

STROKE ADVISORY COUNCIL MEETING MINUTES

September 9, 2022

1 - 2:30 pm

Members/Partners

Present: Sue Ashcraft, Novant Health; Pat Aysse, American Heart Association (AHA); Sharon Biby, Cone Health; Annabelle Black, Novant Health; Haley Brennan, Novant Health; Anna Bess Brown, Justus-Warren Heart Disease and Stroke Prevention Task Force (JWTF); Adrienne Calhoun, NC Association of Area Agencies on Aging; Jennifer Carmichael, Moses Cone; Evan Carroll, Mission; Sylvia Coleman, nurse consultant; Nicole Crews, NCCARE360; Ron Cromartie, Innovative Healthcare Consulting; Tom Curley, Novant New Hanover Regional Medical Center (NHRMC); Michael Erwin, BELIEVE Stroke Recovery Foundation; Abby Fairbank, AHA; Heather Forrest, Duke; Michelle Gerolemon, WakeMed; Susan Hall, Duke; Lindsey Haynes-Maslow, JWTF member, UNC; Allison Hooker, Novant Health; David Huang, UNC Healthcare; Ed Jauch, MAHEC; Robin Jones, United Stroke Alliance; Eddie Jordan, Surry County EMS; Amanda Lambert, Novant; Di Laues, Cape Fear Valley Health; Clarissa Lowery, Novant Health; James Lucas, Viz.ai; Sarah Lycan, Atrium Health Wake Forest Baptist (AHWFB); Ruth Marescalco, NHRMC; Davin McGinnis, Novant Health Forsyth; Desiree Metzger-Cihelka, Mission HCA; Lisa Monk, IMPROVE Stroke Project; Terri Moore, DPH Community and Clinical Connections for Prevention and Health (DPH, CCCPH), Coverdell Stroke Program; Margaret Murchison, WFJA Radio, JWTF member; Kathy Nadareski, WakeMed; Nicole Nelson, Lincoln County EMS; Sharon Nelson, DPH CDI Section; Amanda Orfitelli, DPH CCCPH, Coverdell Stroke Program; Harita Patel, NC Medicaid; Julie Peck, NCCARE360; William Pertet, DPH CCCPH; Brooke Prevatte, Novant; Joey Propst, JWTF member; Amanda Rivera, Cape Fear Valley Hoke; Tish Singletary, DPH, CCCPH; Spenser Smith, BCBS; Lauren Stevenson, NHRMC; Bridgette Story, ECU Health Beaufort; Ryan Swanson, BCBS; Carey Unger, Duke; Sarah Van Horn, UNC Health Blue Ridge; Emily Volk, Northern Regional Hospital; Erica Yourkiewicz, NHRMC

Welcome

Ron Cromartie, SAC Member

Ron welcomed everyone to the first in-person meeting since the pandemic began. He noted that the last in-person meeting was February 26, 2020 which was 43 months ago. The Stroke Advisory Council (SAC) has met 9 times virtually since then. Ron said, "We recognize and honor what we have all survived during this time. Many took on additional work responsibilities and experienced sickness and loss in our professional lives and in our personal lives. Thank you for your dedication to stroke prevention, care, and recovery and to this group. Welcome back to you in this room, and welcome to those who've joined us virtually."

Next Ron introduced Tish Singletary, Head of the Community and Clinical Connections for Prevention and Health Branch, who offered her welcome.

Ron called for the approval of the minutes from the last SAC meeting May 10, 2022. He reminded members that they had received an email with the minutes in advance of this meeting. The minutes were approved with no corrections noted.

Coverdell Stroke Program Update

Anna Bess Brown, Executive Director, Justus-Warren Heart Disease & Stroke Prevention Task Force

Terri Moore, Program Coordinator for the Coverdell Stroke Program

1. Anna Bess added her welcome and announced the formation of a new workgroup on ASLS training which is moving to a blended model under AHA leadership. **Email Anna Bess** to be part of this group that will look at an ASLS training strategy for North Carolina.
2. Terri shared that Year 2 projects began on August 1, 2022. The four projects will be implemented in 29 of NC's 100 counties; 58% of those counties are considered rural (by the Federal Office of Management and Budget). See the Coverdell Stroke Program County Reach Map in the posted slides.

- All projects will implement a protocol for monitoring healthcare disparities for individuals at risk for stroke.
- ECU Health
 - Develop and implement the Stroke Awareness and Management (SAM) Initiative to provide stroke education
- Mission Hospital
 - Expand blood pressure measurement study to Cone Health
 - Partner with Yancey County Community Paramedicine for follow-up care
- Northern Regional Hospital
 - Implement a Quality Improvement Process with Surry County EMS to improve transitions of care
- Novant Health
 - Implement Quality Improvement through ASLS training for EMS with Greater Charlotte and Coastal Markets

Resource Panel: Care Coordination and Post-Stroke Care

Ron welcomed **Sylvia Coleman**, who serves on the SAC Meeting Planning Work Group, to facilitate the panel and introduce the panelists:

Ryan Swanson, Pharmacy, Medicare Clinical Review, Blue Cross Blue Shield of North Carolina

Spenser Smith, Provider Engagement Pharmacy Initiatives, Blue Cross Blue Shield of North Carolina

Harita Patel, Pharmacy, NC Medicaid

Clarissa Lowery, Novant Health Stroke Nurse Navigator

Allison Hooker, Novant Health Stroke Nurse Navigator Bridge Clinic

Nicole Crews, NCCARE360 Referral Platform

Questions

1. There have been changes in preauthorization for Eliquis which is primarily used for AFib. A patient must try another drug and have it fail before Eliquis (which costs over \$400/month) is covered. How can patients manage the high cost of such medications?

A: **Ryan Swanson** explained that BCBS does not put a point-of-sale block on Eliquis. If you don't get your pharmacy benefit through BCBS, this will not apply; other pharmaceutical benefits from other providers may handle things differently. BCBS does not have restrictions on Eliquis. The first thing BCBS considers is clinical efficacy. **Spenser Smith** recommended contacting the pharmacy plan for details on that plan's coverage.

Harita Patel said that Medicaid coverage is great, that Eliquis is preferred status, that co-pays are \$4 with Medicaid, and that there are very few drugs NC Medicaid does not cover. She also noted that NC Medicaid relies on federal mandates and on drug manufacturer rebate programs. Ryan Swanson added that Medicare has a Tier Exception process whereby a provider or patient can ask for a lower co-pay.

2. Question: What are your tips for managing and affording multiple drugs, some of which are very expensive? Some stroke survivors who are tech savvy can go online and get coupons, work the system. Some fill the prescription at the hospital pharmacy for free once, get coupons for a month or two, and then are on their own.

A: Ryan noted that BCBS Medicare does its best to give members the best available prices. They work to provide the best option and the best price for clients so that they do not have to use coupons. Spenser noted that on the commercial side BCBS encourages folks to use coupons and all other resources in addition to what BCBS offers in order to get the best price possible. Harita said that when she worked in pharmacy practice she relied on samples and that some manufacturers have special programs that help provide drugs for uninsured populations. Communication between patient and provider is key. Share the Care is an organization that helps the uninsured pay for meds. Discharge planners can help.

3. Question: It sounds like the onus is on the patient. When is industry taking responsibility for the high cost of drugs?

A: Ryan responded that BCBS tries very hard not to put that responsibility on members. The BCBS Medication Management team is trained to provide Medication Management Therapy which is a process of coaching members.

Harita noted that pharmacy benefits are the same following Medicaid Transformation; she added that NC Medicaid partners with Healthy Blue and others to navigate the system. NC Medicaid relies on rebates. Members cannot be denied medications. Case managers through Community Care of NC (CCNC) helps members navigate the system.

Spenser shared a program that offers real time benefits through the EHR; the provider can see the cost of prescribed drugs in the EHR. Through another program a patient can receive discounts if meds are filled on time, and the discounts increase over time. This program is designed for high utilizers and to reduce hospital admissions.

Novant Health: Navigating Stroke Patients from Admission through Discharge presented by **Clarissa Lowery** and **Allison Hooker** (see slides)

4. Question: Do you also follow patients who go to rehab?

A: Allison Hooker replied that they educate caregivers and schedule follow up in Stroke Bridge Clinic (SBC) in 3-4 weeks. Clinic occurs two days/week. Novant makes follow-up appointment before discharge.

She explained that they have a less than 10% no-show rate in SBC due to dogged follow up. Neurologists tell patients they can't drive until they're seen in clinic.

NCCARE360 Referral Platform: Building Connections for a Healthier North Carolina presented by **Nicole Crews** (see slides)

5. Question: How are you evaluating NCCARE360, and are end-users included in evaluation efforts?

A: Nicole Crews responded that users receive a community survey asking about their experiences, barriers and challenges in using NCCARE360. They also survey agencies that are not yet using the platform.

6. Question: Are all NC hospital systems onboarded?

A: Nicole said that they do have the larger systems but not every health system is onboarded.

7. How are referrals tracked?

A: Unite Us is the technical partner that tracks referrals to be sure they're picked up and not sitting unanswered.

8. Question: Does the provider get notified of a completed referral?

A: Nicole replied that she will check with partner Unite Us for the answer to that question.

9. Question for BCBS: patients on Medicare often can't use discounts. Is there movement for government programs to be able to use the discount?

A: Ryan responded by saying that CMS restrictions come from the Congressional level. There are caps that are put on Medicare populations, and those must be addressed in Washington, DC.

Sylvia asked participants to send any further questions to Anna Bess and said we'll share the answers. Sylvia noted we will offer another panel with a community health worker, stroke survivor or caregiver, and a support group coordinator to continue this discussion of post-stroke resources.

Ron thanked Sylvia and all the panelists for their information, and he thanked all for participating in the meeting. **Ron** announced the next meeting will be Nov. 15 (place TBD).

Next Stroke Advisory Council Meeting
Nov. 15 from 1-2:30