

**Texas Council on Cardiovascular Disease and Stroke  
Meeting Minutes  
Friday, May 3, 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 May 3, 2019 council meeting.

Member Name	YES	NO	Non-Voting Member	YES	NO
J. Neal Rutledge, MD	X		Diane Himmel	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 1:02 p.m. by Council Chair Neal Rutledge, MD.

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

Dr. Rutledge introduced Ms. Sallie Allen, 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. Allen 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 Sherron Meeks and Shilpa Shamapant requested excused absences and asked for a motion to approve.

**MOTION:**

Dr. Kyle Sheets moved to accept the excused absences of the two 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 February 8, 2019 Meeting Minutes**

Dr. Rutledge called for review of the February 8, 2019 meeting minutes.

#### **MOTION:**

Dr. Kyle Sheets moved to accept the February 8, 2019 minutes with the two noted corrections. Ms. Suzanne Hildebrand seconded the motion. The motion was unanimously approved by members present with no nays nor abstentions.

### **Agenda Item 4: Discussion on CPR and Stroke Recognition in Schools**

Dr. Bob Hillert addressed the consideration of statewide recognition for schools that achieve CPR certification. Marcie Wilson commented that legislation passed in 2013 mandates a student to have CPR training before graduation. Ms. Shelby Massey, American Heart Association (AHA), confirmed that students are required to have CPR training (not certification) between 7-12th grade and the district determines when/what grade level it is conducted. Since the training is mandated, she does not believe districts are required to report to Teacher Education Agency (TEA) however she will research and report back to the council. She stated that AHA has a designated CPR team that works with school districts on sourcing the "hands only" CPR kits. Dr. Manda Hall agreed this is a good first step and once the information is gather there may be opportunities for collaboration through the school health program within the Health Promotion and Chronic Disease Prevention Section.

Dr. Hillert suggested that some form of statewide recognition from Governor Abbott would be desired by the school principals.

Ms. Marcie Wilson recently started a Think FAST program. She worked with the Physical Education Health teacher at a charter school and conducted four classes. She showed a video and gave a presentation on FAST and at the conclusion issued a test to the students and obtained excellent results. She suggested the Council consider giving a certificate to each class and recognize their participation.

#### **ACTION:**

- Ms. Massey will contact TEA and find out if they are gathering any information and if there are any issues with schools being non-complaint with the required training.
- Dr. Hall will collaborate with Ms. Massey on collecting the data from TEA and report back to the Council and determine what steps to take going forward.
- Dr. Hillert, Ms. Wilson and Dr. Hall will work together on developing a council statewide recognition, what is being done or what needs to be done and report at the next meeting.

### **Agenda Item 5: Chronic Care Workgroup and next Stroke Survivors and Caregivers conference**

Ms. Suzanne Hildebrand did not have anything to report on the upcoming conference.

### **Agenda Item 6: Department of State Health Services (DSHS) representative report**

Ms. Nimisha Bhakta, Section Director, Health Promotion and Chronic Disease and Prevention Section, DSHS provided the following highlights:

- The 2018 STEMI Annual Report and 2018 Stroke Annual Report have been published and posted on the DSHS Heart Disease and Stroke Program website. Copies were provided in the meeting packet.
- For the 86<sup>th</sup> legislative session, the Community Health Improvement Division is currently tracking 119 bills. Of these bills, 48 have been assigned to the Health Promotion and Chronic Disease Prevention Section.

- Three tobacco-related bills (HB 749, SB 21 and SB 338) will have an indirect impact on heart disease and stroke through risk factor reduction by raising the tobacco age from 18 to 21 years old.
- The Health Disease and Stroke program cohosted the Texas Cholesterol Management Forum with the National Association of Chronic Disease Directors and Prevention Health foundation on March 1, 2019. Key point of discussion was to expand utilization of non-physician team members to include community health workers and pharmacists to reduce cholesterol burden. Will continue to keep council updated on the progress of the forum.
- The program submitted Year 2 continuation applications for their two CDC grants: Competitive innovation and Non-competitive award.
- The Heart Disease and Stroke Program hosted an event in May for DSHS main campus employees to recognize and celebrate *Texas Check Your Blood Pressure Week, National High Blood Pressure Education Month, and Stroke Awareness Month*.
- DSHS communications office put together a social media package for Facebook, Twitter, and Instagram for *Texas Check Your Blood Pressure Week*, and HHSC Connection newsletter included an article on blood pressure and promoted the events.

### **Agenda Item 7: Health and Human Services Commission representative report**

Ms. Chelsea Couch provide the council with the following highlights:

- Aging Services Coordination (ASC) is currently work on three initiatives:
  - Texercise – a statewide health initiative that aims to educate and engage individuals and communities in healthy lifestyle behaviors
  - Aging Texas Well – an initiative that helps Texans prepare for all aspects of aging at the individual, community, and state level, and
  - Age Well Live Well - an initiative that aims to assist individuals and communities prepare for aging.
- SNAP-Ed:
  - Works with organizations/agencies to implement special projects that directly impact the health and wellness of SNAP eligible Texans
  - Provided 22,731 direct nutrition and physical activity education sessions
  - 382,714 Texans participated in direct education interventions
  - 803 SNAP-Ed participants were surveyed to assess baseline measures related to diet and physical activity behaviors, and awareness and utilization of SNAP-Ed programs.
  - Developed a plan to expand SNAP-Ed to underserved, SNAP-eligible Texans through new partnerships with HHSC, DSHS, and Texas A&M programs.
- State Support Living Centers (SSLC):
  - Provides care to individuals with IDD at 12 SSLCs.
  - Each center conducts an Annual Integrated Risk Rating Form that screens for a variety of risk factors including cardiac disease, weight, and diabetes
  - SSLC state office provide guidelines for hypertension, weight management, diagnosing risk factors, prevention measures, tests/screenings, treatment, roles of the interdisciplinary care team, etc.
- Texas Medicaid Division:
  - Benefits that address controllable risk factor for cardiovascular disease and stroke include: regular physicals, obesity screenings and interventions, regular lab work to monitor disease processes including high cholesterol and diabetes;

- Texas Medicaid pharmacy benefits cover medications to control cholesterol, hypertension and diabetes.
- Smoking cessation counseling benefit will be expanded on May 1, 2019 to cover all clients 10 and older; individual counseling and group education is available for pregnant clients.
- Nutrition counseling services delivered by a dietitian are provided for clients 20 and younger for conditions including CVD, diabetes, and hypertension for up to 4 visits per year
- Diabetics are provided test strips, insulin, syringes, and insulin pumps as appropriate for home management
- Cardiac rehabilitation is covered to help clients with cardiac disease manage their condition and prevent future exacerbations by participating in a physician supervised and prescribed program
- Ambulatory blood pressure monitoring is available to help the provider diagnose, manage, and prevent client's hypertension when blood pressure readings are increased or inconclusive during office visit.
- Other diagnostic and testing services to prevent stroke or cardiovascular disease are covered as well.

Dr. Rutledge asked if there were any grant filings in progress and Ms. Couch advised her office is currently working on a project for the SNAP education program and will bring it to the council for review and feedback.

**Agenda Item 8: Texas Workforce Commission (TWC) representative report**

Ms. Diane Himmel, Program Specialist, Physical Disabilities, Vocational Rehabilitation Division, Texas Workforce Commission, provided an update to the Council.

- The Council was provided a copy of the VR Customers with Cardiovascular Disease and Stroke (ICD10) for SFY 2018 in their meeting packet.
- She reviewed the handout related to successful and unsuccessful closure by age group.

Dr. Rutledge commented that the percentage of the specific heart attack and stroke cases improved by 13 percent for the specific ICD10 code, and the overall success rate reflected a 60 percent improvement. Dr. Hillert stated the improved success rate is favorable when it comes to budgetary reporting.

**Agenda Item 9: Governor's EMS and Trauma Advisory Council (GETAC) liaison report**

Dr. Rutledge introduced Ms. Catherine Bissell, RN, GETAC Cardiac Care Committee Liaison. Going forward, Ms. Bissell will provide the council with a report from the GETAC cardiac care committee (GETAC-CCC). She provided the following highlights of areas the CCC is working on.

Based on CVD data received from the state, the cardiac care committee is focusing on three areas, statewide.

- 1) too many people (60%) still arriving with heart attack by POV,
- 2) for those arriving by EMS, not enough are getting a pre-hospital EKG, and
- 3) of those having a STEMI heart attack who arrive at a non-PCI hospital, are not receiving their lytics before getting to a PCI center.

**Too many people (60%) still arriving with heart attack by POV –**

Large number of patients that have ACS signs and symptoms do not recognize the need to be transported by EMS. The Dallas-Carruth area did a targeted education campaign to

inform the public about ACS and encouraged them to call 911. EMS transport improves their survival rate, and upon arrival, a patient is taken straight to the Cath Lab for treatment. The committee targeted adult education however, we need to educate our school age children, so they understand the ACS signs and symptom, so they can call 911.

Significant number of patients that arrived with confirmed STEMI, get to the ER, and there is significant debate between ER physicians and cardiologists, "do I take them to the Cath Lab." This mortality lies on what the cardiologist gets in their numbers at the end of the year.

Based on information the American Heart Association (AHA) reviewed, they were able to influence that the deaths that occur in the Cath lab do not necessarily count towards a cardiologist mortality rate. This helped us make sure that we are continuing to send the patient to the Cath lab as soon as they arrive by EMS.

The GETAC-CCC wanted to know how they could help influence those mortality rates and reduce the reporting so they discussed with the cardiologist the possibility of bystander CPR. We should start talking to adults about what bystander CPR is, what could be happening with the patient, what ACS signs and symptoms are and when to call 911. Integrating these factors will help bystanders recognize the signs and help with the cardiac or STEMI patients that are happening out in the public community.

The CCC is working with AHA about their bystander CPR program which is very effective and easy to use. Although the lay public has some resistance and concerns about performing CPR, we need to educate them on the procedures and benefits for the patient. AHA has a great video to share and anyone with medical knowledge can teach the bystander CPR class. Conducting classes and educating the public allows that individual to take the skills they've learned and teach it to their family. This is a great program and we don't have to reinvent the wheel however we do need funding. Currently we're trying to find a way we can get funding and what would it look like; where would the pilot areas be, what would our goals be, etc. Important thing to know is we are going to target some of the education, not just on bystander CPR, but why you need to call 911 if you're having ACS signs. We also want to expand this education to include school age children, so they can act and respond.

### **Not enough patients are getting pre-hospital EKG -**

Before 2016, 51.3% patients that arrive by EMS for STEMI received a pre-hospital EKG; and in 2017 that number rose to 60.4%. The Cardiac Care committee is trying to determine if it is because of the targeted EMS education that we did for STEMI recognition; is it because the CCC and the AHA and several authorities came down and said, the best thing for our STEMI patient is, "if the EMS says the patient is having a STEMI heart attack and they recognize it on the EKG. The hospital must have a process in their ER to have the EKG read by the ER doctor and confirm it to be a STEMI, contact Cath lab and have EMS go straight to the Cath lab, don't stop." What is it that is causing that increase as far as more people arriving by EMS that received their EKG, but then on the back end is, why do we still have 40% not getting their pre-EKG?

Some of the RACs did some monkey surveys with their partners, and a lot of rural EMS don't have the funds to get a 12-lead EKG. These rural areas do not have paramedics,

so how are we going to train EMTs, how do we transit in remote areas, etc. there are a lot of barriers that we are going to have to overcome or start to discuss.

We are in the infancy of this project, fact finding search and trying to find answers. Dr. McCarthy, CCC Chair, and Dr. Smalling, CCC member, asked GETAC education committee and EMS-GETAC committee to come together with CCC and discuss what does that education look like? Some of the rules surrounding EMS education have also changed, so could we include targeted cardiac education as it relates specifically to EMTs and rural EMS in the rules?

**Those having a STEMI heart attack who arrive at a non-PCI hospital, are not receiving their lytics before getting to a PCI center -**

The numbers are staggering; in the Houston area alone, approximately 75% of patients that had a diagnosed STEMI and arrived at a non-PCI hospital, did not receive lytics at the first hospital and they were sent to the PCI Center to get their lytics before they could go to Cath lab or depending upon condition went straight to the Cath lab. Dr. Smalling worked with several of the RACs to develop a non-PCI toolkit. It is a simple form, which outlines the guidelines and it describes why you would give lytics, why you wouldn't give lytics, etc. It standardizes the care for the STEMI patient and helps the medical staff in the rural areas understand the procedure and be comfortable with administering the lytics drug. The GETAC-CCC will review the RAC toolkits and look to develop one that can be used statewide. The intent is to partner with the RACs and several other partners to see if we can get the toolkit out to our rural facilities.

Dr. Hillert expressed his gratitude to the committee for all the hard work they are doing for cardiac care. He suggested that AHA provide the CCC with a \$1 million grant to implement the initiatives they described today as a statewide project. Several of the members concurred that the dilemma most cardiac patients are concerned with is the costs associated with ambulatory service.

**Agenda Item 10: Cardiovascular Disease and Stroke Partnership liaison report**

Dr. Rutledge introduced Mr. Leon Jerrels, Partnership Chair, and he provided the council with an update.

Mr. Jerrels, Director of Quality Improvement, Kelsey Sebold clinic in Houston provided update on the partnership initiatives they established this year.

- Hypertension, prevention and management guidelines
- Focus on obesity throughout all ages
- Established two subcommittees: 1) Obesity – will promote state and national education awareness of resources and, 2) Social media - effective modality communication for health promotions that partnership creates and distributes.
- In collaboration with DSHS and AHA for an annual hypertension summit as well as the development of reasonable collaborations to do best practice sharing, as well as share successes to barriers for prevention and management of hypertension
- Established the plans for a summit to be held in Houston sometime in September 2019
- The partnership does not receive any type of funding

Dr. Rutledge would like to research how the council could help with obtaining funding for the partnership. Dr. Hall expressed interest in discussing in more detail the obesity initiative the partnership is working on.

### **Agenda Item 11: American Heart Association Liaison Report**

Ms. Shelby Massey, Governmental Affairs Director, American Heart Association (AHA), provided a legislative update.

Before giving her legislative update, she noted that the AHA has a "hands only CPR" training, which includes a 20-minute video and training kit. If there is interest at a later point in the year, AHA would be more than happy to share with the committee and help facilitate. Dr. Manda Hall commented that she would like to have additional conversations around the training and DSHS' involvement.

Ms. Massey advised the legislative session will adjourn on May 27<sup>th</sup>, Memorial Day and following are a few of the high-level priorities that AHA is working on:

- Raise the minimum age for all tobacco products including all e-cigarettes from 18 to 21. SB21 is out of the Senate and out of the house committee. House bills must be out of the house chamber by Thursday, May 9<sup>th</sup>. Once we get past that deadline the house will start hearing more Senate bills and that's when we anticipate SB 21 to be set for a floor debate in the house.
- E-cigarette taxation and regulation bills that were filed have not been set on House calendar, however if it does end up moving it would implement a 10% across-the-board tax on the price of e-cigarettes. Currently e-cigarettes are not taxed beyond the sales tax.
- Obesity prevention priorities - we are part of the Partnership for Healthy Texas (approx. 40 organizations) who come together and work around obesity prevention policies. The partnership has four items on our legislative agenda that are moving right now.
  - Improve minimum standards for state license child care centers around nutrition, physical activity and screen time. The bill has already passed out of the Senate and it is waiting in the house calendars committee.
  - Require school districts to have a recess policy. It would not mandate recess minutes or require recess it would just have them adopt a recess policy that would be led by the State Health Advisory Council. This bill has already come out of the Senate.
  - Require the Health and Human Services Commission to do a study and create a pilot around incentivizing healthy food in SNAP program. This bill has also come out of Senate and is waiting in house as well.
  - Working on a budget rider, there is \$500,000 allocated in Senate and \$1million in the House and these allocated funds would be for grants for school districts for quality PE to help train PE teachers and quality programming so we're hopeful the budget item will make it through the process.

Dr. Rutledge inquired about the number of AHA state lobbyists and Ms. Massey advised that there are few at the local level however she is the only AHA state level government relations lobbyist for the State of Texas.

### **Agenda Item 12: Discussion on any of the above agenda items**

Dr. Hawkins proposed that the Council draft a plan to lobby for funding at the next legislative session. Dr. Rutledge agreed, and recommended that Dr. Hillert and Dr. Sheets help with the preparation of the draft plan.

**Agenda Item 13: Public comment**

No public comment was received.

**Agenda Item 14: Adjourn**

Dr. Rutledge adjourned the meeting at 2:30pm