Illinois Stroke Task Force
Meeting Minutes
June 11, 2010
10:00a.m. – 11:30a.m.

Call to Order and Welcome
Michael Gaines welcomed Illinois Stroke task force members and public guests.

Roll Call of Members
Attendance in person
Mark Alberts, M.D. – Represents medical doctor at a research university
Joseph M. Harrington – Represents minorities
Dilip K. Pandey, M.D., Ph.D., M.S. – Represents the Illinois CAPTURE Stroke Registry

Attendance via conference call
Barbara Bollenberg, Ph.D. – Represents the Illinois Nurses Association
Michele M. Clancy – Represents the general public
Richard L. Harvey, M.D.—Represents the Illinois Association of Rehabilitation Facilities
Sylvia Mahone, M.D. – Represents the Illinois Academy of Family Physicians
Colleen McQuillan, PT – Represents the Illinois Physical Therapy Association
David Z. Wang, D.O. – Represents the American Stroke Association

Members Absent
William A. Adair, M.D. – Represents the Illinois Hospital Association
Damon T. Arnold M.D., M.P.H., -- Represents the Illinois Department of Public Health
H. Hunt Batjer, M.D. – Represents the American Association of Neurological Surgeons
Carolyn Brown Hodge – Representing Illinois Rural Health Association
E. Bradshaw Bunney, M.D., F.A.C.E.P. – Represents the IL College of Emergency Physicians
Brian Churchill – Represents emergency medical technicians
John Gill, M.D. – Represents the Illinois State Medical Society
Christina Kavelman – Represents stroke survivors
James R. Nelson – Represents the Illinois Public Health Association
Holly Novak, M.D. – Represents Illinois Chapter of the American College of Cardiology
Lisa Steelman – Represents Pharmaceutical Manufacturers Association of America
Philip Gorelick, M.D., M.P.H. – Represents the National Stroke Association
Michelle Zemsky – Represents Illinois Speech Language Hearing Association

Ex-Officio Member Present
NONE

Ex-Officio Members Absent
Representative William Davis – East Hazel Crest
Representative Elizabeth Coulson – Glenview
Senator William Delgado – Chicago
Senator Dave Syverson – Rockford

Public Attendees either in person or via conference call
Shanmuga Bharathi – Great Lakes Regional Stroke Network
Danielle Cortes
Kathleen Domkowski – West Suburban Medical Center
Heather Gavras, M.P.H., R.D. – American Heart Association
Sandy Hozelle – Resurrection Health Care
Diana Isom – Genentec
Peggy Jones –Illinois Critical Care Hospitals, Illinois
Larry Katzovitz – Qual Rx – Missouri Stroke Task Force
Jenni Kinzinger-Casey – Carle Foundation Hospital
Deb Lawrence – Ingles Memorial Hospital
Bridget McCarte – Illinois Hospital Association
Kathleen O'Neil, M.H.A. - American Heart Association

Illinois Department of Public Health Staff
Michael Gaines, M.P.A., Program Manager – Cardiovascular Health Program
Lynette E. Shaw, M.S.Ed., CHES – Health Educator – Cardiovascular Health Program
Kristen Nolen, B.S., CHES – Illinois Tobacco Free Communities Program

Approval of September 29, 2009 and March 12, 2010 Meeting Minutes
Minutes could not be approved because there was not a quorum.

Great Lakes Regional Stroke Network
The Network will no longer be funded by the U.S. Centers for Disease Control and Prevention (CDC) as of June 30, 2010. CDC is not funding any networks. CDC's focus is blood pressure, cholesterol and sodium reduction. Information on the Web site will be downloaded to CDs and given to the Cardiovascular Health Program to distribute to those who request the information.

Cardiovascular Health Program Partnership Evaluation
The U.S. Centers for Disease Control and Prevention wants all state programs to evaluate their partnerships. The first step to this evaluation is creating a logic model. The Cardiovascular Health Program, with input from the American Heart Association, created a logic model. There is a request for feedback from all members of the Illinois Stroke Task Force in regards to the logic model. The logic model will be a working document that the members will be involved in and the activities will become part of the General Assembly Report that is due annually to the Governor's Office January 1st.

A discussion took place on how there has not been a quorum at the meetings and what process needs to be taken to have the members who were selected by the associations they represent and appointed by the Governor and Director to be "ACTIVE" members. It was suggested to survey members to find out when the best time would be to have the task force meeting. There was a question about the by-laws and if it says anything about participation. The by-laws have not been approved from the Illinois Department of Public Health legal staff.

Telestroke Subcommittee

Dr. Wang, co-chair of the subcommittee, gave an update of the Telestroke subcommittee and how the subcommittee is continuing to evaluate the hospitals in Illinois on how they use technology to improve stroke care in the areas without neurological surgical expertise. The group is surveying how many smaller hospitals have connection with "hub" larger hospitals and developed two different models. One statewide model or various types of models depending on what hospital/institutions have resources for establishing. The group continues to examine issues related to establishing telestroke programs such as credentialing of physicians providing care, liability issues, and developing an overarching policy or recommendation coming from Illinois Stroke Task Force. Dr. Wang also reported that there are some Illinois hospitals bordering the state seeking remote support from other states, presenting cross boarder networking opportunities. Also, the group has been working to come up with a summary statement paper to inform Illinois Stroke Task Force of what the subcommittee has been working on and the challenges being faced.

Heather, American Heart Association - confirmed that the group has generated a draft recommendation paper that includes short term and long term objectives of the Telestroke subcommittee. The subcommittee wants to expand the telestroke program to provide comparable patient care, regardless of where you live or work. The bigger issue that needs to be addressed is making sure telestroke is self sustaining in the future. Things we need to be mindful of are the economic issues, technical support needed and operational issues. The short term objects proposed include a legislative scan looking at public health efforts in other states at the issues of reimbursement, evaluating the cost-effectiveness of a hub/spoke model versus a statewide model where coverage is provided by a single point of contact and gap coverage for hubs that don't have the coverage available at all times. Long term objectives include the financial stability of both models, and small hospitals having to provide ongoing technical support. The plan is to make sure objective outcomes are measurable by comparing the number of critical access hospitals pre and post of being aligned with a hub. August 16th is the date set to disseminate the information to the Illinois Stroke Task Force so that it can be reviewed and members can give feedback. It was also brought up that due to the state fiscal status, the options would be to go to a local provider model or to a national provider. It was also suggested to include stroke with the larger arena of telemedicine so other groups could participate since the technology is basically the same.

Illinois Tobacco-Free Communities Program

Kristen Nolen, Illinois Department of Public Health – Tobacco Program, gave an update of the ARRA (stimulus) funds to address smoking cessation in the state. Chicago received a large grant, so the Department will be working with Chicago to review programs to make sure both reach as many as possible. The national goal is to increase calls to the Quitline by 80,000. The Department will be working towards this goal through partnering with federally qualified health centers, rural health clinics, and addressing priority populations (polish, Chinese, Vietnamese, Cambodian, GED, Deaf/hard of hearing, blind/visually impaired) mostly in the collar counties, and then other counties throughout the state. They are looking to expand integration of online and electronic information, and support technologies and resources so that the state as a whole becomes more aware that the resources of the Quitline are available and increase calls from everyone. Also, through the grant there will be the availability of NRT to some callers (it has been shown that NRT and counseling together can help increase the success rate for callers). The Department's tobacco program is working on work plans, to partner to increase the awareness of the importance of cessation and the resource of the Quitline.

General Assembly Report

The General Assembly Report has been updated to include activities that are currently being worked on by members of the task force based upon the logic model. This change was done because many of the activities on past reports have been completed or are no longer funded such as the Great Lakes Regional Stroke Network. A draft report will be made available to all members for feed back in September. Any feedback for this report needs to be directed to Lynette Shaw. A member asked, whether or not the report could include funding priorities and a cover sheet summary. These additions will be kept in mind. The importance of up to date data was also brought up, and noted.

High Blood Pressure Trainings / Macon County Stroke Awareness

Lynette Shaw- The Department's Cardiovascular Health Program and Office of Women's Health; Illinois Public Health Association; and the American Heart Association provided four blood pressure trainings for health care providers, mainly nurses at the McLean County Health Department, Franklin-Williamson Bi-county Health Department and Fulton County Health Department. By attending this training health care providers learned or were reminded how to properly take blood pressure measurements for the purpose of identifying at-risk individuals. Hypertension is a major modifiable risk factor for cardiovascular disease and being diagnosed early with high blood pressure can have serious implications for one's quality of life.

The Cardiovascular Health program worked with the Disability and Health program at the Department on training for taking blood pressures of persons with disabilities. An email will be sent out to members as soon as this information is posted on the Web site.

The month of May blood pressure screenings were provided for the Department employees at lunch time. Since there was a high response to this activity, blood pressure screenings will be provided once a month during the morning breaks for all employees at the central office.

Discussion took place about the blood pressure machines at malls and drug stores – are these accurate? Who calibrates them to make sure they are accurate?

Heather Gavras – reported that AHA, working with the Department has found a higher stoke mortality rate in Macon county than other counties throughout the state and has allocated approximately $40,000 for a county wide stroke awareness campaign, along with an integrated comprehensive evaluation component. The goal is for every individual that works or resides in Macon County to correctly identify the warning signs or symptoms of stroke and importance of calling 911. The program is taking place from May 2010 to November 2010. There will be literature and materials distributed, PSA's, and other advertisements. A press announcement is being finalized and will include partnerships in the program. Northern Illinois University is partnering to do randomize phone surveys throughout county. The results from March through April include that of the 252 individuals surveyed, 41 percent would be embarrassed to call 911 if they were having a stroke. 32 percent strongly agreed and 40 percent somewhat agreed that the potential cost of the ambulance service would affect the decision to call 911. So, over 70 percent report cost as a risk factor or barrier. 36 percent somewhat agreed that it would be faster to drive to the hospital than wait for an ambulance and 56 percent somewhat disagreed that if they were having a stroke and arrived at the hospital by ambulance, rather than a personal vehicle, they would be treated more quickly because the ambulance staff could alert the staff before arrival. These were surprising snapshots from one county and final results will be available in the press release.

Stroke Centers and The Joint Commission

An update was given by Dr. Alberts. He used a board to draw out a pyramid in order to visually describe what he was saying. At the top he placed the comprehensive stroke centers. These are the centers that are going to take care of the sickest patients. There is thought to be 50-75 true comprehensive stroke centers. The update about these centers is that AHA/ASA is in the process of developing a manuscript that talks about metrics for measuring disease performance at comprehensive stroke centers. The draft has about two dozen measures, heavy on endovascular intervention. Half are considered core measures. Once the paper comes out, The Joint Commission indicates that they want to begin a formal certification program for the comprehensive stroke centers beginning in 2011.

In the middle of the pyramid there are the primary stroke centers, where most of the stroke patients now go, and currently The Joint Commission has certified 750 hospitals. It is estimated that the number will top out at about 1100-1200 primary stroke centers across the country. The update on these centers is that the Brain Attack Coalition is in the process of writing revised guidelines for primary stroke centers. They are emphasizing ability of primary stroke center to do brain imaging with an MRI, vascular imaging, and cardiac imaging with some type of echo. The completion date goal for these guidelines is Labor Day.

At the base of pyramid is a new type of center, the acute stroke-ready hospital. It is uncertain right now how many there are because there is no real definition yet, but eventually it is thought that there will be about 1,000-2,000. The Brain Attack Coalition met at National Institutes of Health in Washington and made draft of requirements for the ASRH and they are to have a lot of the elements of a PSC, but will be less intense. They will have to have a stroke team, but no stroke unit. They must have acute imaging, but not necessarily the time frame of a primary stroke center. The paper will show a lot of similar elements, but tweaked downward in terms of the time frame and intensity. The big thing being pushed at these acute stroke-ready hospitals is telemedicine. They must have to be able to have links to hub hospitals, be it a primary or comprehensive to provide them the expertise so that they know what they're dealing with and how to treat them. The ASRH must have a written transfer agreement with hub hospital because the patients will not stay there. They will come in, be evaluated, be stabilized, maybe get acute therapy and sent off to Primary Stroke Center hospital. The Joint Commission wants to be ready to certify by 2011. They are looking at a three tier system so the vast majority of stroke patients will eventually end up at a primary stroke center. The Joint Commission envisions a half day certification for the Acute Ready as opposed to a full day for the primary, and on an every three year basis instead of two. Certification will be less expensive as well.

In Chicago there are about 16 to 17 primary stroke centers and about 47 statewide. Centers must be certified by an independent certifying body, and certification must include an assessment of personnel infrastructure programs, site visit, some disease performance measures. Some of the key differences are comprehensive expertise in vascular neurology neurosurgery, intensive care unit, endovascular therapy, and neurosurgical therapy.

Primary Stroke Centers are well equipped, well rounded community hospital of various sizes and the vast majority are community hospitals. It is believed that most acute stroke-ready hospitals will be located downstate. It's up to the hospital to say if they want to invest in these programs or not.

Primary Stroke Center Legislation Update

Michael Gaines gave the update on the primary stroke center legislation. Right now the Department's Emergency Medical Services Division is accepting names for board appointment, those nominees should be submitted to Tammy Moomey. Once this committee is created, the committee will be given the charge of reviewing the Rules that have been suggested by Illinois Hospital Association and American Heart Association. If you have questions or comments about this contact Jack Fleeharty at jack.fleeharty@illinois.gov

Other Reports / Member Organization Updates

Heather reported that AHA has done a national reorganization. The new goal is reducing stroke and heart mortality by 20 percent and improving ideal cardiovascular health by 20 percent. Changes include a move from her current position to Senior Director of Community Health as of July 1st. She will be located in Metro Chicago and more focused on ideal health.

Michael Gaines will be leaving the Department's Cardiovascular Health Program on June 30th. He has taken a new position with the Department. He has enjoyed his work and hopes to continue to see great things from ISTF. Cheryl Lee, Chief of the Division of Chronic Disease Prevention and Control will be the contact during the interim.

Future Meeting Dates and Next Steps

September 2010 – date will be selected via meeting wizard notice

Public Comment

No public comment

Closing Comments and Adjournment

This meeting is adjourned, thank you.