

HEALTH AND WELLNESS COUNCIL – HEART DISEASE AND STROKE COMMITTEE

MINUTES

MAY 2, 2018

5:00-6:00 p.m.

The Heart Disease and Stroke Committee held a public meeting on 5/3/2018, beginning at 5:00 p.m. at the following location:

Maryland Department of Health
201 West Preston Street, Room L-3
Baltimore, MD 21201

MEMBERS PRESENT

Anne Williams, DNP, Chair
Mary Backley
Angela Deal
Roger Harrell
Seth Martin
Michael Miller

MEMBERS NOT PRESENT

Josie Ogaitis, RN
Tammy Shelley

MEMBERS PARTICIPATING BY PHONE

Lois Freeman, DNP
Kathleen Keefe-Hough, MD

MARYLAND DEPARTMENT OF HEALTH STAFF PRESENT

Susan Weber

Anne Williams, called the Heart Disease and Stroke Committee meeting to order at 5:00pm. .

1. Roll Call

Everyone introduced themselves. Susan Weber reminded phone participants to mute their speakers to avoid background noise interference.

2. Vote on minutes from the February 21, 2018 meeting

After group review, Susan Weber asked if there were any changes to the minutes from the February 21, 2018 meeting. There were none suggested; Anne Williams entertained a motion to approve the minutes. A motion to approve was made by Mary Backley, and Angela Deal seconded the motion, which passed unanimously.

3. Review of Priorities and Strategies (established from February 21 meeting)

- Anne Williams acknowledged everyone's contributions to the Work plan, and reiterated that the goals are still in draft and need to be fine-tuned to be more measurable and realistic.
- Everyone unanimously agreed that with the absence of current baselines, it would be challenging to measure outcomes.
- The committee reviewed the work plan and decided to change the following:

- a. Priority #1: Increase Blood Pressure screening and link to primary care/follow up
 - **Changed to:** *Increase Blood Pressure screening at all health systems statewide to include non-traditional providers (faith-based communities, chiropractors, etc.,) by 2022.*
 - **Added: Outcome:** *By year 2022, blood pressure screening at all systems will increase by at least 10%.*
- b. **Eliminated:** By year 2020, increase blood pressure screening and community linkages by at least 10%
- c. **Eliminated:** Promote the new blood pressure guidelines to providers and the public
- d. **Eliminated:** Increase screenings at medical and dental offices by 10% by year 2020.
- e. **Eliminated:** Increase percentage of all Marylanders with healthy BMI by 10%.
- f. **Eliminated:** Increase the use of evidence-based best practices (health care systems, etc., and community-based organizations)
- g. **Added:** Priority #2: *Increase referrals for patients with diagnosed/undiagnosed/uncontrolled Blood Pressure.*
Added: Outcome: *By year 2020, number of referrals for patients will increase to _____% (need to obtain baseline data).*

4. Items for Consideration:

- a. Angela Deal informed the group that Charles County Health Department is currently involved in the CDC Quality Improvement in Health Systems Project (1305), the Oral Health Project (1609), and the Community Linkages Project (1422), which cover about 14 counties that are collecting hypertension data (NQF), as well as the number of screenings and referrals to services for diagnosed patients. These projects would be reliable platforms to collect and measure outcomes.
- b. Susan Weber announced that the new grant opportunity (Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke CDC-RFA-DP18-1815PPHF18), might be a good source for up-to-date baseline data. Maryland Department of Health Center for Chronic Disease Prevention and Control is currently developing the grant proposal, which includes current data related to hypertension and heart disease.
- c. Michael Miller asked if there would be way to measure improvement in patient health outcomes and how gaps in linkages to community services can be filled. This question will be a topic for exploration during next meeting.

5. Follow-up Items:

- a. Angela Deal will bring a sample of Charles County QIHS quarterly report to the next meeting. The reports include a dashboard with NQF data, as well as documented referrals made to community services for hypertension patients.
- b. Susan Weber will email the committee the revised work plan based on the group

discussions.

- c. A subsequent email will be circulated to gain a consensus from the group if a follow-up phone meeting is needed before July.

6. Adjournment

The meeting was adjourned at 4:56pm.

DRAFT