STROKE ADVISORY COUNCIL MEETING MINUTES
August 28, 2020
The Impact of COVID-19 on Stroke Care in North Carolina
Webinar 1-3 pm

Members/Partners
Present:

Jeff Adams, Johnson & Johnson (J&J); Susan Ashcraft, Novant Health; Andrew Asimos, Atrium Health; Mary K. Baker, UNC Health; Janet Bettger, Duke; Melanie Blacker, FirstHealth; Joe Bowman, UNC Health; Tara Box, Novant Health System; Nicol Brandon, Atrium Health; Olivia Broomer, Cone Health; Anna Bess Brown, Justus-Warren HDSP Task Force; Jim Burgin, NC Senator; Nicole Burnett, UNC Health Care; Cheryl Bushnell, Wake Forest Baptist Health (WFBH); Victoria Cairns, WakeMed; Amber Carter, Cone Health; Shannon Chesney, Duke Regional Hospital; Venkata Ravi Chivukula, Novant Health; Alicia Clark, Division of Public Health Community and Clinical Connections for Prevention and Health Branch (DPH CCCPH); Amanda Coble, Davis Regional; Arnett Coleman, SAC member, Old North State Medical Society; Sylvia Coleman, WFBH; Benjamin Collins, J&J; Jeffery Condry, Legislative Assistant NCGA; Blake Cook, NC Medicaid; Richard Cooper, Blue Cross Blue Shield of NC; Tom Curley, New Hanover Regional Medical Center (NHRMC); Rizza de la Guerra, J&J; Bryan Devinney, Advent Health; Vinodh Tommy Doss, NHRMC; Shannon Dowler, NC Medicaid; Ashley Elks, Vidant Health; Carolyn Ellis, UNC Health; Abby Fairbank, American Heart Association (AHA); Heather Forrest, Duke; Melissa Freeman, Duke; Ben Gill, SAC member; Emily Gobble, Central Carolina Hospital; Ashley Graham Jones, Cape Fear Valley; Amy Guzik, WFBH ; Melissa Hanrahan, Mission HCA; Anna Maria Helms, Atrium Health; Kevin Hickey, J&J; Larissa Hill, WakeMed; James Hood, Lenoir County; David Huang, UNC Health Care; Janie Jaberg, Wayne Memorial UNC Health; Sarah Jacobson, AHA; Ed Jauch, Mission HCA; Stuart Johnson, Vidant Health; Rayetta Johnson, WFBH; Robin Jones, Mission HCA; Susan Kansagra, NC DPH CDI Section; Mary Jo Kelley, WakeMed; Deborah Jones King, Minority Women Health Alliance; Katie Knowles, Vidant Health; Kerry Lamb, NHRMC; Diomelia Laues, Cape Fear Valley; Libby Lawson, NCCHCA; Josh Lewis; Erin Lewis, UNC; Melissa Loranger, Novant Health; Sarah Lycan, WFBH; Monique Mackey, Area L AHEC; Karen Marshall, Atrium Health; Jim Martin, DPH TPCB; Elizabeth Massiah, Alliant Health; Jason McCullough, Charlotte Radiology; Phil Mendys, Pfizer; Nicolle Miller, UNC Asheville; Lisa Monk, Duke; Kimberly Moore, HDSP Task Force member; Kathy Nadareski, WakeMed; Karen Norman, Novant Health; Peg O'Connell, SAC Chair; Yolanda Ortiz, Next Step Raleigh; Kimberly Oyler, NHRMC; John Parish, Carolina Neurosurgery & Spine Assoc.; Brett Parkhurst, Genentech; Mehul Patel, UNC; William Pertet, DPH CCCPH; Joseph Propst, JWHDSP Task Force member; Mishanda Reed, J&J; Julia Retelski, Atrium Health; Sharon Rhyne, DPH CDI; Christina Roels, Novant Health; Megan Schoeffler, Genentech; Clara Schommer, Atrium Health; Shreyansh Shah, Duke; Tish Singletary, DPH CCCPH; Cara Smith, Mission HCA; Lauren Stevenson, NHRMC; Wayne Sullivan, J&J; Charles Tegeler, WFBH; Jackie Thompson, UNC Health; Carey Unger, Duke; Sarah Van Horn, Blue Ridge Health; Hannah Ward, Mission HCA; Laura Williams, Atrium Health; Gwendolyn Wise-Blackman, Minority Women Health Alliance; Larry Wu, BCBS of North Carolina; Ying Xian, Duke; Erika Yourkiewicz, NHRMC

Welcome, Introductions
Chair Peg O'Connell welcomed and thanked all for attending the Stroke Advisory Council meeting to learn more about expansion of telehealth services and reimbursement, TNK for stroke treatment, and the continued impact of COVID-19 on stroke services. For newcomers, Peg shared that the Stroke Advisory Council (SAC) was created in 2006 by the Justus-Warren Heart Disease and Stroke Prevention Task Force to advise on stroke care, prevention, treatment, and the creation of a statewide stroke care network.

Approval of June 10, 2020 minutes
Due to the webinar format, members are reviewing and approving minutes electronically.

Meeting Logistics
This webinar was recorded and posted on our website **Start with Your Heart.com** along with the agenda and slide presentations.

Work Group Reports
Peg presented brief reports on the SAC workgroups and the Action Agenda:

- **Hospital Survey** work group decided to delay issuing the survey this spring when hospitals were dealing with the coronavirus and took the opportunity to add questions about how COVID-19 has impacted stroke services. The revised survey is now being reviewed by the IRB, and we hope to send it out soon.
- **Prehospital Assessment** work group met and plans to work with EMS on training for stroke response.
- **Health Information Exchange (HIE) Stroke Registry,** also delayed by the virus, will meet with the NC HealthConnex team in September.
- **SAC Meeting Planning** is a new work group formed to plan SAC meetings that are now webinars. As always, if you have ideas for topics or speakers, let us know. Send ideas to Anna Bess Brown.

The Council has been very busy with our advocacy work, which is an underlying pillar of the Council's creation, by utilizing an Action Agenda over the last several years. Due to the unusual situation with the legislature and timing, plus the inability to hold to face-to-face meetings, the Action Agenda was not opened for new submissions this year. Action Agenda items from prior years, including the improvement of stroke care, tobacco use and tobacco use prevention, access to healthy food in a variety of different ways and working to find a solution to close NC's coverage gap remain on our agenda and are still being worked on. SAC was one of the first to address the coverage gap problem especially with the impact of COVID on people who get very sick, then think they have recovered may struggle with long-term health care issues over time. Our partner, Care4Carolina, is holding a variety of virtual forums around the state bringing in local voices from places like Johnston, Sampson and Harnett counties and going to the far western part of the state where there will be a big forum to talk about what is happening on the ground in these local communities such as what's happening to the health systems, what's happening to the people, what's happening to employment and to find a solution to closing the coverage gap which can actually benefit us all.

Becoming Better Messengers Training
We are pleased to offer to all of our members and partners a **free webinar training** entitled **Becoming Better Messengers** on how to frame messages that speak to other people's values on **Thursday,**

October 21, 2020 from 3:00 - 4:30 pm. Based on Moral Foundations Theory, this training presents research on the relationship between people's political views and their foundational moral values. Gene Matthews (Institute of Public Health and Network of Public Health Law) and Barbara Alverez Martin have offered to provide webinar training on how to understand one's own personal values which can sometimes fall flat when you are talking with someone who may think differently and have a different perspective. The webinar will help us all learn about how the pandemic is balancing with disparities and the issue of racism to help us look into our hearts and minds to see how we are talking to one another. Once we identify our own biases, we can start to explain ourselves better and perhaps take out some of the division in our communities. Watch for the announcement so we can all **Become Better Messengers**. **Save the date: October 21 from 3-4:30 pm.**

Expansion of Telehealth

Tara Box, Manager of Stroke Programs, Novant Health System, shared their Bridge Care Clinic program which works with pharmacists, home health agencies and other providers to bridge the gap in care between discharge and follow-up healthcare visits. Due to COVID, many outpatient care centers went virtual. Virtual care for a stroke patient who may have aphasic, cognitive and even technology challenges may need hands-on care and attention. Novant partnered with Bayada Home Health Care to take advantage of a support team moving the independent approach to follow-up care to an integrated one. The Bayada Home Health team coordinates care once the patient is home. In initial assessment, they look for technology challenges, internet capabilities, and assess if the patient has a "My Chart" account so they can log in to report and complete the virtual visits. This project has been successful in reducing no-show rates and hospital readmissions. See the presentation slides and listen to the recording for full details.

Telehealth in the Pandemic

Shannon Dowler, Chief Medical Officer, NC Medicaid, Department of Health Benefits, NC DHHS

Dr. Dowler explained that after working on expanding Medicaid benefits for telehealth, the pandemic brought about changes in seven intense weeks. Dr. Dowler also leads testing in historically marginalized populations.

In December of 2019, NC Medicaid developed a three-year plan to expand Medicaid telehealth capabilities. With a mostly consultative only telehealth policy in place pre-pandemic, the Medicaid team instituted many telehealth flexibilities and billing code changes early in the pandemic response; and 34 telehealth policies will become permanent. Public comment has been positive. The team created outreach to providers in deserts not using telehealth to encourage them and their patients to give it a try. See the telehealth video message from NC DHHS: https://www.youtube.com/watch?v=_0c4kLeBXgY. Enhancements include reimbursement for equipment including BP monitors and weight scales, 90-day supply of generic medication and delivery of meds to home. We have found Health Systems are slower to submit claims. We've seen a dramatic uptake in Behavioral Health. We continue to look at rurality and broadband access. We noticed that chronically ill leaned in to telehealth. Non-Hispanics were more likely to use telehealth if diagnosed with COVID. Listen to the recording for more information. Slides are not posted as the data is out for publication.

Larry Wu, Regional Medical Director, BlueCross BlueShield of NC

Dr. Larry Wu spoke about the BlueCross BlueShield COVID response noting that once the data is evaluated, the results will be shared. On March 1 the first NC case of COVID was reported, and on March 6 BlueCross BlueShield announced their expanded coverage for telehealth services. Telehealth was one

of 5 strategies: allowances for early refills, did not require prior authorization for COVID testing and covered both testing and treatment for COVID. BCBS saw an uptick in telehealth use with the greatest percentage rise in rural areas and with older age groups. Before COVID, younger generations (20-30) were primary telehealth users. After COVID BCBS saw an increase of telehealth use in the 30-50 age group. There was also an increase of use in the fully insured. Saw provider hesitance in using telehealth even though the expansion covered most any service you could provide when face-to-face could be billed with a few coding modifiers. Rehab services, physical, occupational and speech therapists were most hesitant to jump in. Claims reimbursement is complex and BCBS is working on telehealth billing and reimbursement. Dr. Wu projects that many telehealth changes will stick. See slides and recording for more information.

Questions: (begins at 44:49 mark on the recording)

1. For Tara Box, Novant Health System - For the Bayada home health visits, were other services such as physical or occupational therapy required by the patient in order to qualify for the nurse visits?

    Tara Box: no; nurses are not required for each home visit, but typically someone in the nursing field does provide the initial intake and evaluation of other needs. Continuing education for home health teams regarding other services beyond nursing care helps encourage the patient to make use of them.

2. How are the many areas of the state that do not have broadband or internet access to utilize telehealth impacted?

    Shannon Dowler: creative options for telehealth services have been initiated by many providers. Some providers are offering telehealth visits by making their office internet accessible in the parking lot with scheduled visits. The patient pulls up and staff hand them a sanitized device to fully complete the telehealth visit. If the provider feels more is needed, the patient can be brought in.

    Schools and libraries have made internet available were patients can go there for telehealth visits.

    Access and affordability for internet services are needed as the challenge of competing needs still exists. Do you feed your family or invest in internet access? Feeding your kid will win.

3. No-show rates at UNC for Medicaid patients is much lower when using telehealth as opposed to physical clinic visits.

    Shannon Dowler: keeping a telehealth appointment is likely much easier when transportation barriers such as bus schedule variations/connections and personal schedules are removed. It makes sense that compliance will be higher when telehealth services are offered.

4. Is there any choice for the patient in the home health provider used?

    Tara Box: if the Novant patient is willing to work with home health services, they can choose Bayada or another home health agency. The patient always has a choice. The selected agency will coordinate the home health visits.

5. Robin Jones, Mission Health, asked if insurers could expand on the future of reimbursement on both video visits and especially telephone visits and added that many Mission Health patients do not have access to technology to allow video visits, and the telephone is essential for continued care.

    Larry Wu: telephonic visits are not covered through many employer benefits packages. Given that NC is mostly rural and access to broadband and internet is spotty, this will be a challenge. The outcomes of televisits need to be studied further to help work out solutions. Insurers

need to see that there is value when visits are available by telephone only especially in more rural areas and for those without broadband access.
Shannon Dowler: Medicaid decided to pay at 80% parity for telephonic visits. We have not decided if reimbursement will continue post-COVID. CPT codes have many restrictions related to telephonic visits.
The DHHS website includes a lot of information on Medicaid telehealth changes: https://www.ncdhhs.gov/about/department-initiatives/telehealth

Tenecteplase (TNK) Treatment for Stroke
Andrew Asimos, Medical Director, Carolinas Stroke Network Neurosciences Institute, Atrium Health;
Edward Jauch, Chief of System Research, Mission Health and
Vinodh "Tommy" Doss, Medical Director, Stroke and Neurointerventional Surgery, New Hanover RMC

Dr. Asimos presented on use of Tenecteplase (TNK) in treatment of Acute Ischemic Stroke. TNK is a third generation thrombolytic drug and a genetically modified version of Alteplase. TNK has not been approved by the FDA for use in stroke, and trials for use of TNK in Acute Ischemic Stroke are ongoing. He stated that there is a $3000 price difference. Advantages of TNK over Alteplase include administration, specificity, fibrin selectivity, and workflow advantages. Asimos noted that meta-analyses are only as good as the source data. Note: Dr A. ends at 1:15:20 on recording.

Dr. Jauch presented on how TNK research will affect guidelines. Guidelines are lagging the indicators in recommendations for care as they were written prior to this evidence. At present, there is overwhelming evidence for Alteplase. Use of TNK was not yet approved by FDA as the data is not US-generated. If TNK trials are robustly positive, AHA could issue advisory but will be most applicable once all data is collected and analyzed. Adoption of TNK use will likely be sporadic. Note: Dr. J. ends at 1:26:49 on recording.

Dr. Doss presented on the use of TNK at New Hanover Regional Medical Center in Wilmington. Protocols and order sets for mild strokes and LVO went live in March 2020. In answer to a question, Dr. Doss explained that a stroke on the scale of 6 or less is considered a mild stroke. He shared their process and data and noted that use of TNK has resulted in staff satisfaction, reduced treatment times, and has been shown to be safe and efficacious. Dr. Doss predicts TNK will be used especially for patients with LVO. Note: Dr. D. ends at 1:34:21 on recording.

See the full presentation and recording for more information.

UNC Health Care - Changes in Stroke Care as a Result of COVID
David Huang, Director, Comprehensive Stroke Center
Nicole Burnett, Stroke Program Manager
Dr. Huang presented on UNC Health Care's preparation for the potential COVID effect on stroke care; UNC didn't see a large number of COVID patients with stroke. UNC had been very aggressive with personal protection equipment (PPE) and now requires universal pandemic precautions with face coverings and eye protection in all aspects of patient care to protect staff health and avoid a negative effect on staffing.
The academic nature and size of teams created a need for rounds to be covered through web ex meetings during COVID. UNC used telecommunications to interact with staff teams, family members, and more. They found that these tools helped build relationships of trust and rapport.

Nicole Burnett presented on the impact of COVID which covered all aspects of stroke care including rapid updates of procedures, communication, new staff, resiliency, and burnout. COVID sprint turned into a COVID marathon. Specific COVID challenges, over all stages and phases of care, were outlined in the presentation. Not having visitors present due to COVID created challenges. A need for increasing awareness of safety was evident due to COVID fears. May, being stroke awareness month, offered opportunities to engage the public virtually through a wellness challenge, a video-making competition for staff, and staff recognition. See the presentation and recording.

David Huang: Thanks to all the people on this call. You are all heroes.

Anna Bess thanked all presenters for their work every day and for preparing and presenting for SAC.

Final 2020 SAC Meeting

- **November 12 from 12:30-2:30 via webinar**