

Minnesota Stroke Partnership Steering Committee Meeting Minutes – June 17, 2008

Snelling Office Park, Minnesota Room, 3:00 pm – 5:00 pm

In attendance: Al Barton, Angela Hedworth (phone), Donna Lindsay, Mary Jo Mehelich, Kathleen Miller (phone), Darcy Olson, Kari Olson, James Peacock, Sueling Schardin, Marnee Shepard, Stan Shanedling, Tess Sierzant, Sarah Tonn, Al Tsai.

Regrets: Donna Brauer, Diane Chappuis, Ed Crisostomo, Elizabeth Gardner, Lori Hansen, Sandy Hanson, Paula Heinonen, Alejandro Rabinstein, Corey Sargent, Lyn Steffen, Kevin Weber, Pam White, Melissa Winans.

AGENDA TOPIC	KEY DISCUSSION POINTS	DECISIONS	ACTION ITEMS
Welcome and Announcements	<p>Al Barton – new member of the Minnesota Stroke Partnership, Executive Director of the Minnesota Stroke Association.</p> <p>Sarah Tonn – new member from the American Academy of Neurology.</p> <p>Donna Lindsay will replace Tess Sierzant as the Steering Committee chair for 2008-2009</p>	None	None
Great Lakes Regional Stroke Partnership	<p>Angela Hedworth reported that the GLRSN Burden Document will be ready in July.</p> <p>The EMS workgroup has just made some changes to EMS policy recommendations.</p> <p>The next conference call sponsored through the Great Lakes Regional Stroke Partnership is Post-Stroke & Depression (Jun 26). Information on this and other calls is available at the GLRSN website (glrsn.uic.edu).</p> <p>Angela also mentioned the National Stroke Association conference in Bloomington, taking place 22-24 Sep 2008. More information is available at the NSA website (www.stroke.org).</p> <p>The GLRSN fiscal year ends June 30th.</p>	None	None
AAN Update	<p>Sarah Tonn notified the group of a pending announcement for a new v-code to use with drip and ship patients. The new v-code will be used starting 1 Oct 2008, its use will subsequently be analyzed in 2009, with the potential for a new DRG in the fall of 2009. This may lead to a restructuring of the DRG payment, allowing receiving hospitals to get correctly reimbursed.</p> <p>UPDATE: New v-code approved, information sent to MSP Steering Committee via e-mail, more details to follow in the coming months.</p>	None	None

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AHA Update	Sueling Schardin passed around a preliminary map of Acute Stroke Care at Minnesota hospitals, with data derived from a detailed survey she conducted in early 2008. AHA is interested to know what sort of mapping overlays the committee would find useful. Maps of the adjacent states will be available as well.	None	Provide feedback to Sueling regarding mapping overlays that would be of interest to the group.
MDH Update	Jim Peacock reported that a report on the Rehabilitation services offered to stroke survivors in Minnesota will be completed this summer. Copies will be distributed to this committee.	None	Complete report
Project Updates: EMS Stroke Task Force	Jim Peacock reported that the train-the-trainer Powerpoint presentation will be given at the Northwest EMS Regional Conference on 3-4 October 2008 at the Shooting Star Casino in Mahanomen. More information will eventually be posted at the Greater Northwest EMS website (http://www.greaternwems.com).	None	None
Project Updates: ED Stroke Task Force	<p>Tess Sierzant reported that development of state consensus protocol for acute stroke care in ED currently in progress, but that some jumpstarting needed. Jim Peacock agreed to help.</p> <p>Donna Lindsay stressed that it would good to add text describing the risks of <u>not</u> receiving tPA.</p> <p>Sarah Tonn reported that the National Stroke Collaborative (combination of AAN/American Stroke Association and the American College of Emergency Physicians) is also having a hard time with this issue. Largely, the ACEP has not fully-endorsed use of tPA.</p>	None	Complete draft
Project Updates: Coverdell Stroke Registry	<p>Al Tsai reported that as of today, 13 hospitals are enrolled.</p> <p>More than 940 cases were in the system as of early June. Jim Peacock is working with Kamakshi Lakshminarayan on the QI initiatives, with monthly meetings to look at the 10 Stroke performance measures specified by Coverdell. This work is starting at the end of the first year of the grant; other states did not start for 2-3 years, so we're ahead of the curve.</p> <p>A conference for all Coverdell-enrolled hospitals is planned for Tuesday, 14 October 2008 at the University of Minnesota's Continuing Education Conference Center on the St. Paul campus. Lee Schwamm, AHA's lead physician spokesperson for GWTG and Stroke will be on videoconference during this meeting. More details will be released later this summer.</p>	None	None

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<p>General discussion on signs & symptoms/ stroke awareness messaging</p>	<p>Stan Shandeling and Mary Jo Mehelich reported on a just-concluded meeting of the Heart Disease & Stroke Prevention Statewide Steering Committee's Secondary Prevention workgroup. Much of the discussion focused on how to create consistent messaging. In relation to stroke, the group stressed:</p> <ul style="list-style-type: none"> • What is happening? • What are the gaps in treatment/care? • Focus on care management and adherence to treatment • Target with a hospital & clinical perspective <p>Donna Lindsay stressed that primary care providers are not as knowledgeable about secondary prevention.</p> <p>The group agreed that there a concern for stroke patients and their families is learning how to move forward with recovery and rehabilitation. One of the primary difficulties with stroke is that daily life is a struggle, making it difficult for education messages on secondary prevention to reach their intended audience.</p> <p>Stroke education is a quality indicator for the Joint Commission (and in Coverdell), but hospitalized time just after a stroke may not be the best point for intervention.</p> <p>Jim Peacock presented a list of the stroke education messages used by major hospital systems and health plans operating in Minnesota. There is some diversity in messaging, with many using SUDDENS, a few using FAST (especially with in-person messaging), and none yet using Give Me 5 for Stroke.</p> <p>Some members of the committee indicated that the word REACH is the one throwing off educators and patients in the Give Me 5 for Stroke message.</p> <p>Sueling Schardin informed the group that AHA will fund a study to determine if certain messages do better (especially in terms of unaided retention), and if there is a problem having more than one message.</p>	<p>None</p>	<p>None</p>
<p>Stroke messaging targets</p>	<p>Jim Peacock circulated a list of potential targets for stroke signs & symptoms messaging. These targets come from hospitals and health systems and Minnesota's local public health infrastructure. These entities could be viewed as 'low-hanging fruit' with the infrastructure and interest to engage in new education campaigns.</p>	<p>Consider potential targets for intervention</p>	<p>See below</p>

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Stroke messaging targets (cont...)	<p>1) Hospitals and health care systems were surveyed by Stratis Health in 2007 on recent and ongoing community education efforts in the area of heart disease and stroke.</p> <ul style="list-style-type: none"> • Several hospitals expressed interest in stroke education, but had not done any work recently, nor had any plans • Small hospitals often don't have staff time to engage in community education • Small hospitals may need support in materials development, but can then run with programs <p>2) MDH queried Local Public Health in recent years on their community education initiatives.</p> <ul style="list-style-type: none"> • Identified many local agencies engaged in heart disease and stroke initiatives already • Identified local agencies working in potential target populations • May have access to public health nursing programs, targeting individuals at higher risk for stroke (e.g. diabetics) <p>Al Barton stressed the need for media partners to help spread a health education message. This would include direct advertising (i.e. billboards) and journalism.</p> <p>Darcy Olson stressed her experience of decreasing tPA use when she isn't actively engaged in provider and community education on the topic. Many others feel that the message needs to be constant for the knowledge of signs & symptoms to remain high.</p> <p>Donna Lindsay suggested another potential target in the front office of primary care groups. Her experience (and others) shows that some individuals with symptoms are instead scheduled for an appointment, instead of instructed to call 9-1-1.</p> <p>Jim Peacock mentioned a recent publication in the journal <i>Stroke</i> which detailed health care phonelines connected to hospitals/systems with neurology programs who were confronted with a standard stroke scenario. A significant percentage did not correctly instruct the caller to dial 9-1-1.</p>	Consider potential targets for intervention	See below
Stroke Awareness Subcommittee	<p>The steering committee agreed that to move forward on a comprehensive strategy to increase awareness of stroke and its signs & symptoms, the initiation of a new subcommittee is necessary.</p> <p>This committee will draft a framework to increase awareness, and bring that to the full Steering Committee for consideration and action.</p>	Create sub-committee to draft proposal for stroke awareness messaging	Solicit subcommittee participants, arrange initial conference call for planning

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Stroke Awareness Subcommittee (cont...)	<p>The task of this committee will depend on the end view mission, largely determined by the Steering Committee. Do we seek to...</p> <ul style="list-style-type: none"> • Increase knowledge? • Engage media? • Create behavior change? • All of these? <p>Important first steps of this subcommittee will be to explore:</p> <ul style="list-style-type: none"> • Consistent messaging that builds on existing strengths in Minnesota • Potential products tailored to specialized needs of educators and/or public • Timeline for meeting goals <p>Jim Peacock agreed to put out a call for participation in this subcommittee.</p>		

Next Meetings:
September 16, 2008
January 20, 2009
March 17, 2009
June 16, 2009