HEALTH AND WELLNESS COUNCIL – HEART DISEASE AND STROKE COMMITTEE

MINUTES

AUGUST 1, 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
Seth Martin
Tammy Shelley
Kathleen Keeffe Hough, MD

MEMBERS NOT PRESENT
Josie Ogaitis, RN
Lois Freeman, DNP

MEMBERS PARTICIPATING BY PHONE

MARYLAND DEPARTMENT OF HEALTH STAFF PRESENT
Kathleen Graham
Marti Deacon
Trisha Grob

1. **Roll Call**
   Chair Anne Williams opened the meeting at 5:02 PM with a roll call of members in the room, followed by those attending by phone.

2. **Minutes**
   Kathleen Graham motioned to approve the minutes from the meeting on May 2, 2018. Seth Martin seconded the motion.

3. **CCDPC Updates**
   Kathleen Graham reviewed the CCDPC updates. Graham stated that this will help the members frame their work in terms of priorities. First, the center has been very busy applying for grants, these are our foundational grants that will carry us for the next few years these include cardiovascular and heart disease these are replacing ___ and ___ grant, those grants do a lot through the local health departments.

Update for CCDPC:

Kathy: what I'm going to talk about will help frame your work in terms of priorities. The CDC has returned to an earlier model, so it returned to a base amount of money, no competitive for

cardiovascular disease (CVD) and heart disease (HD) prevention and control. Another grant was competitive we hope we have a good chance of getting that one- it addresses CVD and diabetes prevention and control. CDC will pick 20 states. We will not hear whether we have that or not until the end of December. CDC is very behind. The other one that is very relevant is the public health and health services grant. That too is a set amount of money. In that we have identified CVD as one of the priorities. Its broader than just HD and diabetes but for us it is our main focus. As part of these grants we are looking to make sure all the actives across all of them align. If you are familiar with what we did with the health depts. In previous years we are moving forward with those. CDC wanted us to focus on high burden areas- eastern shore, Baltimore City, western Maryland, and parts of southern Maryland. They also wanted us to address cholesterol. Anytime we address hypertension we need to address cholesterol as well. So for us and our grantees that is different. Their priorities were high risk areas, management and control, and within that they again want to see primary care practices and systems to fully utilize their electronic health records systems. They pulled out pharmacists and team-based care.

4. **Questions and Comments**

Seth martin stated that he would love to help with a lot of these areas he just needs to know how. Mike miller and Martin both work closely on cholesterol. Martin is doing a lot of work with telehealth and would like to help with both of those pieces. He claims that it is really exciting that these items are being prioritized. Martin states that he believes Cardiac Rehab is very interesting as well.

Kathleen Keeffe Hough mentioned that cholesterol is going to be a lot harder to deal with than blood pressure, that this is a whole new category to deal with.

Seth Martin replied that he would like to get people into primary care providers, and that he believes Tammy Shelley could help with that.

Kathy Graham stated that it would be helpful if Anne Williams could set up meetings, in which the CCDPC could inform the Committee members what they're being funded to do and Committee members could inform the CCDPC what their priorities are. Graham then reminded Williams that one of the things they talked about yesterday was access to care, so having some discussions around those areas and how the Committee can better support some of the efforts in those areas would be beneficial.

Anne Williams responded that that is absolutely a great idea and they have personnel who can speak to some of the rural areas and other issues. She stated that Angela Deal wasn't able to come and asked if she should explain about Baltimore City. Williams explained that after screening Baltimore City residents the hypertension rates are way over the predicted 40% that was reported for African American communities. She further explained that Baltimore City has the top 5 hardships; some of these hardships include poverty, unemployment- which affects their abilities to eat healthy food and make better choices- they are in food desserts and they have poor transportation even though Baltimore City is very interconnected. The main focus is to try and help these individuals to control their blood pressure.

Seth Martin presented that when Williams mentions Baltimore City, it reminded him of the research that took place in which Blood Pressure screenings took place in barber shops in rural areas in order to increase blood pressure diagnosis. He questioned where Baltimore and Maryland are at in that model of going to these corner stores and barber shops for screenings.

Anne Williams replied that Baltimore City actually started in barber shops and beauty salons in a couple of base communities where the City placed blood pressure screenings in those areas. For example, at her LHD they have a community health educator who referred one person to the ER and had six referrals altogether, so hopefully the educator exerted 6 individuals from any serious problems. The LHD is looking to go into public locations.

Kathy Graham stated that her team in the CCDPC are presenting an RFP for Blood Pressure Cuffs. She then asks Martha Deacon to the table to discuss this.

Marti Deacon presents that she is writing an RFP for all 24 counties to purchase blood pressure cuffs for individual use (personal use). Her team is hoping that there would be a loaner program so that the blood pressure cuffs are not just given out and eventually lost by community members. She stated that they could really tie it to programs that already exist, such as pharmacies, dentists, or any sort of community setting. It could be a loner program, put into community settings or just given to the individuals. She stated that her team did this two years ago with much success, 19 counties participated. Grant funds are not allowed to purchase equipment so these grants to the 19 counties really helped them in that department. It was determined that lot of patients were able to come off their medications from this program.

Seth Martin questioned *'do the counties pick what blood pressure device they receive?'*

Marti Deacon replied that they can but the CCDPC team gives recommendations

Seth Martin asked *'Do any of them feed into Bluetooth data?'*

Marti Deacon responded that the CCDPC team are pushing an Omran device, but there was an issue because the devices were not yet approved by the FDA. The CCDPC is trying to max the amount of blood pressure cuffs they can give out, so they do not want to go with the most expensive cuffs.

Seth Martin questioned *'Is there a way the data can stream in so this data can be tracked?'*

Marti Deacon responded that the team does ask for the data back, such as amount of people screened and if the individual has a diagnosis already or not.

Kathy Graham stated that with PHPS grant funds, they were able to match PHPS funds again, so this RFP has not come out yet. This means that they may have some flexibility of what blood pressure cuff is used, so they could think about the technical part about it.

Annie Williams claimed that the Baltimore City Health Department was a recipient of some of this money from the CCDPC for blood pressure cuffs. She suggested that the next grant allows the purchase of the blood pressure cuffs battery too. This is because the Baltimore

community would not purchase the batteries for their cuffs, which resulted in the individuals not recharging their cuffs and eventually not using them causing the RFP to be unsustainable.

Kathy Graham responded that one grant she didn't mention that the CCDPC also submitted was a grant for obesity and physical activity, which they will find out if they were granted this later this summer. She states that that one will support physical activity and obesity in rural parts of the community.

In relation to Priority Number 4:

Seth Martin asked *'Does the program have the ability to track individual data?'*

Marti Deacon replied that the program does not have the ability to track individuals but the population, so the CCDPC can see improvement across the population from their grantees. Currently the CDC requires the team to track it at the population level.

Kathleen Keeffe Hough stated that under CRISP most patients must automatically register through their Electronic Health Records (EHRs), and its required that you register

Kathy Graham responded that the CCDPC team wants to reduce the info for their grantees to present, and then there is the information that the CDC mandates. The CDC is trying to reduce the data burden.

In relation to Priority Number 5:

Kathy Graham reported that she believes these were the two priorities the Committee wanted to work on, but stated that they need the baselines. The Committee will work on this over the next couple of months.

Marti Deacon mentioned that the majority of the work that the Charles county does is very patient friendly; it gives what the patient reads that day, whether they are high or low, if the patient is improving or if they need to take a look at this, and also all the information and resources for the community on the same page. The source covers BMI, hypertension and diabetes, and it is very adaptable for other disease conditions. This information was created in paper form but the great thing about Charles county is that they actually had a 6x increase in the amount of referrals they've received from the way they have streamlined this. The office staff was taught how to flag patients for further readings. They also have a staff member that calls all of these patients. It is a very streamlined and oiled machine. It has worked incredibly well and they showed a significant improvement.

Seth Martin questioned: *'What is an NQF?'*

Marti Deacon explained what a NQF is.

Kathy Graham questioned: *'What is the hypertension one?'*

Marti Deacon replied it is 18-81 diagnosis under control so it is 140/90 and probably won't be updated for the next 2-3 years. It's just a benchmark standard. For a general practice you want to be as close to 100% as possible.

Kathy Graham stated that Charles County was one of the counties we funded through the grant. Charles County collects data on more than the CCDPC asked them to. The Committee can talk more at the next meeting about that. The Committee could also have someone give us an update on stroke or best practices across the state. Graham presented that any committee member with ideas or something to share to please put it forward. She then thanked everyone for coming.

5. **Adjournment**

The meeting was adjourned at 5:43 PM.

The next meeting will be held Wednesday, Oct. 17th from 4:00-6:00 PM.