

2009
Annual Report of the
Stroke Prevention
Task Force

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204
January 1 – December 31, 2009

ACKNOWLEDGEMENTS

STROKE PREVENTION TASK FORCE Membership Roster (updated April 2010)

<p>Robert S. Flint, M.D., Ph.D. Neurologist Chairman</p>	<p>Myron D. Lewis Executive Director Ortho/Neuro/Rehab Services Indiana Hospital Association (IHA)</p>
<p>Robert L. Atkins, NREMT-P Emergency Medical Services Bedford</p>	<p>Karen L. Miller, MD Cardiologist</p>
<p>Katie Fabbro, Designee for Secretary Mitch Roob Indiana Family and Social Services Administration, Indianapolis</p>	<p>Anita Ohmit, M.P.H. Designee for Nancy Jewell, M.P.A. Indiana Minority Health Coalition Indianapolis</p>
<p>Laura H. McIlvoy, R.N., Ph.D. National Stroke Association New Albany</p>	<p>Lisa M. Morgan, R.N., B.S.N., M.H.A. V.P. Patient Services Madison</p>
<p>Meenakshi Garg, MD, MPH Medical Director Div of Chronic Disease Prevention and Control Designee for State Health Commissioner, Gregory N. Larkin, M.D.</p>	<p>Danielle Patterson American Heart/Stroke Association Indianapolis</p>
<p>Pat Rueth Stroke Survivor</p>	<p>Jean Barske Rehabilitative Services</p>
<p>Vicki L. Scott, M.S., C.T.R.S. Recreational Therapist Nineveh</p>	<p>B.P. House III, M.D., FACEP President Emergency Medicine of Indiana, PC Medical Director, Emergency Services Lutheran Hospital Indianapolis</p>
<p>Myron D. Lewis Executive Director Ortho/Neuro/Rehab Services Bloomington Hospital</p>	<p>Wesley Wong, MD National Medical Director Anthem National Accounts</p>
<p>Carla Chance, RN, CPHQ Indiana Primary Health Care Assn</p>	<p>Amanda J. Place Community Pharmacist</p>

I. STATUTORY DIRECTIVE

The Indiana General Assembly enacted the following legislation in IC 16-41-41, establishing the Stroke Prevention Task Force. In 2008, the Act was amended to extend the Stroke Prevention Task Force until the year 2012 and increase the membership to 18. The chairman, Robert Flint, MD, testified before the Senate Health Committee in February 2008.

Information Maintained by the Office of Code Revision Indiana Legislative Services Agency

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IC 16-41-41

Chapter 41. Stroke Prevention Task Force

IC 16-41-41-1

"Task Force"

Sec. 1. As used in this chapter, "Task Force" refers to the stroke prevention Task Force established by section 2 of this chapter.

As added by P.L.69-2004, SEC.2.

IC 16-41-41-2

Stroke prevention Task Force established

Sec. 2. The stroke prevention Task Force is established.

As added by P.L.69-2004, SEC.2.

IC 16-41-41-3

Members of Task Force

Sec. 3. (a) The Task Force consists of eighteen (18) members as follows:

- (1) The state health commissioner or the commissioner's designee.
- (2) The secretary of family and social services or the secretary's designee.
- (3) Two (2) representatives of a stroke support organization.

(4) Four (4) physicians with an unlimited license to practice medicine under IC 25-22.5 and with expertise in stroke, including at least:

- (A) one (1) physician;
- (B) one (1) neurologist;
- (C) one (1) physician with expertise in the area of cerebrovascular accidents; and
- (D) one (1) emergency care physician who is a member of the American College of Emergency Physicians.

(5) One (1) health care provider who provides rehabilitative services to persons who have had a stroke.

(6) One (1) nurse with a license to practice under IC 25-23 and who has experience in the area of cerebrovascular accidents.

(7) One (1) representative nominated by the Indiana Hospital Association.

(8) One (1) representative from an emergency medical services organization or provider.

(9) One (1) representative from the Indiana Minority Health Coalition.

(10) One (1) stroke survivor or stroke survivor caregiver.

(11) One (1) recreational therapist who provides services to persons who have had a stroke.

- (12) One (1) representative from the Indiana Primary Health Care Association.
- (13) One (1) representative from the health insurance industry.
- (14) One (1) clinical pharmacist who practices in the community and not in a hospital.

(b) The governor shall appoint the members of the Task Force designated by subsection (a)(3) through (a)(14). The governor may remove an appointed member for cause.

As added by P.L.69-2004, SEC.2. Amended by P.L.59-2008, SEC.1.

IC 16-41-41-4

Terms of members

Sec. 4. Each member of the Task Force serves a term of four (4) years. A member appointed to fill a vacancy holds office for the remainder of the unexpired term.

As added by P.L.69-2004, SEC.2.

IC 16-41-41-5

Quorum

Sec. 5. Ten (10) members of the Task Force constitute a quorum for transacting all business of the Task Force. The affirmative votes of a majority of the voting members appointed to the council are required for the Task Force to take action on any measure.

As added by P.L.69-2004, SEC.2. Amended by P.L.59-2008, SEC.2.

IC 16-41-41-6

Governor appoints chair and vice chair

Sec. 6. The governor shall appoint one (1) council member to serve as chair and one (1) council member to serve as vice chair. The chair and vice chair shall serve a term of one (1) year.

As added by P.L.69-2004, SEC.2. Amended by P.L.59-2008, SEC.3.

IC 16-41-41-7

Quarterly meetings

Sec. 7. The Task Force shall meet at least quarterly.

As added by P.L.69-2004, SEC.2.

IC 16-41-41-8

Department provides staff

Sec. 8. The state department shall provide staff for the Task Force.

As added by P.L.69-2004, SEC.2.

IC 16-41-41-9

Duties of Task Force

Sec. 9. The Task Force shall do the following:

(1) Prepare a report each year on the operation of the Task Force and provide the report to the following:

(A) The governor.

(B) The commissioner of the state department.

(C) The legislative council. The report under this clause must be in an electronic

format under IC 5-14-6.

(2) Develop a standardized stroke template checklist for emergency medical services protocols to be used statewide.

(3) Develop a thrombolytic checklist for emergency medical services personnel to use.

(4) Develop standardized dispatcher training modules.

(5) Develop a yearly training update and continuing education unit for first responders that includes the Cincinnati Stroke Scale.

(6) Develop an integrated curriculum for providers, including:

(A) emergency medical services personnel;

(B) hospitals;

(C) first responders;

(D) physicians; and

(E) emergency room staff.

(7) Develop a standard template of protocols that include thrombolytic treatment.

(8) Create a more refined and specific hospital survey stroke assessment tool to assess the capability of hospitals in treating patients who have had strokes.

(9) Research the feasibility of a state based primary stroke center certification program.

(10) Develop a stroke survivor mentor program targeting survivors after rehabilitation is complete.

(11) Distribute the rehabilitation survey developed by the Great Lakes Stroke Network throughout Indiana to freestanding rehabilitation hospitals.

(12) Implement a statewide patient and community education initiative targeting at-risk populations in Indiana.

(13) Investigate the use of telemedicine in Indiana for the treatment of neurologic and radiologic stroke patients.

As added by P.L.69-2004, SEC.2. Amended by P.L.59-2008, SEC.4.

IC 16-41-41-10

Expenses of Task Force

Sec. 10. The expenses of the Task Force shall be paid from:

(1) funds appropriated to the Task Force by the general assembly; and

(2) grant money awarded to the Task Force.

As added by P.L.69-2004, SEC.2. Amended by P.L.59-2008, SEC.5.

IC 16-41-41-11

Task Force expires

Sec. 11. This chapter expires July 1, 2012.

As added by P.L.69-2004, SEC.2. Amended by P.L.59-2008, SEC.6.

II. INTRODUCTION AND REASON FOR TASK FORCE

In Indiana, stroke is the third leading cause of death for women and the fifth leading cause of death for men. Major cardiovascular disease (CVD) accounted for 13,715 deaths in Indiana in 2007. Cerebrovascular disease (primarily stroke) accounted for 3,001 deaths. Indiana had the 19th highest rate of stroke mortality (50.4 per 100,000 population) in 2005 in the United States. The 2007 stroke mortality rate in Indiana (44.5/100,000 population) remained higher (2.9%) than that of the United States (41.6/100,000 population).

African Americans bear a disproportionate burden of mortality from cardiovascular disease in general and from stroke in particular. In 2006, the white population of Indiana had a stroke mortality rate of 43.76/100,000, whereas the African-American population had a rate of 59.76/100,000.

In 2008, 2.8% of Indiana's adult population reported having been told by a doctor that they had a stroke. Based on population estimates for 2007 from the US Census Bureau for the Indiana population ≥ 18 years old, this represents 138,004 Indiana residents living with the sequelae of stroke. The prevalence of stroke was (2.4%) in males and in females it was (3.2%). The reported prevalence of stroke was higher for blacks than for whites (5.5% vs. 2.7%).

III. SUMMARY OF TASK FORCE MEETINGS

January 14, 2009 Pharmacy position candidates were discussed, and resumes were to be distributed by email and discussed at the February meeting. New approval protocol for materials and other printed media was announced and discussed. *Care Select* program for stroke patients was presented and discussed. Use of GLRSN funds to expand ITPC media campaign *White Lies* was discussed. Acute stroke treatment survey was circulated for review. Next meeting: February 11, 2009

February 11, 2009 Stroke Guidelines material was well received by Task Force and is awaiting ISDH approval. Stroke patient Pat Rueth discussed need for better doctor communication with stroke patients, emphasizing that the patient's caretaker should be present during doctor consultations. Agenda for Spring Rehab Conference was announced. 22 hospital surveys have been completed and returned so far. Greg Poe presented AHA's "Get with the Guidelines," a program to help hospitals achieve Stroke Center Certification. Next meeting: March 11, 2009

March 11, 2009 New draft of Stroke Guidelines materials was discussed. Plans were made to print 2000 copies. Importance of stroke explanation and peer mentoring was discussed. Approximately \$5600 remains of GLRSN funds; options for best use of funds were discussed. Presentation by *Care Select* with more information about their program for stroke patients. Rehab Spring Conference and ACEP Spring Conference were discussed. Next meeting: April 8, 2009

April 8, 2009 Amanda Place was chosen as new Pharmacy Candidate and submitted to the Governor for approval. ACEP Conference went well and was discussed. Upcoming Rehab Spring Conference was discussed, including PowerPoint slides, the “Care Tool,” and rehab pictures for the display board. Hospital Assessment so far has a 70% response rate, and 91% from critical access hospitals (≤ 25 beds); of 89 Indiana counties with hospitals, 74% were represented so far. Next meeting: May 13, 2009

May 13, 2009 Wesley B. Wong was chosen by the Governor’s office as Anthem Insurance Representative. A link to ISPTF guidelines was included in an article in the widely circulated NGS Medicare Monthly Review, titled “May Is National Stroke Prevention Month.” Ideas from the IHA Rehab Conference were distributed. Dr. Flint presented some EMS education material to the group. Bob and Dr. Flint will discuss using it for a template for dispatchers. Pat Rueth mentioned the need for adding “half-body paralysis” to the dispatch information presented. More discussion followed and an emphasis on getting the patient to hospital as soon as possible in order to conduct appropriate tests. JUNE MEETING CANCELLED. Next meeting: July 8, 2009

July 8, 2009 Materials from Channing Bete have been ordered. Vicki Scott handed out some material containing a list of rehabilitation ideas that the IHA task force would like ISPTF to address. Laura McIlvoy handed out rough draft of Acute Stroke Treatment System Survey. Bob Atkins handed out Thrombolytic Checklists for EMS responders. EMS conference is in August 2009. Dr. Byrd discussed telemedicine/feasibility of telemedicine in small counties.

August 12, 2009 Task Force discussed depression issues, task-force will continue to discuss at next meeting and make a decision on ISPTF areas of interest. Laura McIlvoy presented final version draft for Acute Stroke Treatment System Survey. Thrombolytic Checklists for EMS responders reviewed. Next Meeting: September 9, 2009

September 9, 2009 Task Force discussed rehab insurance coverage after release without inpatient therapy. Laura McIlroy reports Acute Stroke Treatment System Survey is done. Next meeting: October 14, 2009

October 14, 2009 Acute Stroke Treatment System Survey 2009 has been sent out; 27-29 out of 99 have responded; Robert St. John came to meeting gave the group a look at some possibilities for ISPTF address within ISDH web site. Group discussed agenda for upcoming conference, and the options for a future Task Force guest speaker. Next meeting: November 18, 2009

November 18, 2009 Discussion about rehabilitation instructional materials with contact information of statewide resources. Group discussed possibility of an Educational program for hospitals and EMS next spring or summer. Next meeting: January 13, 2010

III. OTHER ACCOMPLISHMENTS

- The ISPTF has finalized its Guide to the Guidelines materials (attached).
- The ISPTF has been working on a post-stroke rehabilitation program.
- Indiana Stroke Prevention Task Force strategic planning session to assist with meeting legislated deliverables (attached).
- Currently working on investigating state-based primary care certification for stroke facilities.
- Currently looking at 2009 BRFSS data on stroke.
- June 4th, 2010 statewide stroke conference to advance improved coordination of systems in stroke response and treatment (materials attached).
- Cardiovascular Health Program Coordinator going to Centers for Disease Control Public Health Law Summit on sodium-related issues in cardiovascular health