

Update in Stroke Prevention/Treatment in NC

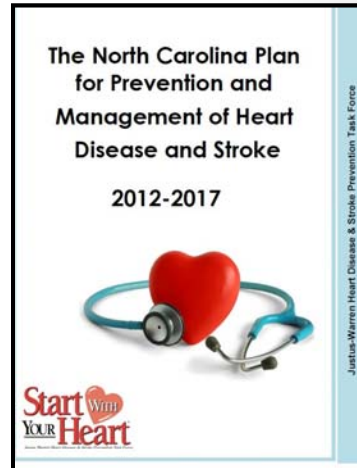
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East Carolina University, Brody School of Medicine
Input from: Anita Holmes, J.D., M.P.H., Former Director, Justus - Warren Heart Disease
and Stroke Prevention Task Force; and from Betsy Vetter
NC Stroke Association

Stroke Systems of Care

- The Foundation:
 - Justus-Warren Heart Disease and Stroke Prevention Task Force (JWTF):
 - Created in 1995 by NC General Assembly
 - Members from NC Senate and House of Representatives, health and related professionals, a heart attack survivor, and a stroke survivor
 - Stroke Advisory Council legislated in 2006 and has multiple groups across the state

NEWS FLASH

The NC Rules Commission passed by unanimous vote regulations designating stroke centers in NC to include Comprehensive, Primary and Acute Stroke Ready facilities. Effective 2/1/2015. North Carolina is the **second state in the country** to recognize all three tiers of stroke centers.

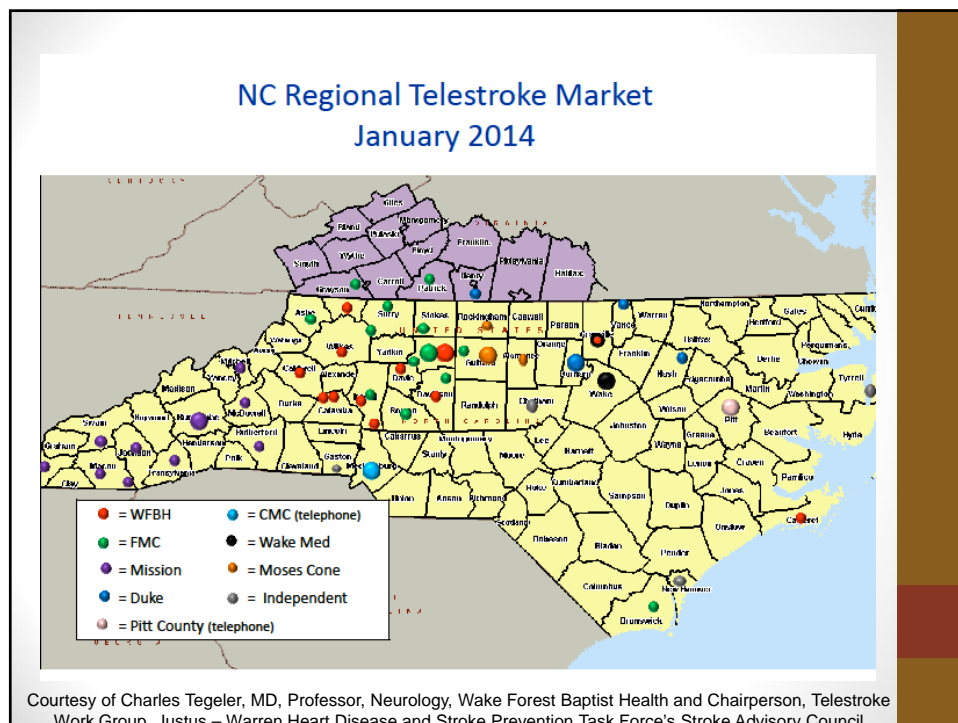
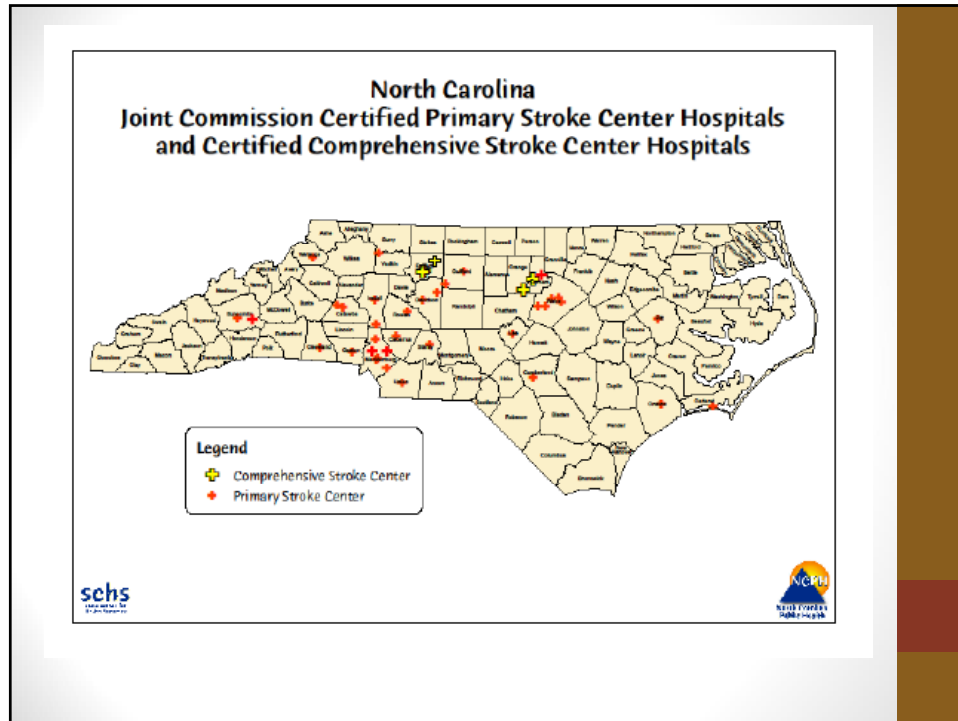


Stroke Advisory Council completes broad Engagement of Stakeholders Across the State – stroke survivors, hospitals, health departments, home health agencies, nursing facilities, and many more.....

Stroke Care Plan being reviewed/revised

Stroke Advisory Council – 10/1 meeting

Work Group	Top Priorities
Prevention/Public Awareness	<ul style="list-style-type: none"> • Focus on Hypertension • Expand Public Awareness – Stroke Signs and Symptoms • Support Tobacco Control Efforts
Pre-hospital	<ul style="list-style-type: none"> • Enhance 9-1-1 Call Centers • Improve Secondary Transport Capacity • Standardize Definitions and Validate Designations (PSC, Stroke Capable)
Acute/Sub-acute Care	<ul style="list-style-type: none"> • Stroke Plan for Every Hospital • Stroke Care Capability Designation
Recovery/Transitions of Care	<ul style="list-style-type: none"> • Study Linking Post-Hospital Data with NC Stroke Care Collaborative Data • Consistent and Shared Patient Information among Providers • Patient and Family Resource Center • COMPASS Project at Wake Forest, UNC, & ECU
Telestroke	<ul style="list-style-type: none"> • Expand Use of Telestroke Networks • Align/Collaborate with other NC Telehealth Initiatives • Support Increased Reimbursement

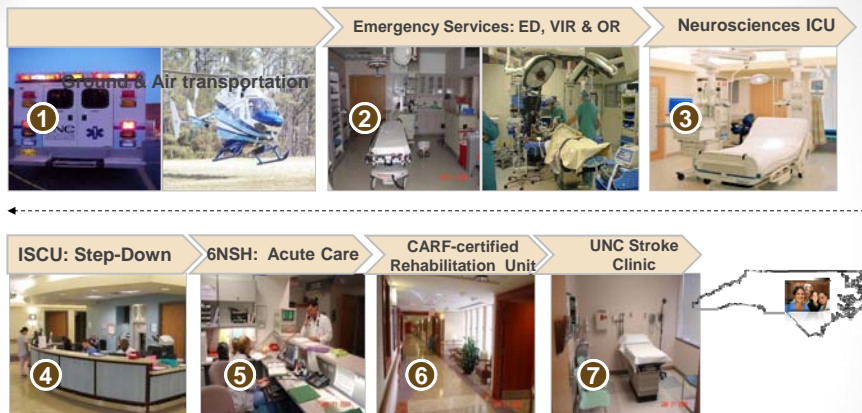


Wake Forest Telestroke Services

- 24/7 easy access to consultation with Vascular Neurology Stroke Faculty via RP-7 Remote Presence (In Touch Health)
- If needed: Preferential bed placement with rapid and facilitated transfer with single "800" phone number



UNC Health Care Comprehensive Stroke Center



UNC Transfer Center
800-806-1968
919-843-1920

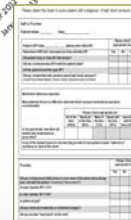
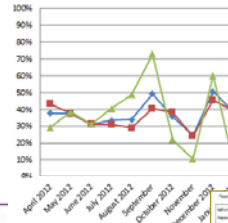


American Heart Association
American Stroke Association
CERTIFICATION
Meets standards for
Comprehensive Stroke Center



Prevention: Heart Healthy Lenoir: NHLBI CBPR Model

- Test a system to improve blood pressure control through primary care practices
 - Coaching and community support systems for participants
 - Home BP monitors
 - Quality improvement in practices
- PHONE COACH: 12 monthly phone calls
- Average length – 15 minutes
- Includes
 - HTN related education
 - Review of the participant's recent BP readings and medication adherence
 - Participant-centered goal setting; motivational interviewing



Change in SBP at 12&24 month f/u

Outcome	n	Baseline	12 Months	Change in SBP: 12 months minus baseline (95% CI)	Difference in SBP Change: Blacks minus Whites (95% CI)	Adjusted ^a Difference in SBP Change: Blacks minus Whites (95% CI)
Systolic blood pressure, mmHg (SE)						
Overall	408	139 (1.0)	133 (1.1)	-6.0 (-3.73, -8.33); p<0.0001		
--Blacks	257	139 (1.4)	134 (1.4)	-5.0 (-8.1 to -2.0); p=0.0014	-2.7 (-7.5 to 2.0); p=0.26	-4.2 (-8.7 to 0.4); p=.07
--Whites	151	138 (1.6)	130 (1.7)	-7.8 (-11.1 to -4.4); p<0.0001		

Outcome	n	Baseline	24 Months	Change in SBP: 24 months minus baseline (95% CI)	Difference in SBP Change: Blacks minus Whites (95% CI)	Adjusted ^a Difference in SBP Change: Blacks minus Whites (95% CI)
Systolic blood pressure, mmHg (SE)						
Overall	383	139 (1.1)	133 (1.0)	-6.4 (-4.03, -8.69); p<0.0001		
--Blacks	246	140 (1.4)	134 (1.3)	-5.9 (-9.0 to -2.8); p=0.0002	-1.3 (-6.1 to 3.6); p=0.61	-2.1 (-6.7 to 2.4); p=.36
--Whites	137	138 (1.7)	131 (1.4)	-7.2 (-10.5 to -3.8); p<0.0001		

Wake Forest Baptist Medical

UNC-CH: AHRQ R-18 Evidence Dissemination – Heart Health Now

- Improving **CV Risk identification, stratification, and treatment**
- 300 Primary Care Practices
- Practice facilitator in each practice to assist with data and encourage practice work flow changes



COMPASS: PCORI-FUNDED TRANSITIONS IN CARE PROJECT

- Cluster randomized trial led by Wake Forest with help from UNC and ECU
- 50 hospitals in NC
- Participating hospitals being randomized to “early supported discharge” vs. usual care
- Post-acute stroke patients going home are eligible
- Post-acute care coordinator plus FNP/PA plus additional supportive and wrap-around care
- 90 day and 12 month functional outcomes
- Pam Duncan, Ph.D. is PI along with Cheryl Bushnell, M.D., and Wayne Rosamond, Ph.D.



UAB/UNC/ECU RURAL HTN DISPARITIES PROJECT FUNDED BY NHLBI and PCORI

- Cluster randomized trial in 80 rural primary care practices serving predominantly minority population in rural AL & NC
- 2 x 2 factorial design examining practice facilitation, community health coaching, or the combination vs. usual care
- Outcome is BP control and racial disparities in BP control
- Kickoff will be this fall

