

Stroke Advisory Council Meeting Minutes

September 5, 2025

1:30 - 3:30 pm

UNC Health Morrisville Offices

Members/Partners

Present: Andrew Asimos, SAC member, Atrium Health (AH); Pat Aysse, AHA; John Baratta, UNC; Dawn Becker, UNC Health Lenoir; Debbie Beecham, UNC Health Nash; Janet Bettger, UNC; Sharon Bibby, SAC member, Cone Health; Kelly Boland, Cone Health; Tasha Bollinger, UNC Health Caldwell; Michelle Bradley, UNC Johnston & Clayton; Olivia Broomer, Cone Health Quality; Anna Bess Brown, Executive Director, Justus-Warren Heart Disease and Stroke Prevention Task Force (JWTF); Angela Burcham, Novant Forsyth Medical Center; Kate Burnett, UNC; Emma Kate Burns, AHA; Kate Cardoza, UNC Health; Jennifer Carmichael, Cone; Amber Carter, Cone; Pola Chojecka, UNC REX; Judy Clark, NH Greater Winston-Salem; Michael Clay, ECU Health North; Arnett Coleman, SAC member, Old North State Medical Society; Sylvia Coleman, Constellation Health; Michelle Comp, NH Thomasville; Marisa DelGiudice, UNC; Karissa Del Hoyo, Novant Kernersville; Yolanda Dickerson, JWTF member, AHA; Mark Dunn, Cape Fear Valley Harnett; Heather Forrest, Duke; Amanda Franklin, UNC Health Appalachian Regional Healthcare System; Melissa Freeman, Duke; Rebecca Gainey, NH New Hanover Regional Medical Center (NHRMC); Anne Geissinger, Chronic Disease & Injury Prevention, DPH; Michelle Geroleman, WakeMed; Larry Greenblatt, JWTF member, DHHS; Melissa Hanrahan, Mission HCA; James Ho, UNC; David Huang, UNC; Dave Hwang, UNC; Ed Jauch, SAC member, MAHEC; Matt Johnson, UNC Health; Shana Lee-Mills, UNC Wayne; Erin Lewis, UNC REX; Josh Lewis, Mission HCA; Heather Locklear, ECU Health Duplin; Sandy Maney, Genentec; Faith Medrano, UNC; Emma McClain, Outer Banks Health; Lucinda McLean, Columbus Regional Healthcare System; Grayson Moore, ECU Health; Terri Moore, Coverdell Stroke Program, DPH; Joy Murphy, UNC Stroke Consortium; Angela Murray, ECU Health; Kathy Nadeski, WakeMed; Jenn Nguyen-Davies, Onslow Memorial; Peg O'Connell, Chair, Stroke Advisory Council; Kailey Odom, UNC; Ashley Oliver, UNC Health Wayne; Tanner Perschau, UNC Medical; Renee Potter, UNC; Brooke Prevattte AHWFB High Point; Joey Propst, JWTF member; Frances Reed, UNC; Anthony Ribeiro, Rapid AI; Staci Smith, FirstHealth; Carrie Stokes, UNC Wayne; Ceira Sullivan, UNC REX; Lesley Taylor, Carteret Health; Chuck Tegeler, vice chair, Stroke Advisory Council; AH WFBMC; Leilani Tolentino, AH Cabarrus; Caitlin Webb, Wilson Medical; Julie Webb, Duke Regional; Gwen Wise-Blackman, Minority Women Health Alliance; Jaime Witner, Cone Health; Erika Wolf, AH; Erika Yourkiewicz, NHRMC.

Welcome and Introductions

Peg O'Connell, SAC Chair

Stroke Advisory Council chair Peg O'Connell welcomed everyone gathering in person at UNC Health and thanked them for coming to Morrisville, and she welcomed those joining virtually. Peg welcomed and recognized Vice-Chair Chuck Tegeler, who joined virtually.

Peg recognized Dr. David Huang, long-time Task Force and Stroke Advisory Council member, AHA volunteer, and leader of UNC's stroke program, who retired from UNC and continues to mentor residents and advise the stroke program. She thanked Renee Potter, Stroke Program Manager at UNC Health, for coordinating the team efforts and for hosting the meetings and providing continuing education credits.

Peg noted that the Stroke Coordinators gathered in the morning and were delighted to meet in person after holding monthly meetings virtually for the past year.

Approval of Minutes

Peg reminded members that minutes from the May meeting were posted on the website [start with your heart.com](http://startwithyourheart.com) and sent via email. She asked for corrections and additions. Seeing none, members approved the minutes by acclamation.

Legislative Update on Items on the Task Force Action Agenda

The legislature adjourned in July, and they convene periodically and continue to work toward a budget agreement. Our partners continue working on a bill to raise the age to buy tobacco products from 18 to 21 and to implement a retailer licensing program. Contact Peg or Anna Bess for information on joining the Tobacco 21 Coalition.

Coverdell Stroke Program Update

Peg shared that the Division of Public Health received notice from CDC of the next year of Coverdell Stroke Program funding and awarded four contracts, two of which you will hear about today from UNC Health. Cone Health also received notice of funding for the next year of their Coverdell Program. We are thrilled that these programs can continue given the changes at CDC.

Get with the Guidelines®-Stroke Awards

Pat Aysse, Health Care Quality, American Heart Association

Peg recognized Pat Aysse with American Heart Association to present the 2025 Get with the Guidelines® -Stroke awards. Congratulations to 80 North Carolina hospitals for their award-winning stroke work! See Pat's slides.

Peg thanked UNC Health for hosting us and recognized Dr. James Ho, Stroke Program Medical Director and SAC member. After Dr Ho's welcome, Renee Potter introduced the panelists.

Updates from UNC Health

Welcome and UNC MC Surgery Tower Video Tour

James Ho, MD
Stroke Program Medical Director

AHA Hemorrhagic Initiative

Renee Potter, BSN, RN, MBA, SCRNP
Stroke Program Manager

NC Coverdell Stroke Program

John Baratta, MD, MBA
Medical Director, Stroke Rehabilitation

StrokeNet – UNC & Duke ENVISION

Pola Chojecka, MD
UNC REX Stroke Program Medical Director
Erin Lewis, MSN, RN, CNRN
UNC REX Stroke Program Coordinator
David Hwang, MD
Division Chief, Neurocritical Care

Stroke Research: Lumosa 203

James Ho, MD

UNC Stroke Advisory Board

Joy Murphy
Stroke Survivor

Panel Discussion

All

The meeting focused on improving stroke care through collaboration, education, and innovative treatments while addressing budget concerns and the importance of timely interventions. See slides for speaker presentations.

- UNC Health shared advancements in stroke treatment and ongoing community education efforts.
- Participants emphasized the need for improved awareness of stroke symptoms- especially among younger populations.
- The group noted the importance of timely blood pressure treatment for stroke patients upon arrival.
- Collaboration among healthcare centers enhances patient outcomes and resource sharing.
- Focus on innovative, minimally invasive procedures for hemorrhagic strokes is increasing.
- Projects aim to improve patient transitions from hospital to community care to address hypertension management.
- Research initiatives aim to enhance stroke care through clinical trials and improved access.
- Ongoing trials at UNC show promise for improving patient outcomes in stroke treatment.
- The advisory board enhances collaboration between patients, caregivers, and healthcare teams.
- Stroke survivor events foster community connections and provide valuable health education.
- Emerging research focuses on innovative treatments.
- Stroke outcomes in rural areas suffer due to delayed care and limited hospital resources.
- Collaboration among organizations is crucial for enhancing triage and transport systems for stroke patients.

Questions and Answers

Q: How are you recruiting patients for the post-stroke transitions project?

A: UNC CSC is a great partner. We get discharge location from them, and we use EMR data.

Q: What new innovations are coming down the pike that we haven't considered yet?

A: There was a minimally invasive clot evacuation project that came out early 2024. I'm surprised at how little the findings from the ENRICH study have been taken up in the US. Neurosurgeons may not want to take more call. I thought Guidelines would require it of CSCs.

A: There was a lot of debate about the MR CLEAN thrombectomy trial before it was accepted. It may take more trials and more evidence to tip the balance.

The CAPTIVA secondary stroke prevention is a new study coming online at UNC and Duke.

The tele-rehab study which will leverage more virtual visits is also exciting. We are signing on for a new multi-center study outside STROKE NET to help the symptoms of subarachnoid stroke.

A: In general we need to embrace AI in health care and its value in execution and delivery of stroke care.

Q: At the last ISC there was talk about medium vessel occlusions with the right patient selection. What do you think?

A: How do we capture as many people as possible safely? We are still trying to figure that out. Medium vessel may not cause as many deficits. It depends on how severe vs. the risk. The procedure could puncture a vessel.

A: Clinical trials are beneficial; but at the end of the day, how will it affect the patient in front of you?

A: We need more doctors reporting their outcomes. Experiences matter.

Q: How will you manage the fact that many PCPs are not taking new patients?

A: We'll get leverage from UNC providers to access care. We don't need neuros managing hypertension in 200 patients. We must look at their barriers to accessing PCPs.

Q: How do you propose leveraging Rural Health transformation dollars to improve stroke outcomes?

A: One issue is the limited number of ambulances and helicopters from rural communities. We have trouble getting patients to Duke.

A: Patient selection with EMS transport is a huge issue.

A: This group has been working on strengthening stroke systems of care for 20 years. We've identified hurdles: EMS transport is one. Another is patient selection. We can't take every single patient. We can't get enough neurologists and interventionists. We have made great advances. 80 hospitals won awards for their stroke care. Contrast that to 20 years ago. Telestroke and collaboration are great.

A: How do we pool our resources to collaborate in NC?

A: Invest in public health, invest in primary care, and post-stroke care. We can save their lives, but they need support post-stroke.

A: SAC has been around since 2006. We have this statewide forum. We welcome you to get involved, join a work group. We are it. You are the ones who have the great ideas. We submit our recommendations to the governor and General Assembly. Join us!

Peg noted that she learns so much every time she attends SAC meetings. She thanked everyone for their work. She said she will probably have a stroke because she works at the General Assembly. She added that her late husband Jim died of a hemorrhagic stroke, and she's so glad to know of these efforts to improve care.

She thanked all the presenters and Renee and UNC Health for hosting. She added that UNC is providing continuing education credits for those who attended the meetings and complete the evaluations.

Final Stroke Advisory Council Meeting of 2025

November 12 from 1-2:30 PM – virtual