### PRIMARY CARE – STROKE PROGRAM PARTNERSHIP

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## **AGENDA**

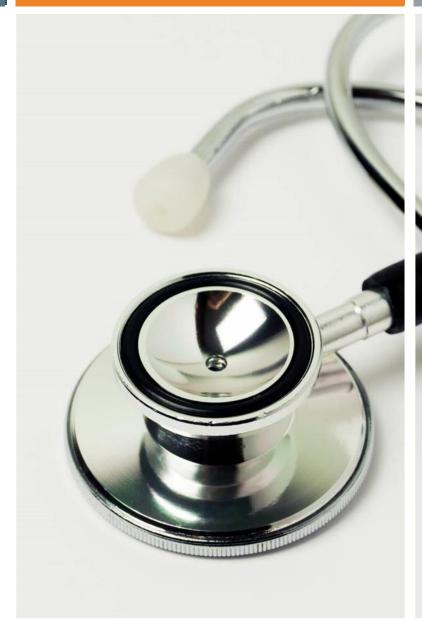
Stroke Plan of Care

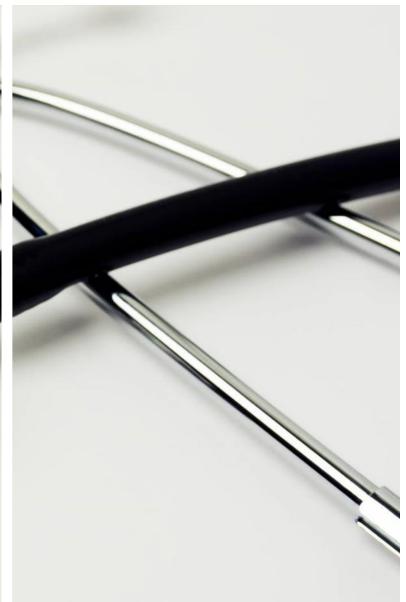
Clinical Pathway

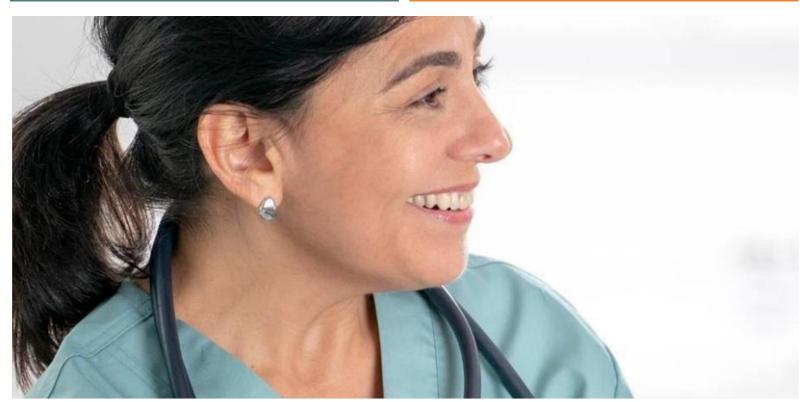
TCM in Stroke Clinic

Secondary Prevention

Stroke Clinic Referrals









## THANK YOU

# STROKE PLAN OF CARE

- What's good/helpful?
- What's not helpful?
- How can we make it a better handoff tool for y'all?

#### Stroke Plan of Care:

\*\*Note: contents of this box may change by day of discharge.

For post-discharge POC, use the box from the MOST RECENT Neurology note.

Lacunar likely secondary to uncontrolled hypertension, hyperlipidemia, diabetes
-CUS/TCD has not been read
Unknown, patient intubated
To be determined
Aspirin 81 restarted
Currently on amlodipine 10 (restarted 5 mg 11/1, 10 mg started 11/5), losartan 100 (restarted 11/4), carvedilol 25 twice daily Current goal: <140/90
Continue atorvastatin 40 mg (new medication) Long-term goal LDL < 70
Long-term goal A1c <7.0%, ideally <6.5% (assuming aggressive weight loss & glycemic control is safe, defer to PCP/endo). If within goals of care, would consider GLP-1
UTO
UTO
Mediterranean diet, avoid processed foods
Short-term: as tolerated
Long-term: regular exercise (aerobic & resistance)
Target 0.5-1 lb/mo weight loss until achieving BMI <25.
-PCP in 4-6 wks to follow the stroke plan of care
-Stroke clinic in 7-14 days with stroke ARNP (Rachel Nginyi-Munyoli or Erin Eddington-Alden) s/p d/c (home or from SNF/IPR) -ATTN: Rehab facilities (skilled or inpatient), please email strokedischarge@valleymed.org the anticipated/actual discharge date from your facility so that we can ensure 1-2 week stroke clinic follow

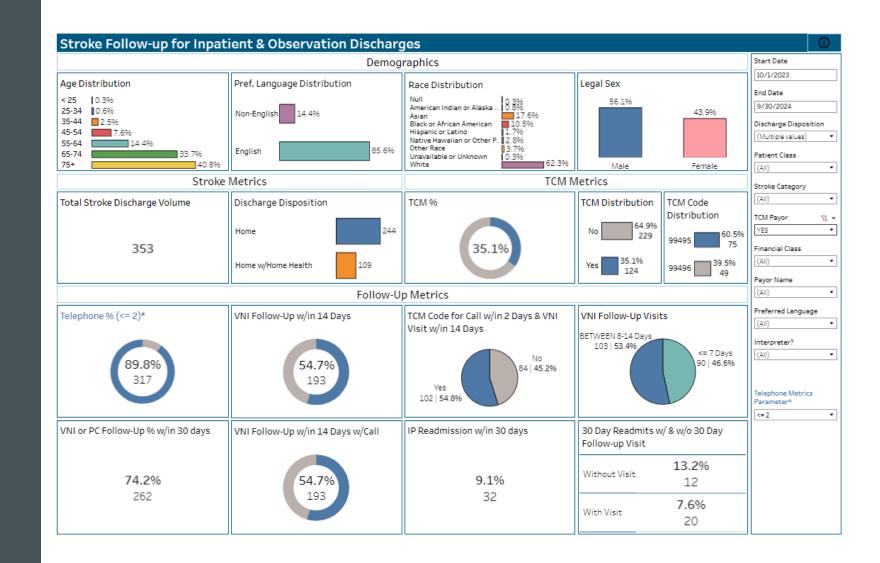
#### Stroke Clinic Primary Care Outpatient Therapy Services 1. Ongoing Stroke workup Physician/APP: First follow up appointment in 4-6 weeks OT/PT/SLP Make appropriate referrals: Specific/atypical vessel imaging Vestibular Rehab Autoimmune, neoplastic, Refer for Return to Work Neurology/Stroke clinic infectious, hypercoagulable, Evaluation and/or Treatment, if Rehab Services hematologic, genetic indicated1 Sleep Medicine for OSA Cardiac work up Harborview Physiatry, if indicated Cardiology clinic if applicable 2. Neuroimaging follow up: Lifestyle Medicine and/or YMCA: nutrition, exercise Vascular abnormalities counseling and weight management Neurodegenerative/Genetic 2. Ensure Chronic Disease Management<sup>2</sup> disorder 3. Help facilitate Stroke Plan of Care 3. Stroke plan of care for secondary prevention Care Management: Perform patient outreach to schedule Prioritize chronic diseases follow up care, assure clinical services are efficiently managed relevant and coordinated, assist with any identified Social Drivers of Individualized chronic disease Health concerns management Achieve optimal recovery & prevent future strokes

## CLINICAL PATHWAY

- Redone when we lost outpt physiatry
- FMLA paperwork being done in CVA clinic for TCMs (tips?)
- Functional capacity eval ideas? (Olympic \$\$\$)
- Thank you for helping with refills
- Anything missing?

# TCM IN STROKE CLINIC

- Calling ~90%
- Seeing ~55%
- TCM ~35%
- 30d readmit ~1/2 with TCM
- Please direct patients to
   Stroke Clinic for follow up
   after hospital discharge







- Please help us reinforce the need for aggressive DM, HTN, HLD, OSA, obesity treatment.
- For patients that cannot tolerate statins (or if they're not enough), please refer them to cardiology/endocrinology for PCSK-9 (Proprotein convertase subtilisin/kexin type 9) inhibitors
- GLP-I *preferred* when AIC>7 & with CVD risk
- CGMs for patients
- Lifestyle medicine \$\$\$ ideas?

## SECONDARY PREVENTION

#### Outpatient workup

- Neuroimaging:
- MRI Brain without contrast (If contraindicated, then noncontrast head CT)
- 2. Vessel Imaging: One of the following
- MRA Head Carotid with and without contrast (if pt can be still and no CKD) OR
- CTA head/neck (If MRA is not possible and if GFR>45) OR
- Carotid Ultrasound transcranial doppler (If other studies are contraindicated)
- Cardiovascular Workup: EKG, TTE (with bubble study if patient < 60)</li>
- 4. Lab Workup: Lipids, HbA1c, CBC, TSH, CMP, U/A

### REFERRING TO STROKE CLINIC

- Stroke Clinic has good availability (usually 1-3 weeks)
- Any nonurgent referral to Neurointervention, can/should be referred to stroke clinic for additional studies/triage. We work with Neurointervention & set them up if/when necessary.
  - Carotid stenosis: MMT vs CEA/CAS
  - Intracranial stenoses (ICAD)
  - Aneurysms
  - Vascular Malformations

## THANK YOU

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