STROKE ADVISORY COUNCIL MEETING MINUTES
November 12, 2025
Virtual 1 - 2:30 pm

Members/Partners

Present: Sue Ashcraft, Novant Health (NH); Kaiz Asif, Ascension Health, University of Illinois-Chicago, Mission Thrombectomy; Andrew Asimos, Atrium Health; Pat Aysse, American Heart Association; Barbara Beatty, JWTF member, Catawba County Commissioner; Debbie Beecham, UNC Health Nash; Annabelle Black, NH Greater Charlotte (GCM); Sharon Biby, SAC member, Cone Health; Michelle Bradley, UNC Johnston; Bethany Brant, NH Huntersville & Mint Hill; John Broome, American Cancer Society Cancer Action Network; Anna Bess Brown, Justus-Warren Heart Disease and Stroke Prevention Task Force (JWTF); Erin Brown, Cancer Branch, DPH; Stacey Burgin, Community & Clinical Connections for Prevention & Health (CCCPH), DPH; Cheryl Bushnell, SAC member, Atrium Wake Forest Baptist (AWFB); Kate Cardoza, UNC; Heather Carter, Div. on Aging, DHHS; Ally Castelloe, ECU Health Roanoke-Chowan; Sylvia Coleman, Constellation Health; Tom Curley, NH New Hanover Regional Medical Center (NHRMC); Anthony Davis, SAC member, NCOEMS; Dana Davis, UNC Pardee; Carissa Dehlin, NH Matthews & Ballantyne; Mark Dunn, UNC Health; Heather Forrest, Duke; Melissa Freeman, Rebecca Gainey, NHRMC; Nick Galvez, Office on Rural Health DHHS; Anne Geissinger, Injury & Violence Prevention, DPH; Michelle Geroleman, WakeMed; Melanie Greenway, NH GCM; Amy Guzik, SAC member, AWFB; Melissa Hanrahan, Mission HCA; Ricky Harold, Northern Regional Hospital; Lindsey Haynes-Maslow, JWTF member, UNC; Robin Jones, SAC member, United Stroke Alliance; Diomelia Laues, Fayetteville VA; Erin Lewis, UNC Rex; Josh Lewis, Mission HCA; Sarah Lycan, AWFB; Jamie Lynch, Cone Health; Jessica Martin, Mission HCA; Lucinda McLean, Columbus Regional Healthcare; Katie Michael, AH WFB Lexington; Terri Moore, Coverdell Stroke Program, CCCPH, DPH; Kathy Nadareski, WakeMed; Peg O'Connell, Stroke Advisory Council chair, T21 Coalition; Sarah O'Neal, WakeMed; William Pertet, CCCPH, DPH; Brooke Prevatte, AH WFB High Point; Joel Schneider, JWTF member, NC Healthcare; Beatrice Siaw, UNC; Leilani Tolentino, AH Cabarrus; Julie Webb, Duke Regional; Gwendolyn Wise-Blackman, Minority Women Health Alliance.

Welcome

Peg O'Connell, Chair

Peg welcomed everyone and said that Chuck Tegeler, vice chair, was not able to join the meeting due to other duties. Peg called for the approval of the minutes from the last meeting, September 5, 2025. She reminded members they had received an email with the minutes in advance of the meeting. The minutes were approved by acclamation.

Peg announced news on several changes to SAC leadership and membership:

1) **Chuck Tegeler** is stepping down as Head of the Department of Neurology at Atrium Wake Forest Baptist and as Vice Chair of SAC. A nationally recognized pioneer in stroke prevention and neurovascular ultrasound, Chuck has been instrumental to stroke care in North Carolina and to the Stroke Advisory Council since its inception. He has led with vision, innovation, and an unwavering commitment to advancing neurological care.

   He founded the Wake Forest Baptist Health Telestroke Program and directed the Stroke Section, Stroke Center, Neuro-Ultrasound Laboratory, and Riley Ultrasound Center. He served for nearly three decades as Course Director for the School's internationally respected Neurovascular Ultrasound Course, the largest, longest running program in the world. Having become convinced of the negative health impacts of chronic stress, he now directs the Brain Body Research Program.

   We are so grateful to Chuck for his leadership of SAC and will sorely miss him.

2) **Amy Guzik**, SAC member, has agreed to step into the role of vice chair. Amy is a board certified neurologist who serves as an Associate Professor of Neurology, Vice Chair of Systems Operations, and Division Head of

Vascular Neurology at Atrium Health Wake Forest Baptist. Her expertise lies in stroke, stroke systems of care, and in telestroke. She has a strong background in advocacy and has advocated for patients, Neurology, and telemedicine. She has served as a SAC board member since 2021. We are delighted to welcome Amy to this leadership role.

3) **Anna Bess** is retiring Jan. 1 after serving as Executive Director of the Task Force and SAC for 10 years. DPH is in the process of posting and hiring for the position. Anna Bess said it was bittersweet to share this news, that she's been privileged to have learned so much from this generous group. She thanked everyone for saying yes every time she asked someone to share their work. She said it has been an honor to know and work with this community. She thanked Peg for her leadership.

Along with these changes in leadership, we have two new proposed members: **Michael Erwin**, founder of BELIEVE Stroke Recovery Foundation, to fill the Stroke Survivor seat vacated by **Ben Gill** who is retiring. Long-time member **Wally Ainsworth** also retired, and we welcome **Anthony Davis** who is now in Wally's position as Central Regional Office Manager at NC OEMS. On Dec. 2nd the Task Force will vote on these new members to make it official. Peg welcomed Michael and Anthony.

Task Force and Legislative Update
Peg said that the NC state legislature has adjourned with no budget agreement. The governor has asked the General Assembly to convene next week to address the Medicaid funding shortfall. She added that she is the chair of the T21 Coalition, powered by NCPHA, which continues working on the bill (H430/S318) "Solly's Law" to raise the age to buy tobacco products from 18 to 21 and to implement a retailer licensing program. Contact Peg or Anna Bess to be added to the T21 mailing list.

The Task Force met virtually Oct. 7 and will meet in person at the new DHHS Headquarters on Reedy Creek Drive across from the NC Museum of Art on Dec. 2 from 10:30-12:30 followed by a boxed lunch. At this meeting the Task Force will hear proposals on items for consideration for our Action Agenda. Send an email to Anna Bess to reserve your seat.

Coverdell Stroke Program Update
Terri Moore, Program Coordinator for the **Coverdell Stroke Program,** explained program strategies and shared an update on Coverdell-funded projects (see her slides). She asked participants to contact her at terri.moore@dhhs.nc.gov to share insights on automation of EMR referral processes, bidirectional referrals, and screening for SDOH across departments.

Lessons from Target Stroke III: Improving Thrombolytic *and* Endovascular Care
Peg introduced **Dr. Kaiz Asif**, **Regional Medical Director of Ascension Health in Illinois, Assistant Professor at the University of Illinois-Chicago, and Global Vice-Chair of Mission Thrombectomy with the Society of Vascular and Interventional Neurology**, who led the Target Stroke III Trial to improve thrombectomy and endovascular care. She welcomed SAC member **Dr. Ed Jauch**, **Chair of the Dept. of Program Evaluation and Research at MAHEC**, to discuss the "why" behind this important study. Dr. Jauch explained that **Target Stroke** was initiated by AHA in 2010 to improve acute treatment with thrombolytics. Adoption was slow, and door to needle (DTN) time was high. Among participating hospitals, average DTN time dropped from 74 minutes to 59 meaning many more people survived their strokes and had better functional outcomes. Based on this success, Target II in 2015 furthermore showed significant success.

Dr. Asif explained that access to care is the focus of this work. He reviewed the best practices of the three phases of Target Stroke and highlighted the new strategies in TS III. He noted that in 8 years we went from expecting a 60-minute DTN time goal to a 30-minute goal in more than 50% of patients (see slides).

Dr. Asif noted that the key take-aways from the results of TS III reinforce what we already know with data and will inform TS IV: simultaneous CT and CT angio (CTA) performed in all symptomatic patients within 24 hours was associated with lower DTP times.

Ed added that the size, scope, and power of TS inform what we do. The findings are generalizable. Much of what this shows is there's lots we can do right now without significant resources:

- Get feedback from EMS.
- Get a CTA when patients arrive.
- Support stroke coordinators to do this work.

After their presentations, **Michelle Bradley** discussed successes at **UNC Health Johnston** Primary Stroke Center. Michelle shared UNC Health Johnston's journey since they began working toward accreditation in 2019. They call around 600 stroke alerts at each of their two entities (in Smithfield and Clayton). In 2025 they were recognized for excellence in their efforts to decrease DTN times (see slides).

Questions and Answers

Q: Dr. Schneider asked if we are moving toward sending all stroke patients to CSCs.
A: Dr. Asif responded that Stroke Systems of Care are not working in that direction, that it is not efficient. AHA has recommendations for transport based on geography. He added that the study confirms that we need better triaging and prehospital recognition.
Q: Dr. Schneider asked how long it will take to have stroke interventionists across NC.
A: Dr. Asif responded that twenty percent of the US population is rural. A paper on rural access shows that approximately 90% of the US population lives within 60 minutes of a center that could provide stroke care. Although this is good given the size of the country, better care and transport need to happen in rural areas.
Q: Dr. Guzik said that much work is needed in communication and coordination among different teams and asked how we will see technology helping with thrombectomy times in the future.
A: Dr. Asif said that we can use technology to be more active in detecting LVO and more low cost, widespread MSU (Mobile Stroke Units) to detect LVO and triage appropriately. Additionally, we can use technology to take patients directly to the angio suite.
Regarding telestroke, there can be more specialized evaluation in the ambulance. There is excitement around using AI in recognition of stroke and in virtual telestroke.
Erin Lewis added that there's a STEMI pathway in the field but there are so many other clinical factors that go into identifying and diagnosing stroke. She added that many rural hospitals in NC still don't have access to telestroke; and until we have eyes into the skull in the field, we need to get these patients access to a neurologist and a clear pathway of where they need to go next.
Dr. Asif added that global access is teaching us to train low volume centers in the US. In addition, there is currently a robotics trial that is testing remote tele-robotics.
Dr. Jauch noted that we can't thank and engage EMS enough. We need their help especially with inter-facility transport. We should encourage them and support them financially.

Adjournment

Peg thanked the presenters for their impressive and important work and for sharing it with us. She noted that we will be in touch about 2026 meetings, and invited everyone to join the Task Force meeting Dec. 2 from 10:30-12:30 either in person or virtually.