STROKE ADVISORY COUNCIL MEETNG MINUTES
Tuesday, May 23, 2017 10:00 - 12:00 noon
Cardinal Room, DPH

Members/Partners

Present: Karen McCall, Chair, UNC Healthcare Communications & Marketing; Anna Bess Brown, Justus-Warren Heart Disease and Stroke Prevention Task Force; Sylvia Coleman, Wake Forest Baptist Medical Center (WFBMC); Ron Cromartie, Innovative Health Care Consulting; Sheila DeBastiani, WakeMed; Heather Doetzl, Vidant; John Dugan, American Heart Association (AHA); Shae Earles, UNC Rex; Kimberly Elks, WakeMed; Brian Forrest, Academy of Family Physicians (AFP); Heather Forrest, Duke; Carmen Graffagnino, Duke; Jacquie Halladay, WFBMC; David Huang, UNC; Susan Kansagra, Division of Public Health (DPH); Sheri Little, WISEWOMAN, DPH; Jim Martin, DPH; Wanda Moore, Justus-Warren Heart Disease and Stroke Prevention Task Force; Nilam Patel, Duke; Brett Parkhurst, Genentech; Asem Rahman, AFP; Sharon Rhyne, DPH; Jordan Sheets, Vidant; Maura Silverman, Triangle Aphasia Project; Sonam Shah, AHA; Kathryn Tarquini, State Health Plan; Cathy Thomas, DPH; Jackie Thompson, UNC Rex Hospital; Betsy Vetter, AHA; Carey Unger, Duke; Haley Wetmore, Medtronic; Ali Zomorodi, Duke

By phone: David Klein, Dept. of Emergency Medicine, Wake Forest Baptist Medical Center; Hadley Wilson, Carolinas Healthcare and American College of Cardiology (ACC); Abby Fairbank, AHA; Robin Jones, Mission Health System

Welcome, Introductions and Approval of February 28, 2017 Meeting Minutes

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

The minutes from the February 28, 2017 meeting were approved unanimously.

Action Agenda Update

Anna Bess Brown gave updates on the Action Agenda items:

1. Endorse $3 million funding request to expand tobacco cessation and prevention services including funding QuitlineNC: Senate budget includes $500,000 to be divided between Quitline NC and YQ2Q. Seeking $3 mil. for Quitline and $250K for YP2Q. House budget to be released next week.

2. The Senate budget does not include funding for teen tobacco use prevention. Youth Tobacco Prevention S478 and companion bill H276 would restore funding. NC Alliance for Health seeks $17 mil. In Dec. SAC endorsed $7 million funding request for youth tobacco prevention.

The Stroke Advisory Council voted unanimously to sign on to the NC Alliance for Health's letter in support of funding for teen tobacco use prevention and for expanded funding for tobacco cessation and prevention services including QuitlineNC. Betsy Vetter explained that this sign-on letter which will be delivered to members of the General Assembly shows the number of partners working in collaboration to support these requests.

3. Healthy Corner Store H387/S498: endorse the $1 million recurring funding request to expand the Healthy Food Small Retailer Program. Removed from Senate budget in amendment.

4. Track and monitor Care4Carolina's efforts to close the health insurance gap. Care4Carolina's executive director Carla Obiol is meeting legislators and conducting outreach to gain support for closing the coverage gap. Click to join the Coalition.

5. Hypertension Awareness Day S317/H411 passed the House and is in Senate Rules.

Advances in Treatment Options for Acute Ischemic Stroke
Ali Zomorodi, Director of Cerebrovascular Surgery, Duke University Medical Center, Duke Raleigh Hospital
See slide set.

Following Dr. Zomorodi's presentation, members discussed several issues including the following:

- Difficulties in transporting patients as helicopters do not fly when visibility is poor or weather is bad
- tPA not an answer for large vessel occlusion because with large clots with limited flow of blood, giving IV medication won't get to target and may not be able to break down entire clot
- tPA does work but there is great controversy
- Need to see DAWN study paper
- How many hospitals can do hyper-emergent MRI or whole brain CT scan?
- Concern that stroke centers cannot handle the volume
- Concern that the study doesn't tell you how many people were screened
- Challenge is to get the right patient at the right time
- Stratify the patient in real time to provide best care in urban and rural NC
- Short of Dr. Z riding in a helicopter providing this level of expertise, how do we do this?
- Mild stroke is not a benign disease
- We don't know how to select the enriched group in the middle
- Technology is available to every hospital; there is a need to train technicians as the technology is changing
- All hospitals in the Mission system have the capability of CT angio and it is part of the standard code stroke work-up. That is one access point as you think across system of care; most hospitals are critical access and most have only one CT scanner
- Many counties can't get ground transportation out of county. How do we work out agreements to get people to care?
- Few people recognize stroke symptoms in first place
- Efforts need to incorporate public education and EMS access

Work Group Meetings and Reports

Integrating and Accessing Care Work Group

Chair: David Huang

Dr. Huang reported from the work group:

1. Work group broke into two subcommittees to assess the state of the state in all levels of stroke care. Abby Fairbank and John Dugan co-chaired one subcommittee that created a **survey** for hospitals to understand their capabilities. They surveyed stroke contacts in 70 hospitals between

April 14-May 2; 34 hospitals responded to 18 questions on how far patients are traveling, outcomes, etc. John shared slides describing survey results. **See slides: NC Stroke Systems of Care Survey.** Survey results raised many questions about leadership, standardization of protocols, resources, etc. Karen added that the group should look at policy options that the Council can recommend to the Task Force given the state of the state.

2. **Protocol:** Brett Parkhurst and Haley Wetmore co-chaired the subcommittee that looked at the system of care. Brett shared the report from the subcommittee. **See Protocol slides**. Brett suggested that we must identify where to begin stroke systems of care. The stroke system currently is built around ER and EMS system. Most people understand the Golden Hour: door to intervention, door to drug, door to door. Our goal: early identification. How do we do advanced imaging for stratifying patients earlier in the process?

   Next steps:

   - Develop a tool to use across state. There are many decisions to make.
   - Complexity: how do we identify subgroups of the population so it's clear what to do with each group?
   - Integrate messages into what we already use
   - Don't want to lose urgency of stroke
   - How do we become better at doing advanced imaging earlier in process?
   - Add one modification: for vascular neurology to move away from door to procedure, door to drug. Cardiology 10 years ago went from symptom to treatment, symptom to reperfusion. If patients get to you 3 hours late, that is relevant.
   - Educate telestroke care providers that may or may not be in our state and in our system of care.

Integrating and Accessing Care will continue to work on these issues and to explore policies to improve the system of care.

Post-Stroke Health Work Group

Chair: Pam Duncan

Jacquie Halladay and Sylvia Coleman reported from the work group. Dr. Halladay agreed we need to simplify the language. She explained the COMPASS study and shared preliminary data. **See COMPASS Early Results slides**. The study is on-going and final data will be available later. How do we set the stage for humans to take action? How do we link public health and clinical medicine? The COMPASS trial addresses the needs of people who have had a stroke and their caregivers. Dr. Halladay invited participants to email her with questions about the data presented.

Sylvia reviewed the recommendations from the Post-Stroke Care work group:

1. We will work with Medicaid to write a memo describing the benefits Medicaid provides; memo

would go out to all providers in NC. We want to convey the importance of secondary prevention to providers Including pharmacists and others so that same messages are repeated to patients post-stroke.

2. We are researching all efforts going on through DPH, State Health Plan, etc. and will conduct strategic planning to facilitate collaboration of efforts.

Prevention and Public Awareness Work Group

Chair: Brian Forrest

Dr. Forrest reported from the work group (see **SAC Meeting slides**):

1. On May 17 we held Hypertension Awareness Day at the legislature. Rep. Carney, Rep. Yarborough and Dr. Forrest addressed the media. Academy of Family Physicians provided blood pressure machines and recruited students, residents and family doctors to measure blood pressure and provide education. The American College of Cardiology and Rex sent providers. American Heart Association co-sponsored. We screened 85-100 people at two stations. Six people had blood pressure over 200 systolic and 3 were over 150 which means 25% were at stage 2 or higher. An article in NC Health News covered the event.

2. The Prevention work group is working to hone messages for getting blood pressure to goal and plans to ask for funding on behalf of Hypertension Awareness.

3. The group is gathering information in order to integrate with education and programs currently in operation.

Discussion: Dr. Hadley Wilson said that many problems can be addressed with coordination of regional systems. He added that this year was the first time the ACC had participated in Hypertension Awareness Day and thanked all who worked to make it a successful event.

Let Anna Bess know if you'd like to join a work group.

Please plan to attend our next meetings:

- **August 11 - 10am-12pm**
- **November 1 - 1pm-3pm**

All meetings will be held in the Cardinal Room on the first floor of Building 3 at 5605 Six Forks Rd., Raleigh, NC 27609.