



Stroke Care Committee Minutes
Thursday, January 17, 2019
7:00 a.m. - 8:30 a.m.

Chair	Ted Lowenkopf, MD
Members present	Ted Lowenkopf, MD; Martin Gizzi, MD; Hormozd Bozorchami, MD; Ritu Sahni, MD
Members not present	Vivian Ugalde, MD
Guests present	Diane Zhitlovosky; Noah Jacobson, RN; Christina Bodamer
OHA staff present	Dana Selover, MD; Stella Rausch-Scott, EMT; David Lehrfeld, MD; Laura Wendel
Members on the phone	Elaine Skalabrin, MD; Shawn Baird, P
Guests on the phone	Abigail Finetti, RN

Agenda Item	<i>Call to Order – Dr. Ted Lowenkopf</i>
The meeting was called to order and roll call was taken.	

Agenda Item	<i>Review October 2018 Minutes – Dr. Ted Lowenkopf</i>
Dr. Lowenkopf requested the committee review and approve the minutes from October 2018 meeting. Dr. Gizzi motioned for the approval of the October 2018 minutes and Dr. Sahni seconded the motion. The motion passed.	

Agenda Item	<i>Membership / Chair review – Dr. Dana Selover</i>
The committee reviewed the membership appointment list. Current vacant positions are:	
<ul style="list-style-type: none"> - Physician specializing in emergency medical services (the position is new) – Will be contacting NAEMSP for any volunteers who wish to be considered. - (3) Hospital Administrator or Delegate (Primary)– Will be contacting the Oregon Hospital Association for any volunteers. - Advocate for stroke patient who is not a health care provider 	
Upcoming vacant position:	

- (2) Hospital Administrator – Dr. Gizzi is moving to a different state. LHS is currently working on a replacement and will be in contact with the state with a nomination.

Re-Appointment:

- Ritu Sahni, MD
- Elaine Skalabrin, MD

Both have agreed to be reappointed.

Hospital Administrator – Primary, Comprehensive and Tele stroke hubs/partner site. Providence has 22 sites and Dr. Lowenkopf will contact the sites for further interest.

Historical information for the Advocate Representative was discussed. A representative from American Heart Association (AHA) was in the role and Andy Hoyt would be the best representative from AHA to replace the vacant position.

The committee reviewed the Chair and Vice Chair roles for the committee. The Vice Chair position and duties are currently in the bylaws. It was agreed by the committee that the Chair position will be voted on at the April meeting when the board positions have been filled. Dr. Bozorchami will consider the Chair position and will let the board know his decision in April. Dr. Lowenkopf was nominated as Vice Chair by Dr. Sahni. Dr. Bozorchami seconded the motion. The motion passed.

Dr. Lowenkopf thanked Dr. Gizzi for his years of service and participating with the Stroke Care Committee and improving stroke care in Oregon.

Action	<p>The state will work on appointments to the committee.</p> <p>State will send an updated Committee Appointment spreadsheet to the committee.</p> <p>Vote for a Chair at the next meeting.</p>
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Agenda Item	<i>EMS & Trauma System's Director update – Dr. Dana Selover</i>
<p>The 4th Quarter/ 2018 EMS /TS Report was sent prior to the meeting.</p> <p>Effective 01/01/2019 all transporting agencies are required to submit ePCRs to the state. Some agencies have received waiver and have a timeline for completion by 2020. The State EMS Committee is creating a subcommittee that will be reviewing the OR-EMSIS data and creating a data dictionary and creating data standards. The NEMSIS 3 data standards are a foundation for each state to create a standard for Oregon. The committee will be created from stakeholders and members of the committee. The data standards will include all time-sensitive emergencies.</p> <p>Legislation is now in session. Dr. Selover is working with her team to identify and track bills that may affect EMS and Trauma Hospitals.</p>	

Agenda Item	<i>Stroke Care Bill – Dr. Ted Lowenkopf</i>
<p>American Heart Association (AHA) has drafted a Legislative bill that they are submitting to different Legislators to support advancing stroke care in Oregon. The bill was drafted with a</p>	

team of stroke focused providers and after review from different stakeholders and groups there is a finalized a 3-page document.

The Legislature that had supported the bill was tasked with a state budget and is unable to take on any policy bills this session. AHA is meeting with other potential Legislatures that may be interested in supporting the bill. There is only 3 weeks left to find a Legislature to support the bill. If the bill is not picked up for this session the bill will be used as a starting point for a future session.

The state is preparing to write the Stroke Care Legislative Update. This will be presented at the Legislative Health Care Committee and could be used to support the bill in 2020 short session. The Chair and Vice Chair of the Stroke Care Committee will present the update and AHA would like to support the time being spent in Salem.

Action Item	Contact your local Legislative Representatives that may be interested in supporting the AHA bill. Schedule a meeting with Data Team and OHA staff.
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Agenda Item	<i>Legislative Report – Dr. Dana Selover</i>
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The Stroke Care Bill was passed in 2013 and did not include any funding for the work that was drafted.

Would the committee like to have a data presentation at each of the meetings? A committee member would be an ally and support the state as they reviewed aggregate data. Dr. Lehrfeld recommended that the committee start with hypothesis to review data.

Data Request - GWTG

Rural vs. Urban review:

- Difference in stroke care
- Difference in Patient presentation time
- Transport time
- Time to CT
- What are the % of patients that receive stroke appropriate
- Quality of Care between accredited primary stroke center vs non-accredited hospital

If the committee requests the data review from the state EMS office the office will review the data.

GWTG meets the core measures but may not be able to collect and analyze data that is needed for a QI process for stroke care.

Starting to review the data will identify if the GWTG data collection is missing any key data points. What percentage of stroke patients in Oregon are not captured by GTWG and which are the small aggregate. Hospital discharge data would also need to be reviewed and compare to the GWTG data.

If the committee can identify how many hospitals are not participating with GTWTG the inquiry would support the committees work in furthering improvement for patients and care in Oregon for Stroke Care.

American College of Surgeons' has announced that any EMS agency can receive performance aggregate reports from all hospitals that participate for performance service measures for all hospitals that they transfer to. Should the committee request the same from the American Heart Association.

Action Item	Send out 2017 report / Statute to committee with a highlight of responsibility for Committee and for State and to consider updating. David L. will meet with HPCDP and review aggregate report. Meet with Dr. Sahni, Dr. Lowenkopf and HPCDP, Dr. Lehrfeld to review aggregate data. July – discuss what resources are needed in hemorrhagic strokes.
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Agenda Item	<i>Telehealth Reimbursement – Dr. Lowenkopf</i>
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Starting January 2019 Telehealth reimbursement is allowed because of the Fast ACT bill. Telehealth Outpatient billing is also allowed. Some patients find it challenging to go to the Dr. appointments. This leaves a lack of care for high-risk patients. Dr. Lowenkopf will bring more information about outpatient reimbursement to the meeting.

Action Item	Dr. Lowenkopf will bring more information on the outpatient billing and what is covered.
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Agenda Item	<i>Meeting adjourned</i>
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Next scheduled Oregon Stroke Care Committee Meeting -
April 11, 2019
Legacy Emanuel Hospital, 7:00 am - 8:30 am

2019 dates

- Jan 17
- April 11
- July 11
- Oct 10

Agenda Items: *(Note this is a draft list for the April agenda.)*

- Membership
- Vote for a new Chair
- Stroke Rehab workgroup
- Next step for Data Review subcommittee
- AHA GWTG data
- Telehealth Reimbursement