

## 19<sup>th</sup> Annual Stroke Belt Consortium meeting

What We Learned and New Projects for 2014

### Addressing Stroke Risk Factors

- Hypertension is most common and treatable risk factors
- Expand and leverage ongoing and new programs to identify and Rx HTN in all groups
- Match county data to programs and target highest risk areas
- Use GWTG approach in targeted areas

## Stroke Risk and Expanding the Stroke Belt

- Much of the stroke risk in the Stroke Belt is still unexplained---preconceived notions are wrong
- Should Stroke Belt be expanded to now include Texa, Oklahoma, and Puerto Rico?
- Growing Hispanic population; obesity in this population; another important target for primary prevention

## Addressing Stroke Risk

- Perform risk assessment and stroke risk for every patient with Afib
- Target PCPs for treating stroke risk factors—especially HTN
- Urban vs rural differences; stroke belt buckle—very rural setting

## EMS and Acute Care

- EMS pre-notification of ED
- Using biomarkers in the field for EMS triage and routing
- Reduce delays in transportation
- Use field clinical assessment to get patients to proper level of facility

## Acute Stroke Care

- Telestroke an important option for Stroke Belt region
- Certified stroke centers (PSC, CSC) improve outcomes---several options for certification
- ACOs will reward good care and outcomes
- Endovascular therapy might be effective in certain patients

## Acute Care and Imaging

- Time may not always = brain
- Treating stroke mimics is not benign
- Doing mock stroke codes is an excellent training tool
- Examine nursing issues with stroke care, not just physician coverage

## Acute Care and Secondary Prevention

- IV TPA is still the most important acute intervention
- GWTG has a number of important programs—TARGET Stroke
- Observation status is an important option—but no rehab
- CREST-2 will answer important questions

### Suggested projects and paths forward

- Use county-based epidemiologic data to provide focus for prevention and EMS triage
- Set up programs to identify, risk stratify, and treat patients with Afib
- Target the growing Hispanic population for prevention efforts—primary prevention

### Suggested projects and paths forward

- Use biomarkers for stroke to do field EMS triage/routing
- Target PCPs to improve the treatment of CVD risk factors—use EMR to track data, GWTG, etc.
- Make identification and Rx of HTN a performance metric for PSCs and CSCs

## Conclusions

- Thank you for attending
- The strength of the SBC is all of you!!!
- We hope you can take back some of this information and program initiatives to your state and your organization
- Please complete the questionnaire and survey before you leave
- SAFE TRAVELS !!! SEE YOU NEXT YEAR!!