Early Results

NC Stroke Advisory Council Meeting
Tuesday, May 23, 2017

Jacquie Halladay, MD, MPH
Associate Professor, Department of Family Medicine, UNC School of Medicine
Director, NCTracs Trial Innovation Network Hub
Co-Director, North Carolina Network Consortium

Sylvia Coleman, MPH, RN, BSN
Director of Implementation, COMPASS Study
Million Hearts: Preventing Heart Attacks and Strokes

- Cardiovascular prevention works in two realms: the **clinic** and the **community**.

- Clinical and community interventions each contributed about equally to the 50% reduction in U.S. mortality due to heart attacks between 1980 and 2000.
Agenda

- COMPASS Study
- Participant flow
- Early results of 342 participants
COMPASS Study Objectives

- Address the needs of stroke survivors and their caregivers
- Connect hospitals, community providers, and agencies
- Develop individualized eCare Plan for each patient
Why Post-Acute?

~ Half of stroke patients in NC are discharged directly home

~ 44% cannot walk independently

< ½ have risk factors assessed, treated, or controlled

Rosamond NC Med J 2012
Why Post-acute?

Patients discharged home struggle:

- 25% readmitted within 90 days
- 66% readmitted within 1 year
Agenda

• COMPASS Study

• Participant flow

• Early results of 342 participants
Patient experience with COMPASS

Study recruitment

New symptoms?
F/u with PCP?
S/S of stroke
Connected to services?
Transportation?

2 day call

2 day call

COMPASS
COMPREHENSIVE POST-ACUTE STROKE SERVICES
7-14 day visit: Assess and Plan

- F/u with PCP
- Medications
- Engagement with therapists
- Access to other community resources

- Examine
- Review
- Inform
APP Visit

• Cardiac monitoring
• Discuss recovery
• F/u care – PCP, other providers, back to work, driving, other needs/resources
• Generate eCare Plan
Agenda

• COMPASS study

• Participant flow

• Early results of 342 participants
Data Source:

- Post-Acute Functional Assessment
- Advanced Practice Provider Assessment
Among 342 stroke survivors who are discharged to home and seen by the PAC/APP team.....
All Participants:

NOT noting specific risk factors for stroke

125 (36.5%) did NOT note High Blood Pressure as a risk factor for stroke

247 (72 %) did not note.....smoking..................

271 (79 %) did not note.....diabetes............... 

159 (57%) did not note......high cholesterol...
All Participants: NOT noting specific risk factors for stroke

320 (94%) did not note......atrial fibrillation...

304 (89%) did not note......heart disease....... 

288 (84%) did not note a lack of physical activity .........
Among those with the conditions or condition surrogates, “n” (%) that did not note such risk factors....

Among ...116 subjects with a SBP of ≥ 140,
79 (68%) recognized...HTN as a risk factor ..........

Among 58 that smoked,
39 (67%) recognized....smoking as a risk factor....

Among 28 with a HbA1c of >8%,
18 (64%)....recognized DM as a risk factor..........
Condition specific:

Among 38 with a Hx. of atrial fibrillation/flutter, 11 (29%) recognized it as a risk factor.

Among 89 with a Hx. of heart disease*, 16 (18%) recognized it as a risk factor.

109 with an LDL of > 100 mg/dl, 61 (56%) recognized high cholesterol.

144 with ≤ 20 minutes of physical activity/day, 20 (14%) recognized physical inactivity.

*Heart Disease = CAD/MI/CHF/Valve Disease
SBP Data at APP Visit

<table>
<thead>
<tr>
<th>SBP (mmHg)</th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;= 160 (HTN II)</td>
<td>8.5%</td>
<td>29</td>
</tr>
<tr>
<td>140-159 (HTN I)</td>
<td>25.4%</td>
<td>87</td>
</tr>
<tr>
<td>120-139</td>
<td>44.2%</td>
<td>151</td>
</tr>
<tr>
<td>&lt;120 (Normal)</td>
<td>14.3%</td>
<td>49</td>
</tr>
<tr>
<td>Missing</td>
<td>7.6%</td>
<td>26</td>
</tr>
</tbody>
</table>
Frequency Distribution
SBPs at APP Visit (n=316/342)
Systolic BP Mean (SD)

135 mmHg (17.9)
Number (%) SBP ≥ 140mm Hg

116 (34%)
Number (%) SBP $\geq$ 160 mm Hg

29 (9%)
Visits with PCPs

Do you have one doctor that knows you and all of your medical conditions?

Have you seen him/her in the past 3 months?

Have you seen him/her since your stroke?
Visit with PCPs

Do you have one doctor that knows you and all of your medical conditions?
• 319/342 (93%) “Yes”

Have you seen him/her in the past 3 months?
• 270/319 (85%) “Yes”

Have you seen him/her since your stroke?
• 175/270 (65%) “Yes”
Stroke Advisory Council

Work Groups

Stroke Advisory Council Work Groups reflect components of a comprehensive Stroke System of Care which is depicted below. The long-term objective of the comprehensive Stroke Systems of Care is to reduce disparities in stroke by increasing communication and coordination with everyone involved: individuals who have suffered a stroke, family members, health care professionals, community partners and legislative entities.

COMPASS Website
https://www.nccompass-study.org/
Post-Stroke Health Work Group Members

Chair: Pam Duncan
Vice Chair: Sylvia Coleman
Staff: Anna Bess Brown
Cheryl Bushnell, Betsy Vetter, Wayne Rosamond, Sue Ashcraft, Wanda Moore, Robin Jones, Amy Jones, Kimberly Elks, David Huang, Maura Sliverman, and Melissa Hanrahan
SAC Post-Stroke Health Work Group Recommendations:

• Work with Medicaid to write a letter to providers describing stroke patients’ available benefits.

• Develop a list of key messages for providers to be used in provider training and posted on the Start With Your Heart website.

• Develop a strategic plan to educate providers (primary care providers and other post-acute providers) on the challenges of managing on secondary prevention.
Thank you for your interest, attention, and all of the support and resources!

Jacquie Halladay, MD, MPH
Sylvia W. Coleman, RN, BSN, MPH, CLNC
Pressing on...

“Know that your life matters to many, so do good work, laugh every day, and press on”.