In 1998 physicians and community leaders came together to address alarmingly high rates of stroke in the state. Starting as a branch of the American Stroke Association, the founders launched the NCSA to decrease the incidence of stroke in NC. Early on, NCSA focused on stroke awareness and prevention education. Over the years, NCSA provided 46,000 people with risk training to help them identify stroke risk. The **Beyond the Hospital** program educated over 9000 people, and hospitals distributed tens of thousands of materials. The **Time is Brain, Time for Change** program provides grants to facilities that seek to become acute stroke ready. NCSA has raised \$1.7 million over time. NCSA honors stroke heroes with the SHAPE (Stroke Heroes Advocating Prevention and Education) award. By funding hospitals to become acute stroke ready, NCSA has reached many hospitals and people and contributed to the decrease in stroke mortality in NC. Dr. Tegeler and Beth Parks, NCSA Executive Director, entertained questions and referred attendees to <http://ncstroke.org/> for additional information. Contact Beth Parks for information on grant funds available this spring for hospitals in Tier I areas of high stroke mortality or to join the efforts of the NCSA.

In honor of NCSA's 20th anniversary in 2018, members of the Stroke Advisory Council suggested the Task Force recognize NCSA for its service. David Huang suggested recognizing NCSA in May which is American Stroke Month; he motioned to carry the recommendation to the Task Force, and Betsy Vetter seconded. The motion passed unanimously with a single abstention by Dr. Tegeler.

New Landscape for Acute Ischemic Stroke Treatments

David Huang presented the [New Landscape for Acute Ischemic Stroke Treatments](#). As two papers now support a longer window of endovascular treatment for some patients, advanced imaging is needed to select eligible patients. For 20 years, the window for starting endovascular treatment was 6-8 hours; today we're looking at 16-24 hours. The Integrating and Accessing Care work group has been discussing these issues and will continue the discussion during the work group break-out sessions.

Goals:

- Improve access
- Improve notification methods when on divert
- "Autolaunch" capability
- Reduce door-to-device times
- Prepare for the eventuality of DAWN/DEFUSE3-eligible patients

Next Steps:

- Continue current SAC dialogue in Integrating and Accessing Care Work Group
- Encourage each Hub to begin dialogues with their referring hospitals (increase capabilities) and transport systems
- Provide education to government and health care leadership on current issues and needs
- Organize a meeting (SAC, Hub leadership teams, NCHA, NCCEP, NCOEMS, NCDHHS, Critical Care Transport leadership, others) to continue dialogue on a larger scale

Dr. Huang added that even though South Carolina has a large state-funded telestroke program, they have

decided to go with bypass. Dr. Graffagnino noted that Duke is conducting a study to examine how approaches in NC and SC are working. This information presents an opportunity for North Carolina to collect data, understand how patients are screened, treated and to know their outcomes.

Brett Parkhurst added that we need to remember that complexity often leads to paralysis. Hospitals need protocols. How do we maintain the urgency with stroke? When we do this, let's be really smart and keep it simple.

Work Group Reports

Integrating and Accessing Care Work Group

David Huang reported:

1. Resources: centralized resources the right thing to do. Technology can help. Rapid software high level core profusion could dispense with idea of bypass.
2. Summit: Stroke Advisory Council to sponsor a state summit with EMS leaders, stroke centers in central NC this summer.
3. Stroke Registry: revitalize Statewide Registry; data is vital to the development of integrated and accessible care for stroke.
4. Education: grassroots efforts to re-educate the public that stroke is an emergency and calling 911 is the best action plan for treatment. Increasingly, folks are driving themselves to the hospital.

Post-Stroke Care Work Group

Sylvia Coleman reported:

1. Medicaid benefits: the group is working with DMA on educating providers and patients on post-stroke benefits available through Medicaid.
2. Stroke Registry: reinstating the NC Stroke Registry is vital, and participation should be mandatory as there is much we do not know.
3. Navigating the care continuum: simplify messages and give one phone number for a patient to call with questions.

Betsy noted these things are expensive; we have limited healthcare dollars, we have people who are uninsured and in the health insurance coverage gap, and there is a rise in junk insurance that doesn't provide the coverage that people need. Pam added that acute care costs are expanding. A mandatory Registry would give us data on what integrated care costs. As state Medicaid goes to managed care, we need to understand benefits. COMPASS developed a resource entitled Insurance Matters which provides information on Medicaid benefits; it has been reviewed and approved by DMA .

Prevention and Awareness Work Group

Peg O'Connell reported:

1. Stroke Awareness Campaign: there is a subcommittee working to develop a Stroke Awareness Campaign which will focus on African Americans in the eastern region of the state.
2. High Blood Pressure Awareness Day: new rules at the legislature do not allow people to reserve courtyards, bring in displays or bring in equipment to measure blood pressure. In lieu of holding an event during which we measure blood pressure, members of the Prevention work group plan to hand educational information on high blood pressure to each member of the General Assembly. Peg is reaching out to Task Force chairs to explore having announcements about High Blood Pressure

Awareness Day made on the floor of the General Assembly in May.

3. Peg is now writing a health column for NC Spin, the political talk show on UNC at 7:30 Friday nights, and welcomes others to write. The editor is looking for content to post. Her first [post](#) on heart disease in North Carolina appeared in February in celebration of Heart Health Month.

Next Meetings:

- **May 1 - 1-3** WFBMC Cancer Center, 10F, 1 Medical Center Blvd., Winston-Salem, NC 27157
Stay tuned for details on lunch and a tour of the new Neuro ICU.
- **August 10 - 10-12** UNC Rex Heart & Vascular Hospital, 4420 Lake Boone Trail, Raleigh
- **November 1 - 1-3** Cardinal Room, Building 3, DPH, 5605 Six Forks Rd., Raleigh