

STROKE ADVISORY COUNCIL MEETING MINUTES

Thursday, December 1, 2016 1:00 - 2:00 PM
Webinar

Members/Partners:

Karen McCall, Chair, UNC Healthcare Communications & Marketing; Peg O'Connell, Vice Chair, Fuquay Solutions; Morgan Barganz, Duke Raleigh; Anna Bess Brown, Justus-Warren Heart Disease and Stroke Prevention Task Force; Cheryl Bushnell, Wake Forest Baptist Medical Center (WFBMC); Ron Cromartie, Innovative Health Care Consulting; John Dugan, American Heart Association (AHA); Pam Duncan, WFBMC; Kimberly Elks, WakeMed; Abby Fairbank, (AHA); Heather Forrest, Duke University Hospital; Carmen Graffagnino, Duke University Hospital; Morgan Wittman Gramann, NC Alliance for Health; Sally Herndon, NC Division of Public Health (NCDPH); David Huang, UNC Comprehensive Stroke Center; Sarah Jacobson, AHA; Amy Jones, Novant Health Forsyth; Robin Jones, Mission Health System; Jim Martin, NCDPH; Kathleen Shapley-Quinn, NCDPH; Denise Sorenson, Novant Health; Susan Taphous, Onslow Memorial Hospital; Sandra Stanley, Albemarle Regional Health Services; Jacqueline Wynn, NC Area Health Education Program.

Welcome, Introductions and Approval of October 13, 2016 Meeting Minutes

Karen McCall, chair, welcomed everyone; and attendees introduced themselves.

Peg O'Connell made a motion that the minutes from the October 13, 2016 meeting be approved as submitted, and the minutes were approved unanimously.

Timeline

Karen reminded everyone that applications are due to the Task Force by COB Dec. 7, 2016 for review and in order to be presented to the Task Force at the meeting January 9, 2017.

The three work groups reported on their work since October 13.

Prevention and Public Awareness

Chair-Brian Forrest; Vice Chair- Peg O'Connell

1. Increase funding for Quitline
2. Fund Tobacco Prevention Programs
3. High Blood Pressure Education
4. Endorse Child Fatality Task Force's recommendation for annual appropriation for You Quit, Two Quit
5. Endorse increased funding for the Healthy Corner Store Initiative

Discussion: Peg O'Connell explained that the group is still building the budget for the hypertension campaign and stated that the ballpark number is \$500,000.

Integrating and Accessing Care

Chair: David Huang; Vice Chair-Carmen Graffagnino

1. Integrate stroke response and communication including assessing transfers; collecting hospital data; documenting cost and opportunities to improve the system; and conduct needs assessment.
2. Write a position statement that acknowledges the absence of a tool describing appropriate transfer and document the need for integrated care.
3. Convene a group to collaborate on a coordinated statewide plan.

Discussion: Doctors Huang and Graffagnino explained that the group is asking many questions: how many patients are major centers accepting, and how many get procedures? Karen suggested presenting to the Task Force on the system of stroke care. Dr. Huang added that it would be important to collect cost data in preparation for presenting to the Task Force; he asked if there is anyone at DPH who can pull cost data and Anna Bess responded that there is no one dedicated to heart disease and stroke data. Robin Jones, Stroke Coordinator at Mission, added that stroke coordinators could provide data and offered to share a video on patient transport.

Post-Stroke Health

Chair-Pam Duncan; Vice Chair-Sylvia Coleman

1. Focus areas: prevention, in-office counseling, secondary prevention
2. May 2017 Stroke Month event to educate legislators about stroke
3. Present on post-stroke care and Medicaid reimbursement to Joint Legislative Committee on Health & Human Services
4. Fall 2017: Medicaid coverage of preventive health services & post-stroke care
5. Conduct provider training on importance of physical activity for stroke patients; collaborate with Division of Aging, DMA, AHEC, Heart Health Now!

Discussion: Dr. Cheryl Bushnell reported for the group and added that Betsy Vetter had an excellent meeting with Dave Richard, Deputy Secretary for Medical Assistance. He stated that he will work with his team on the US Preventive Services Task Force A and B cardiovascular benefits including aspirin. Betsy stressed that it is critical that the Division of Medical Assistance (DMA) notify all providers that these preventive benefits are covered.

Secretary Richard promised to investigate Medicaid benefits post stroke. Betsy recommended that DMA and the Task Force work with lawmakers to present on stroke to the Joint Oversight Committee on HHS and to educate lawmakers about the toll of stroke on Medicaid and post-stroke care.

They also discussed the need for provider education- particularly about the importance of secondary prevention. He agreed to help facilitate partnership among DMA, AHEC and the Task Force in efforts to

educate providers. **He requested that the Task Force keep him updated on our work.**

They also discussed ideas around hypertension that fit with the prevention work group.

Betsy explained that this group will likely make an administrative ask of the Task Force regarding the education of lawmakers and providers related to post stroke.

Actions Taken

The Stroke Advisory Council voted on the following:

- 1. Peg O'Connell motioned for the Council to make a request of the Task Force to present on stroke costs and Medicaid reimbursement to the Joint Legislative Committee on HHS. Dr. Huang seconded, and the motion passed unanimously.**
- 2. Peg O'Connell motioned to approve the list of 5 recommendations from the Prevention and Public Awareness work group with the understanding that the group will come back to the Council with numbers. Ron Cromartie seconded, and the motion passed unanimously.**

Request from NC HIE

Anna Bess stated that the NC Health Information Exchange (HIE) has requested prioritized ICD 10 Codes. All Medicaid providers must be connected to the HIE (NC HealthConnex) by 2/1/18; all other entities that receive state funds for the provision of health services must connect by 6/1/18.

What data points will you need to pull from the HIE? Dr. Kathleen Shapley-Quinn encouraged participants to think broadly about ways to use the data when dealing with chronic disease, stroke, diabetes, etc. What prevention and evaluation outcomes do you need?

Dr. Huang noted that many people with stroke don't have a primary care provider (PCP). It is important to ask about PCP and whether patient has seen a PCP in the last 6 months. Other possibilities: educational attainment, economic status, demographics, dually eligible for Medicaid? Dr. Huang noted that all ICD 10 codes are important. We need clarification on exactly what HIE needs. Anna Bess will explore and ask Dr. Huang and Dr. Bushnell (who is developing a registry in their EMR) if further information is requested.