

Meeting Minutes

November 19, 2010

**Texas Council on Cardiovascular Disease and Stroke**

Department of State Health Services

1100 W 49<sup>th</sup> Street – M-739

Austin, Texas 78756



1.	<b>Call to Order – 10:35 p.m.</b> Tom Tenner, Council Chair, called the meeting to order.
2.	<b>Roll Call</b> Present – Dr. Tom Tenner, Dr. Lauri Kalanges, Dr. Neal Rutledge, Dr. Erica Swegler, Ginny Barr, Jan Skinner, Present After Lunch – Ann Quinn Todd, Dr. Michael Hawkins, Dr. Bob Hillert Excused Absence – Dr. Deanna Hoelscher, Louis West, Dr. Clyde Yancy, Pam Akins Not present – Dr. Lilani Muthali
3.	<b>Approval of Minutes</b> <i>Note - At start of meeting it was noted that a quorum was not present, and as such minutes could not be approved until after lunch.</i>
4.	<i>Note - At start of meeting it was determined that, since a quorum was not present, no action items could be undertaken until enough members had arrived. Also there was a question as to the number of voting and non voting members needed to have a quorum. Monty Waters, legal advisor with DSHS, Confirmed the number of voting and non voting members need for a quorum is eight.</i>  Rick Schwertfeger reviewed several sections of the legislative mandates of the Council. He read excerpts of 93.001 through 93.054, emphasizing 93.004, the section on funds and funding.  Dr. Tom Tenner asked for clarification on the rules involving funds made available for Council projects. Monty Waters reaffirmed the Council's power in making recommendations regarding use of funds, but the Department has the fiduciary responsibility for the use of funds. Dr. Tenner then inquired as to whether there was a grievance process for decisions made by the Department regarding use of funds. Monty Waters replied that appeals can be made to Department administrators, and added the option of legislative review, but that there was no existing policy for redress.  A discussion occurred in regards to appointing consultants pursuant to Section 93.0005 of the Health and Safety Code. It was determined that consultants who would provide advice and services and no cost could be recommended and appointed by the Council. But the Department must go through the required purchasing and contracting processes in order to hire consultants who receive compensation.  At this point John Litaker of the Litaker Group was asked if his group had an existing contract with HHSC, and whether the contract qualified as a consultancy. Mr. Litaker replied that the Litaker Group had an existing contract, competitively bid for and won, in place with HSHC.

Dr. Tenner noted that the Council had received some funding, and wanted to use the funding to hire a consultant. Neal Rutledge stated that he believed the Council could appoint a consultant and recommend them, but that the Department would have a say in the matter. Monty Waters responded, explaining that while the Council has a right to appoint consultants, they cannot be pre-selected, and therefore the Department would have to follow the purchasing and contracting processes in order to select them.

Dr. Erica Swegler inquired about the length of time it takes to request a contract through a bidding process. Monty Waters replied that for a contract of \$25,000 or more, the process could take between six to nine months, but noted that it was difficult to generalize. When asked if it could be shorter, Monty Waters replied that it depends entirely on the contract.

Dr. Tenner noted that, in light of this information, the Council would have to revise its timelines.

At this point Dr. Adolfo Valadez, Assistant Commissioner for Prevention and Preparedness Services at DSHS, noted that the present time is a good time to discuss strengths and limitations of the Council and Department, and what both bodies can and cannot do, in order to regroup and move onward with a focus on cardiovascular disease and stroke.

Rick Schwertfeger moved on to a new point – confirming the Council Report to the legislature. He noted that Dr. Tenner had a draft of the Report. Dr. Tenner said he would forward the draft to the other Council members.

Joel Romo with the American Heart Association was recognized by the Chair. Mr. Romo asked if the Council members have the ability to make recommendations to the Legislature about the awarding of funds.

Dr. Kalanges affirmed that if the Council recommends funding of an initiative and the recommendation is approved by the legislature, the appropriated funds would come to the Department.

Dr. Tenner asked if the Department could spend money in ways not identified in the initial report to the legislature. Lauri Kalanges said those expenses would go under the “other” category in the budget.

At this point Dr. Valadez emphasized the importance of using funding in the way the legislature had appropriated it.

Rick Schwertfeger continued with the review of the CVD and Stroke Council’s Legislative charges, making a note that donations or grants can be accepted for use as outlined in 93.013. He also noted that, pursuant to section 93.014, the Heart Disease Stroke Resource Fund no longer exists, and the monies are all placed in the general fund.

Dr. Valadez clarified this statement, saying that funding for the department is placed in the general fund and is tracked internally via fund codes.

Rick Schwertfeger moved on with his review, giving examples of Council initiatives as outlined by section 93.051-93.053 and stating that many of the Council Duties have been accomplished successfully.

The Chair recognized Joel Romo, Senior Director of Government Relations with the American Heart Association. Mr. Romo addressed the Council, applauding their efforts. Dr. Tenner thanked Joel for his comments.

Dr. Tenner then asked about the rules of meeting either in person or on conference calls, not as a decision-making body but as an informational event. Monty Waters responded, saying that it should not be an issue provided that a quorum (of eight) is not reached or the meetings be used as a vote-gathering device.

Rick Schwertfeger moved into a presentation from the Litaker Group, outlining a multi-meeting, multiple step collaborative process to create a strategic plan, which included:

- Identifying Council activities and priorities
- Developing a work plan to accomplish these activities and priorities
- Developing a mechanism to better integrate Council activities with HPCDP program activities, the State Plan, and the State Partnership
- Implement Council priorities based on the work plan

Dr. Kalanges noted that using the Litaker Group for this process has the benefit of emphasizing the importance of strategic planning while limiting costs. She wanted the Council would know that this was a positive use of both time and money.

Dr. Tenner stated that now was the time to gather the Council and its partners together to move things “to a larger level.”

*The Council, still without a quorum, adjourned for lunch without motion.*

## **POST LUNCH**

Dr. Bob Hillert, Dr. Michael Hawkins, and Ann Quinn Todd joined the meeting.

*Discussion of the Stroke Registry and its inclusion into the pre-existing trauma registry.*

Dr. Valadez noted the Department does not have legislative authority to establish a stroke registry.

Neal Rutledge noted his respectful disagreement, saying the creation of a registry is clearly an intended use of Council resources and funding.

Drs. Kalanges and Valadez noted that the selection process of a provider for the

reengineering of the trauma registry had experienced a procedural delay due to a challenge to the initially selected provider by an outside contractor.

Dr. Tenner asked if the trauma registry was now moving ahead. Dr. Kalanges said yes.

Dr. Neal Rutledge asked if there was anything the Council could do to help the Department in moving forward on the registry.

Rick Schwertfeger then asked whether it was possible for the Department to move forward without a mandate from the Legislature. He noted that the new trauma registry has the capacity for a stroke module, but without a legislative mandate, moving forward may not be possible.

Dr. Tenner posed the question of how the Council and Department can move forward, noting that money was allocated for the stroke registry and, since many hospitals already use a registry, whether going forward without an mandate was acceptable.

Dr. Rutledge expressed worries about ensuring confidentiality of patients in the module. The response was that the trauma registry system in place already addresses that issue.

Dr. Valadez said that without a mandate for a registry, there is a priority that the department should not spend resources on things that do not exist. He noted that without a mandate, hospitals have no incentive to be involved and that voluntary aggregate data reporting already in existence does not provide the comprehensive data needed.

At this point, Garret Hall, EHS Coordinator and representative for the Dallas-Forth Worth Area RAC, Trauma Section E, was recognized by the Chair. He noted that the Regional Advisory Councils (RACs) already are required to maintain a regional aggregate data registry on stroke.

Dr. Bob Hillert asked how the Council can assist the RACs in expanding data collection beyond existing efforts by certified stroke centers in Texas. Dr. Valadez said the only way to assist in helping is to have a legislative mandate.

Rick moved on to the next topic: The Get with the Guidelines Super User Agreement. He said the agreement is nearly accomplished.

Joel Romo with the American Heart Association was recognized by the Chair. He suggested that a preliminary report to the Legislature might be a good idea, noting that many hospitals were "on board" and asking Council members for their assistance in bringing more hospitals into the data group.

Dr. Tenner asked Dr. Neal Rutledge to investigate the possibility of creating a preliminary report in a non-subcommittee manner.

5. **Updates/Presentations**

- Report from Maria Benedict of DSHS on the Heart and Stroke Healthy Cities Program
- Updates on the Stroke Public Education Partnerships from Remmy Morris of DSHS
- Report from Ann Watson, Angelina County Health Department, on their Stroke Public Education Project
- Optimizing Comprehensive Clinical Care Program Overview by Whitney Monge of the Texas Association of Community Health Centers

Motion to approve last meetings minutes. Approved.

*Dr. Tenner turned over the Chair at 3:55 to Dr. Erica Swegler and departed.*

**Introductions of new DSHS staff**

Rick introduced three new members of the CVD and Stroke Program:

- Tom Stephan, Information Specialist and CVD/Stroke Council Support
- Maria Benedict, Program Specialist, CVD & Stroke Program
- Rosemary Ang, Epidemiologist for CVD/Stroke

Dr. Kalanges and Rick noted that the Section and Program is at full staff.

**Report about budget reductions**

Dr. Valadez explained the reduction process and shared information about the creation of reduction schedules. He noted that DSHS has received instructions to cut the budget an additional 2-3 percent. He explained that the process of looking for places to make cuts was about to begin and would occur in the next several weeks. He stressed that any decisions made would be shared with stakeholders.

Dr. Swegler requested a report on the budget information for CVD; Dr. Kalanges reported the following:

CVD FY10 appropriations: \$500,000

End of year unexpended balance: \$245,799

- \$94,000- offset impact of 2010-11 biennium reductions
- \$151,799--LBB denied carry-forward request

	<p>FY11 budget: CVD FY11 appropriations: \$500,000</p> <ul style="list-style-type: none"> <li>●All but approximately \$40,000 to 50,000 is allocated for personnel, fringe, travel, contractual, 2 BRFSS data modules, and indirect</li> </ul> <p>A discussion ensued regarding the effects of potential budget reductions on both the FY 11 budget and the appropriation for FY 12/13.</p> <p>Dr. Kalanges stated that she was seeking a new cost estimate on the inclusion of a stroke module. Both Drs. Kalanges and Valadez said they would look into it.</p> <p>Dr. Valadez stated that, even if the module was priced, moving forward on inclusion would still fall within a list of pre-existing priorities.</p> <p><b>BRFSS Data Collection Report</b></p> <p>Dr. Kalanges noted the two modules currently supported by CVD funds:</p> <ul style="list-style-type: none"> <li>• Action to Control High Blood Pressure Module</li> <li>• Heart Attack and Stroke Signs and Symptoms Module</li> </ul> <p>Dr. Hillert asked about the cost of a module. Dr. Kalanges replied that The Action to Control High Blood Pressure Module was approximately \$35,000 and the Heart Attack and Stroke Signs and Symptoms Module was \$45,500.</p> <p>Dr. Kalanges asked Dr. Swegler to return to the topic of the strategic plan while a quorum still remained on the Council. Dr. Swegler agreed and noted the importance of the plan for the Council. Dr. Hawkins moved, and Dr. Swegler seconded. Passed unanimously.</p> <p>Rick Schwertfeger, on behalf of Dr. Tenner, motioned to discuss the meeting dates for the CVD/Stroke Council. He proposed that the Council follow the model set by the Texas Diabetes Council, in which they meet on a certain day, week and month instead of on dates determined for each meeting.</p> <p><b>Proposal:</b> That the Council meet on the first Saturday of February and August and the first Friday of May and November.</p> <p>Dr. Hillert Moved. Seconded by Dr. Swegler. Passed unanimously.</p>
6.	<p><b>Council Chair Report</b> <i>Covered in morning session and throughout discussion of other items on the agenda.</i></p>
7.	<p><b>State Agency Reports</b> <b>Postponed until next meeting</b></p>
8.	<p><b>Work Group Reports/Old Business/Approval as Needed</b></p>

	No work group reports from this meeting
9.	<p><b>Acceptance for Items for Discussion/Approval at Future Meetings</b></p> <p>Next meeting dates:  Saturday, February 5, 2011  Friday, May 6, 2011  Saturday, August 6, 2011  Friday, November 4, 2011</p>
10.	<p><b>Public Comments</b></p> <p>Joel Romo, Senior Director of Government Relations, American Heart Association  Robert Womiak, MD  Garrett Hall, Emergency Health Care Systems Coordinator, Dallas Region RAC</p>
11.	<p><b>Adjourn</b></p> <p>Dr. Swegler made the motion to adjourn the meeting and Dr. Hillert seconded the motion. The meeting was adjourned at 4:50 p.m.</p>