

**Texas Council on Cardiovascular Disease and Stroke  
Meeting Minutes  
Friday, August 9, 2019  
1:00 p.m.**

**Texas Department of State Health Services  
Moreton Building, Room 100  
1100 W 49<sup>th</sup> Street  
Austin, Texas 78756**

Table 1: Texas Council on Cardiovascular Disease and Stroke member attendance at the August 9, 2019 council meeting.

Member Name	YES	NO	Non-Voting Member	YES	NO
J. Neal Rutledge, MD	X		Vacant		x
Michael M. Hawkins, MD	X		Manda Hall, MD		X
Suzanne Hildebrand	X		Chelsea Couch		X
Bob C. Hillert, MD		X			
E'Loria Simon-Campbell, PhD	X				
Sherron D. Meeks, RN	X				
Shilpa Shamapant	X				
Harry "Kyle" Sheets, MD		X			
Maricella "Marcie" Gonzalez Wilson, RN	X				
Janet Hall, RD, LD	X				
Vanessa Hicks-Callaway	X				

"Yes" indicates attended the meeting.

"No" indicates did not attend the meeting.

**Agenda Item 1: Call to Order**

The Texas Council on Cardiovascular Disease and Stroke (CVDS Council) meeting was convened at 1:06 p.m. by Council Chair Neal Rutledge, MD.

**Agenda Item 2: Welcome, Roll Call and Introductions**

Dr. Rutledge introduced Ms. Francesca Kupper, Project Manager, Advisory Committee Coordination Office (ACCO), Health and Human Services Commission (HHSC) to go over meeting logistics. This meeting of the Council was conducted as a webcast. Ms. Kupper conducted a roll call and noted that a quorum was present.

Dr. Rutledge asked members to introduce themselves and provide a brief work background. He noted that Chelsea Couch, Dr. Kyle Sheets, and Dr. Bob Hillert requested excused absences and asked for a motion to approve.

**MOTION:**

Mike Hawkins moved to accept the excused absences of the three council members. Ms. Suzanne Hildebrand seconded the motion. The motion was unanimously approved by members present with no nays nor abstentions.

### **Agenda Item 3: Approval of May 3, 2019 Meeting Minutes**

Dr. Rutledge called for review of the May 3, 2019 meeting minutes.

#### **MOTION:**

Mike Hawkins moved to accept the May 3, 2019 minutes. Ms. Suzanne Hildebrand seconded the motion. The motion was unanimously approved by members present with no nays nor abstentions.

### **Agenda Item 4: Approval of 2020 Council Meeting Dates**

Dr. Rutledge called for a review of the 2020 council meeting dates.

#### **MOTION:**

Mike Hawkins moved to accept the 2020 council meeting dates. Ms. Suzanne Hildebrand seconded the motion. The motion was unanimously approved by members present with no nays nor abstentions.

### **Agenda Item 5: Presentation on Heart Attack and Stroke Care Hospital Measures 2018 Reports**

Dr. Rutledge introduced Dr. Karen Nunley, PhD, Team Lead, Chronic Disease Epidemiology, DSHS. Dr. Nunley provided an overview of the slide handout, *Summary of Heart Attack and Stroke Care Hospital Performance Measures 2018 Reports*.

Key points of interest related to the 2018 Reports were:

Overall Stroke Prevalence in Texas is equal to 3.5%.

Hospital care of stroke in Texas from the 50 participating hospitals were evaluated for the period of January 2008-December 2018, slide breakdown addressed the following:

- Time to initial brain imaging
- Time to IV thrombolytic therapy
- IV tPA- patient arrives by 2 hours, treatment received by 3 hours
- Drip and Ship
- Endovascular therapy
- Thrombolytic complication (bleeding)
- Rehabilitation considered
- Discharge disposition

Evaluating Hospital Care for Heart Attack in Texas. Data from 48 participating hospitals were evaluated for the period of September 2008-December 2017 on select quality and achievement measures. 57,127 individual episodes of care for heart attack occurred among 54,540 patients at participating hospitals:

- 32.0% STEMI
- 60.0% of cases transported to the hospital by private vehicle
- 74.6% received their first ECG upon arriving at the hospital

With regards to the prevalence maps, Dr. Nunley stated that DSHS follows the CDC prevalence guidelines. If there are fewer than fifty cases in a standard area, then they suppress. It was clarified that if a stroke patient lives in one region, however travels to another region for treatment, the prevalence is referenced based on where the person lives.

Dr. Rutledge invited Dr. Nunley to give her presentation to the Stroke Committee at the GETAC meeting, September 25<sup>th</sup>.

## **Agenda Item 6: Presentation on DSHS' Self Measured Blood Pressure (SMBP) Project**

Dr. Rutledge introduced Ms. Elizabeth Harker, MPH, Epidemiologist, DSHS. Ms. Harker provided an overview of the slide handout, Results from DSHS' Self Measured Blood Pressure (SMBP) Projects. She noted that the project was conducted at the University of Texas Health Science Center at Tyler (UTHSCT). She also pointed out that people with HBP are 3 times more likely to die from heart disease and 4 times more likely to die from a stroke.

Following are criteria and results of the project:

- Physicians at UTHSCT referred patients aged 18 years and older who had uncontrolled high blood pressure (HBP) to a Community Health Worker (CHW).
- As a starting point, baseline BP reading were performed by CHW.
- Participants (N=140) were provided with a BP monitor and guidance on its usage. (2-3 seated blood pressure readings, twice daily, once in the morning and evening, 5 days a week).
- Four cohorts were conducted during February 2017 to December 2018 and each cohort lasted, on average, 12 weeks

Results/Demographics:

- 65% Female
- 48.6% White
- 55.4% High school graduates
- Median Age: 53 years
- Minimum: 18 years; Maximum: 89 years
- Average BMI: 34 kg/m<sup>2</sup> (meets criteria for obesity)
- Minimum: 15 kg/m<sup>2</sup>; Maximum: 74 kg/m<sup>2</sup>

Changes in SBP and DBP:

- 93.6% (N=131) of participants had a decrease in SBP and/or DBP
- 22.1% (N=31) had decrease in SBP only
- 2.9% (N=4) had decrease in DBP only
- 68.6% (N=96) had decrease in both SBP and DBP

Statistically there was significant outcome based on four Categories, (Normal, Prehypertension, Hypertension Stage I, Hypertension Stage II):

- 900% increase in participants meeting the criteria for Normal BP (from 3 to 30 participants)
- 158% increase in participants meeting the criteria for Prehypertension (from 31 to 80 participants)
- 54.7% decrease in participants meeting the criteria for Hypertension Stage 1 (from 53 to 24 participants)
- 88.7% decrease in participants meeting the criteria for Hypertension Stage 2 (from 53 to 6 participants)

Overall conclusions:

- At-home BP monitoring can lead to improved management of BP.
- Regular contact with CHWs may help patients in lowering BP.
- Similar strategies could be adopted by local health departments or health systems

The project is expanding to two additional sites – NetHealth in Tyler, and Kelsey-Seibold Clinic in Houston. The blood pressure monitor unit used for study costs \$75. The project is still collecting data, i.e., attendance at bi-weekly sessions, comparison of participation vs.

non-participation, etc. An in-depth demographics table was used and is available for review. It was noted there were no significant differences among the stratum. The project team did not receive specific drug medication data or income level.

### **Agenda Item 7: Presentation on HIV and Hypertension**

Dr. Rutledge introduced Ms. Jessica Hyde, Chronic Disease Branch Manager, DSHS. Ms. Hyde provided the council with background information of the project and then reviewed the slide handout, HIV and Comorbid Hypertension.

Following are highlights from the presentation:

Prevalence of hypertension (HTN) is higher among people living with HIV (PLWH) than the general population.

PLWH who achieve durable viral suppression have life expectancies comparable to the general population.

- 53% of deaths among PLWH are from non-AIDS causes
- 15% of which are attributable to cardiovascular disease (CVD)

Potential Risk Factors:

- Age: Nearly 60% of PLWH in care in Texas are >45, and more than half have lived 10+ years with their HIV diagnosis
- Smoking: One-third of the sample were current smokers, and another 21.6% were former smokers
- Obesity: Nearly two-thirds were overweight or obese (only 6.1% were underweight)
- Inflammation: Immune response to HIV may damage endothelial receptors in the lining of blood vessels or cause arterial stiffness
- ART (Antiretroviral therapy): Certain classes may be associated with weight gain or their effect may come from immune suppression/reconstitution

Next Steps include:

- Assess barriers to addressing HTN in HIV care settings
- Explore opportunities for infectious disease/primary care cross-training
- Leverage other common touch points to provide patient education, such as medication therapy management in pharmacy settings
- Promote CVD management best practices

In Summary:

- HTN is a highly prevalent comorbidity for PLWH
- The 2017 change to diagnostic criteria increased sample prevalence by 44.3%, from 47.6% to 68.7%
- Because PLWH are living longer after HIV infection/diagnosis, chronic diseases and related risk factors should be routinely addressed and normalized in HIV care
- Further research is needed to identify provider- and patient-related barriers to successful prevention, identification, treatment, and management of HTN in HIV care settings

Ms. Hyde noted - for the reason why HIV patients may not be treated as aggressively, the physicians may not be aware of the advances that have increased the life span of people living with HIV.

Question was raised if the data was only for HIV or is it comparable for the general population and Mr. Hyde advised that the staff speculated that there would continue to be a significant difference between the PLWH and the general population.

### **Agenda Item 8: Discussion of Chronic Care Workgroup and Stroke Survivors and Caregivers conference**

Ms. Suzanne Hildebrand provided the Council with following highlights:

- Communicating with Dr. Sean Savitz, who is committed to working with the group.

- Plan to host conference in the greater Houston area in the spring 2020.
- Concurrently pursuing conference sponsors and financial support
- Several council members volunteered to help with organizing
- Dr. Rutledge asked the AHA to help
- Ms. Meeks offered to help with developing curriculum documentation for CME credits

**Agenda Item 9: Department of State Health Services (DSHS) representative report**

Ms. Jessica Hyde, Chronic Disease Branch Manager, DSHS provided the council with Dr. Manda Hall's update. She stated there were 61 unduplicated bills they analyzed during the 86<sup>th</sup> legislative session, with 16 bills passing and needing implementation including:

- Alzheimer's Disease
- SB21 raising the legal age for purchase of tobacco products from 18 to 21
- Heart Attack and Stroke Data Initiative Rider 11-- \$514,000 focusing on prehospitalization as well as hospitalization elements of the system of care

Ms. Hyde also provided the following updates related to the Chronic Disease Program:

- There is a small media campaign for the stroke initiative (through Pandora)
- Addendum for the annual Stroke and STEMI reports have been finalized
- Heart Disease and Stroke Division celebrated Check Your Blood Pressure Week
- Establishing a blood pressure lending library for Austin-based HHS employees
- Working with AHA to establish Regional Hypertension Collaboratives across the state
- Co-sponsor the Texas Hypertension Control Summit September 24th
- Notice of Award for Year 2 from CDC starts September 30th focusing on Health Information Technology

**Agenda Item 10: Health and Human Services Commission representative report**

Dr. Rutledge provided the Council with Ms. Chelsea Couch's written update. Following are the highlights of her report:

- Texercise is working on several projects with SNAP-Ed;
- Federal funds for 2020 are expected to be awarded in October 2019
- Aging Texas Well, established by Executive Order RP42 is operating at HHSC
- There is a VISTA grant to support the Aging Services Coordination (ASC) with 7 Area Agency on Aging (AAA) sites to build long-term partnerships with community organization and develop programs through established collaboratives
- SNAP-ED is a federal food and nutrition services program that provides direct educational classes across the state

**Agenda Item 11: Governor's EMS and Trauma Advisory Council (GETAC) liaison report**

Dr. Rutledge introduced Ms. Catherine Bissell, RN, Manager, Clinical Insights, DPS. Ms. Bissell offered Ms. Hildebrand her services to help with the upcoming 2020 spring conference. She also advised that the Cardiac Care Committee formally recommended and appointed her as the liaison to the CVD council. She provided the Council with the following highlights from the CCC.

Following are items discussed at the Cardiac Care Committee meeting and referred to GETAC for future action:

- The committee engaged in a robust conversation about Gaps in Care for STEMI patients and RAC leadership representatives volunteered to query their peers on GAPS, including hospitals and EMS agencies, and give update at September meeting.
- San Antonio has a novel EKG transmission pathway and they will give a formal presentation at the September GETAC meeting for consideration for future action.

- The Cardiac Arrest CARES registry has secured funding through Dr. Ben Bobrow for a statewide database for Texas.
- The CARES registry is all about cardiac arrest data - EMS inputs data into registry which allows us to pull various reports.
- The CARES registry is a national initiative and we could use it to benchmark Texas against the rest of the nation.

Dr. Rutledge provided update on items discussed at the Stroke Committee:

- Rules are being reviewed for the EMS Transport (August 18th preliminary release)
- Endovascular care has shown that a thrombectomy is 6 to 7 times more effective than STEMI care
- DRIP and SHIP and direct transport to comprehensive stroke centers has become important in effective care.
  - Committee suggested a new category of care in the state of Texas, called an advanced stroke center or thrombectomy-ready stroke center. This allows the bypasses to go directly to the centers because of the increase of success using thrombectomy. Basis for this request was adapted from the Brain Attack Coalitions recommendations.

Member asked what percentage of stroke patients can have a thrombectomy? Dr. Rutledge stated that endovascular care is becoming more physiological based. The time for treatment window is 24 hours. Through imaging you can tell if the stroke has been completed. Stroke care will become more physiology based and not time based.

### **Agenda Item 12: Cardiovascular Disease and Stroke Partnership liaison report**

Dr. Rutledge stated we heard information earlier related to this topic. He emphasized the target and primary goal of this partnership is to try and prevent stroke.

### **Agenda Item 13: American Heart Association Liaison Report**

Ms. Larissa De Luna, Director of Health Informatics, American Heart Association provided the Council with following highlights:

- Every year the American Heart Association recognizes hospitals participating in our Get with the Guidelines programs. These hospitals demonstrate commitment to following treatment guidelines to ensure all Americans have access to the most current evidence-based care that saves lives and improves patient health outcomes. This year, 313 Texas hospitals were presented with Get with the Guidelines- Stroke awards.
- Mission Lifeline program, which focuses on building a system of care for STEMI heart attack patients which bridges systems between EMS, referring and receiving hospitals. This year the program awarded, 54 Mission Lifeline awards to hospitals in Texas and 60 EMS agencies in Texas earned Mission Lifeline recognition.
- We also announced awards for our outpatient quality improvement programs. The Target BP recognition program celebrates physician practices and health systems for achieving blood pressure control rates at or above 70 percent within the populations they serve. In Texas, 96 Target BP awards were presented to physicians and health systems.
- The American Heart Association's newest outpatient program, Check Change Control Cholesterol. It recognizes organizations for their commitment in improving the health of their patients through high quality cholesterol and ASCVD risk factor management. In Texas, 13 healthcare organizations were recognized with Check Change Control Cholesterol award.

Dr. Rutledge commented on the merging of this group with the NSA. Ms. De Luna stated that there has not been a lot of difference noted yet on the effect of the merger. They will be continuing the stroke magazine they presently are publishing.

**Agenda Item 14: Discussion on any of the above agenda items**

Dr. Rutledge asked on behalf of Dr. Hillert, request an update at the next meeting on the mandated CPR training in schools and coordinate a school recognition program.

Ms. Marcie Wilson advised starting next school year will arrange to educate 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> grade students on stroke. Will also coordinate with the school nurses (elementary and junior high schools) to conduct hands-on CPR training and education.

**Agenda Item 13: Public comment**

No public comment was received.

**Agenda Item 14: Adjourn**

Dr. Rutledge adjourned the meeting at 2:50pm