

STROKE ADVISORY COUNCIL MEETING MINUTES

March 4, 2025

1:00 - 2:30 pm

Members/Partners

Present: Wally Ainsworth, SAC member, NC OEMS; Michael Aquino, Rapid AI; Andrew Asimos, Atrium Health (AH); Pat Aysse, American Heart Association (AHA); Barbara Beatty, JWTF member, Catawba County Commissioner; Debbie Beecham, UNC Health Nash; Annabelle Black, Novant Health (NH) Greater Charlotte; Haley Brennan, NH Huntersville & Mint Hill; Anna Bess Brown, Executive Director, Justus-Warren Heart Disease and Stroke Prevention Task Force (JWTF); Stacey Burgin, Community and Clinical Connections for Prevention and Health (CCCPh), DPH; Cheryl Bushnell, SAC member, Atrium Health Wake Forest Baptist (AHWFB); Tracy Carnes, Brunswick County EMS; Heather Carter, Dementia Services, NC Division of Aging; Judy Clark, NH Greater Winston-Salem; Sylvia Coleman, nurse consultant; Kat Combs, JWTF member, YWCA Triangle; Ron Cromartie, SAC member, Innovative Health Care Consulting; Tom Curley, NH New Hanover Regional Medical Center (NHRMC); Carissa Dehlin, NH Matthews & Ballantyne; Karissa Del Hoyo, NH Kernersville; Tina Dotson, NH Rowan; Heather Forrest, Duke; Melissa Freeman, Duke; Michelle Geroleman, WakeMed; Melanie Greenway, NH Presbyterian; Stephanie Hart, Duke; Lindsey Haynes-Maslow, UNC; Scott Herrick, AHA; David Huang, UNC; Eseosa Ighodaro, AH WFB; Ed Jauch, MAHEC; Robin Jones, SAC member; Rahul Karamchandani, Atrium Health; Sydney Lawrence, Lake Norman Regional Medical Center; Barbara Lutz, UNC Wilmington; Jo Malfitano, Onslow Memorial; AH; Jenny McConnell, AH; Kim McDonald, Chronic Disease and Injury Prevention Section, DPH; Jamila Minga, Duke; Grayson Moore, ECU Health; Terri Moore, Coverdell Stroke Program, DPH; Sharon Nelson, CDI DPH; Peg O'Connell, Chair, Stroke Advisory Council; Diane Perkins, Atrium Health; Jamee Potter, Carolina East Health; Joey Propst, JWTF member, stroke survivor; Birtha Shaw, Diabetics Supply; Tish Singletary, DPH CCCPh; Staci Smith, FirstHealth; Marlene Sosa, AH Pineville; Mitzi Stanish, Northern Regional Hospital; Jamie Stephens, Cone Health Coverdell Program; Chuck Tegeler, vice chair, Stroke Advisory Council; AH WFBMC; Leilani Tolentino, AH Cabarrus; Julie Webb, Duke Regional; Erika Yourkiewicz, NH NHRMC; Meg Zomorodi, SAC member, UNC.

Welcome and Introductions

Peg O'Connell, SAC Chair

Stroke Advisory Council chair Peg O'Connell welcomed everyone joining this virtual meeting and recognized Vice-Chair Chuck Tegeler who gave his greetings. She offered a special welcome to those attending their first Stroke Advisory Council meeting, explained that our meetings are open, and welcomed folks to get involved with our stroke work.

Approval of Minutes

Peg reminded members that minutes from the November 14, 2024 meeting were posted on the website [start with your heart.com](https://www.startwithyourheart.com) and sent via email. She asked for corrections and additions. Ron Cromartie made a motion to accept the minutes as written, and Robin Jones seconded; members approved the minutes unanimously.

Legislative Update on Items on the Task Force Action Agenda Election 2024

Peg said that the legislature convened in January, and legislators are now filing bills.

The Justus-Warren Heart Disease and Stroke Prevention Task Force has updated its 2025 Action Agenda to include proposals voted on at our December meeting.

Tobacco 21 (T-21): Peg explained that the Task Force and SAC are joining with the NC Alliance for Health and other partners to focus on raising the age to buy tobacco products legally from 18 to 21 to align with federal law. Tobacco 21 was on our Action Agenda, and that endorsement has been updated to include implementing a retailer permitting program. Federal law changed to age 21 in 2019, and NC is not in compliance with that federal law. NC is at risk of losing \$6 million in Synar money if merchants are not in compliance. On March 19 at 10:30 AM there will be a press conference to introduce the T21 bills in the House and Senate.

Telecommunicator-CPR (T-CPR): One new item on the agenda is to endorse American Heart Association's work to be sure the law on training 911 operators on T-CPR, which is being done in our state, is clear. Find the [Action Agenda](#) on the website under Task Force/Action Agenda.

Coverdell Stroke Program Update

Peg announced that North Carolina has received a Coverdell Stroke Program award from the CDC. The first year runs September 30, 2024 through June 30, 2025. The grant period for this round of Coverdell Stroke Program funding is 5 years. Peg thanked those who provided letters of support and noted that we are excited that Terri Moore is back as Program Coordinator; she returned Dec. 1.

Peg added that we are thrilled that the CDC funded two entities in North Carolina: DPH and Cone Health. Peg shared that Cone Health will update us on their Coverdell Program work at our next meeting in May.

Peg introduced Tish Singletary, the Head of Division of Public Health's Community & Clinical Connections for Prevention and Health Branch and Principal Investigator of the Coverdell National Acute Stroke Program cooperative agreement. Tish provided an update on the branch's progress on the Coverdell Stroke Program (see slides).

Tish shared her slides, the history of Coverdell program funding, and program expectations. She added that successful (sub-contractor) applicants are being notified, and she'll share that news soon. These sub-contracts begin July 1. Tish said she hopes that SAC will invite Coverdell funded sub-contractors to participate in SAC and share their QI programs. She thanked SAC members and partners for their passion and letters of support for the application.

Questions and Answers

Q: Tom Curley asked, "Given the recent actions of the Dept. of Government Efficiency (DOGE), are the funds at risk of being withdrawn?"

A: Dr. Kim McDonald, Chief of the Chronic Disease and Injury Prevention Section, responded that we don't have any guarantees and although CDC and the feds could come back to us, for now we'll proceed with the work unless otherwise directed.

Q: Ed Jauch, SAC member, thanked Tish and noted how Coverdell work has matured over the years. He said that the Coverdell work is aligned with work that is currently occurring in the state: Cheryl Bushnell at Atrium Wake Forest Baptist on hypertension, Alex Schneider at Mission on SDOH and preventing secondary stroke, and Mehul Patel's work at UNC are complimentary. Ed said we tend not to be passive and want to get our hands dirty. How do we leverage SAC and others' overlapping activities with Coverdell work?

A: Tish responded they'll share updates, and sub-contractors will report to SAC. She said, "It's important to keep open lines of communication." She also said that we'll learn lots from Cone. CDC requires a mandatory CVD Learning Collaborative, and CDC "put the kibosh" on using SAC as its LC.

Q: Ron Cromartie asked how we can better integrate with cardiovascular efforts and be sure CDC doesn't push the Stroke Advisory Council aside while it concentrates on CVD efforts.

A: Tish responded that she doesn't think CDC will push SAC aside and that CDC does not want to

duplicate efforts. There are areas of overlap on the three programs CDC is funding. They have a focus on reducing hypertension.

Q: Peg asked if members of this group will have the opportunity to sit at the table with the Collaborative.

A: Tish responded that seats will be limited to the organizations they fund. She added that in July she'll have a better idea about expanding the Learning Collaborative and its outcomes.

Peg stated that SAC members and partners have worked hard for a long time to get this money and build the reputation and we don't want stroke to get lost; we want to be sure the Coverdell work moves forward with the expertise of neurologists and stroke care coordinators and nurses and doctors. She added that it would be beneficial if we are able to collaborate.

Tish agreed it's hard to tell CDC what to do. She noted, "We advocate strongly for our state. Our goal as a funded entity is to be successful, to meet and exceed expectations of CDC. We are funded to do specific work and are stewards of this funding. We rest our reputation on being good stewards and good public servants."

The Right ICD-10 Code, Right Now: Apragmatism after Right Hemisphere Stroke

Jamila Minga, Asst. Professor, Dept. of Head and Neck Surgery and Communication Sciences, Dept. of Neurology, Duke University School of Medicine

Peg introduced Dr. Minga, and Dr. Minga presented her slides and requested that SAC endorse her application for a new ICD-10 code for apragmatism after right hemisphere stroke (see slides). Right hemisphere stroke causes significant communication challenges and functional impact; yet, there is no diagnostic code for acquired language disorders after RH stroke. There is no code for apragmatism, an acquired language disorder. Ed Jauch, Robin Jones, and others expressed full support; and SAC members voted unanimously to endorse Dr. Minga's efforts to apply for a new ICD-10 code for apragmatism after right hemisphere stroke.

Questions and Answers

Q: How would the code aid in insurance reimbursement?

A: We propose the code be positioned right after the code for aphasia, the acquired language disorder after left hemisphere stroke. Individuals like nurses, clinicians, and speech pathologists could use the code to document the disorder and translate to insurance reimbursement. This will help stroke survivors get the services they need.

Q: How long does it take to get this approved?

A: We'll know in September if we're invited to make a presentation and by the end of the year if it's approved. I would like to communicate with you when Open Forum for this proposal is live, and you could offer comments.

Palliative & End-of-Life Care Scientific Statement from American Heart Association

Barbara Lutz, UNC-Wilmington School of Nursing

Peg introduced Barb Lutz who is a co-author on the Scientific Statement which came out in December 2024; officially this is the 2025 Update. Dr. Lutz shared her slides which include key points, inequities, the need for holistic assessment, and resources for palliative and end-of-life care for stroke patients (see slides). Palliative care encompasses hospice and end-of-life care. A patient can be referred for palliative care even while in active treatment. Most stroke patients survive, and their impairments can be severe.

Palliative care principles are fundamental from the beginning through the days, months, and years post-stroke. Dr. Lutz mentioned a study that showed that attending to spiritual and emotional issues produced better long-term psychological outcomes for surrogate decision makers than providing

training and educational materials. She noted that the system can be fragmented, that we don't always provide services seamlessly, and there needs to be care across the continuum. She noted that referrals to Palliative Care are typically low; consider referrals to palliative care for stroke survivors. "To palliate" means "to support." Integrating palliative care with the work of stroke nurse navigators is the perfect place and would provide a good opportunity for care.

Peg thanked all for attending, and she thanked the presenters for their work and for sharing it. She stated that she was sorry that the conversation about the SAC and Coverdell Program collaboration didn't go better. She added, "We won't stop advocating for ourselves."

Our next meeting is virtual on May 22, and the September meeting will be in person at UNC-Chapel Hill. We'll have the date soon.

2025 Stroke Advisory Council Meeting

May 22- virtual 1-2:30
September- (date TBD) in person
November 12- virtual 1-2:30