

STATE OF COLORADO

John W. Hickenlooper, Governor
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Executive Director and Chief Medical Officer

Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department
of Public Health
and Environment

Stroke Advisory Board Meeting Minutes November 19, 2013

CDPHE Staff: Scott Beckley, Crystal Cortes, Margaret Mohan, Grace Sandeno and Marschall Smith

Guests in Person: Rodney Bice, Maura Proser, Erin O'Reilly, James McLaughlin and Gail Finley

Guests Via Telephone: Ellen Caruso and Maggie Welty

Roll Call/Call to Order: 1:00 PM

Members	Serving as:	In Person	By Phone	Absent
Kevin Burgess	EMS Provider	X		
Coral Cosway	Rep. National Association	X		
Nancy Griffith	Statewide Hospital Association	X		
Christina Johnson	Statewide Chap. Emerg. Physician	X		
William Jones	Physician Vascular Neurology	X		
Michelle Joy	Admin at Rural Hospital			X
Cynthia Kreutz	Rep. Stroke Rehab Facility	X		
Mary Ann Orr	Person/Caregiver Stroke Survivor	X		
Michelle Reese	Representing CDPHE	X		
David Ross	Statewide Assoc. of Physicians		X	
Karin Schumacher	Phys/Occup Therapist	X		
Richard Smith	Rep. National Stroke Assoc.		X	
Michelle Whaley	RN in Stroke Care	X		
Mary White	Admin at Urban Hospital			X
Chris Wright	Expert Stroke Database	X		
Donald Frei	Physician Interventional Neuroradiology			X
Unfilled	Primary Care Physician			
Unfilled	Neurosurgeon			
Unfilled	Neurologist Serving Rural Area			

Organizational Issues:

- After review of the minutes, a motion was made by Ms. Kreutz to approve, seconded by Dr. Jones. The October 8, 2013 minutes were unanimously approved as presented.

Discussion:

- **Report Ground EMS coverage:**
Mr. Burgess and Dr. Ross provided an update to the board which included data gathered, including information regarding stroke/CVA. This was followed by a general discussion

regarding the information provided including people noting that established “911” systems are likely doing well in addressing stroke/CVA calls but there are concerns regarding the outliers. It was noted that EMS service is not a requirement for counties like law enforcement and fire coverage. There was also a discussion about what protocols/guidelines might be in use locally or regionally for stroke.

- **Flight Coverage:**

Information was presented to the board regarding data provided on a voluntary basis from several flight organizations. A general discussion of the information was held. Of special note was the appearance of lighter coverage in the northwest and southeast portions of Colorado with strong coverage on the Front Range and Grand Junction.

- **Telemedicine Coverage:**

Information was presented that demonstrated that the use of telemedicine expanded the scope of coverage from the concentrated area of the Front Range and Grand Junction to health care facilities covering the majority of Colorado. The use of telemedicine creates a strong coverage net and expanded use should be encouraged.

- **Current Stroke Centers:**

Information was presented that provided coverage information from both Comprehensive and Primary Stroke Centers. Again it was noted that coverage is primarily along the Front Range and Grand Junction with the expanded coverage made available through telemedicine agreements where ED’s are connected to Comprehensive and/or Primary Stroke Centers. Question about what defines a “stroke ready hospital.” The Joint Commission does not “certify” or “designate” but the term generally describes a hospital that has protocols, transfer agreements, medical imaging,

- **Gaps/Barriers to Rehabilitation:**

The work by the board will be placing Colorado in a national leadership role in this area. Issues regarding funding and reimbursement are the major hurdles to expanded coverage and patient access to care to promote recovery. The data regarding the current system for patient rehabilitation presents a picture of fragmented care that is segregated and siloed which is a significant barrier to continuity of care. A long term approach to addressing the barriers will involve insurance providers and discussions regarding coverage provided. Studies indicate that stroke patients can experience significant recovery even months after the event but are unable to realize high levels of recovery if lacking funding or due to insurance caps. The information presented provides a picture that the resources and technology are available but appear to fall into the category of unattainable based on finance. The primary shortages are in available health care providers, funding, and skilled specialists, with the shortages especially evident in the rural areas of Colorado. Transportation is another significant barrier to persons seeking rehabilitation.

- **Stroke Systems of Care Outside of Colorado:**

Information was presented that indicated that 25 states have enacted laws related to stroke systems of care and that 5 states were considering systems of care that failed to pass or are still pending. The board reviewed the specific actions by New York, Texas, Illinois, Rhode Island, North Dakota, and Iowa. It appeared that Iowa has developed the most robust system, and the process in North Dakota is the most similar to Colorado. The board members felt that this information is important in the on-going development of a system for Colorado.

- **Assessment and Coordination:**

A request was made by the chair that the board utilize a product called “Google Message Board” for communication and coordination of discussion moving forward. A question was raised regarding the applicability of the Colorado Open Meetings law and access to the Google

Message Board. Staff provided guidance that anyone can request and be a member of the Google Message Board and that the open access appear to meet the requirements of the law. It was the consensus of the Board to use the Google Message Board as a means to continue work and facilitate discussions between meetings. It was acknowledged that all information posted in the Google Message Board is subject to Colorado Open Records Requests and available for review by all interested parties.

- **Report to the Colorado Legislature:**

The board members discussed the 5 requirements established by the legislature. These requirements are:

1. Create a state database or registry;
2. Allow access to aggregated stroke data to interested parties;

The recommendation was to combine these two areas of the report into one. The board discussed that items 1&2 are key to making decisions regarding items 3, 4&5. Report to outline what data sources we currently have and what they contain, what data are not available and barriers to collection of such data.

3. Evaluate current available stroke treatments and recommendations to improve stroke prevention and treatment;

There was a discussion about primary prevention which has not, to date, been a topic that the Board has discussed. Decision that primary prevention will not be a focus of the current year's report to the legislature. Need to also discuss what treatments are available in what parts of state and what the barriers are to receiving prompt care.

4. Develop a plan to encourage rural and urban hospitals to coordinate referral or receipt of patients requiring stroke care; and

Where are we not meeting standards of care? Transportation barriers?

5. Determine if designation of hospitals in stroke care is appropriate or needed to assure access to the best quality care for Colorado residents with stroke events.

Board members were requested to self select one of the topic areas above within a week and to form a workgroup to develop a written draft by early December for consideration at the next board meeting. The draft should include as comprehensive a list as possible regarding possible actions, prioritize that list, and address:

- a. "Here is what we know"
- b. "Here are the answers we still need"
- c. "Here is what we will continue to research and work on for a report in 2015"

Next Meeting: Tuesday, December 17, 2013, 1:00 pm – 3:00 pm
Colorado Department of Public Health and Environment
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