

**RIGHT CARE INITIATIVE**  
*Clinical Quality Improvement Leadership Collaborative*

California Statewide Goals—Prevention & High Quality Management of Heart Disease, Strokes, and Diabetes

**Achieve National HEDIS 90th Percentile “A-grade” Targets or 75% of patients at goal, whichever is higher:**

- 77% of hypertensive patients with blood pressure controlled: <140/90 mm Hg
- 69% of diabetic patients with blood sugar controlled: HbA1c <8

**In absence of HEDIS cardiovascular disease lipids 90th percentile target, Right Care Initiative 2016-2017 target:**

- 75% of patients with diabetes and/or cardiovascular conditions on appropriate cholesterol therapy (proxy, LDL controlled: LDL-C<100mg/dL)

**Activities:**

- **University of Best Practices** (UBPs) in three metropolitan areas to share learning and encourage adoption of evidence-based interventions for preventing and better managing premature heart disease, strokes, and diabetes. Practical presentations from benchmark performers are geared toward medical, pharmacy and quality improvement directors to spur achievement of national “A-grade” performance and better disease management.
- **Annual Leadership Summit** to highlight UBP progress, new HEDIS & P4P performance data, promote adoption of strategies used by top performers, and recognize superior performance. **Next Summit: April 5, 2018 @ UC Berkeley**

**Contact:** Hattie Rees Hanley, MPP, Right Care Initiative Director, hattiehanley@berkeley.edu; Assistant: Carla Pollock (916-224-0033)

**Key Partners:** This collaborative, expert-based, public-private bridge project draws on leadership from key partners:

- USHHS Million Hearts Initiative
- American Medical Group Assoc. Foundation
- American College of Cardiology, CA Chapter
- Med. groups, clinics, health plans & systems
- University of California Schools of Public Health, Medicine, and Pharmacy
- RAND Corporation
- Stanford School of Medicine & Clinical Excellence Research Center
- USC Schools of Med., Pharmacy and Policy
- Sierra Health Foundation
- The California Endowment
- California Health Care Foundation
- No More Broken Hearts Foundation
- California Chronic Care Coalition
- Health Services Advisory Group QIO
- Air Force Medical Center
- CA Medi-Cal Program
- CA Dept. of Public Health (CDPH)
- CA Emergency Medical Services Agency
- American Heart/Stroke Association
- Integrated Healthcare Assoc. (P4P)
- Pacific Business Group on Health
- Local US Department of Veteran’s Affairs
- Ralphs Grocery Company
- AbbVie
- Boehringer-Ingelheim
- Genentech
- Johnson & Johnson
- Novo Nordisk

**Objective:** Reduce death and disability through enhanced practice of patient-centered, evidence-based medicine.

Since 2007, The Right Care Initiative’s goal has been to apply scientific evidence and outcomes improvement strategies to reduce patient morbidity and mortality through a collaborative focus on achieving quality goals where performance metrics indicate that evidence-based, life-saving practices are not fully deployed. Data from the Integrated Health Care Association, the National Committee For Quality Assurance, the federal Agency for Health Care Quality and Research, the Commonwealth Foundation, CMS, and the Centers for Disease Control indicate that approximately 80,000 Californians die yearly from heart attacks, strokes and diabetic complications. Many of these deaths and associated disabilities and health care costs could be prevented with evidence-based patient management, clinical quality improvement and adoption of the latest medical knowledge. Our work is focused in these high-leverage areas of better management of **cardiovascular disease and diabetes**, with particular emphasis on **control of blood pressure, cholesterol and blood sugar**.

CDPH estimates Californians suffer **approximately 72,000 deaths from cardiovascular disease** (including heart attack and stroke) and **7,000 deaths from diabetes each year**, many of them preventable according to CDC. NCQA conservatively estimates that improving California’s cardiovascular disease and diabetes measures to the national HEDIS 90th percentile could save 1,694 to 2,818 CA lives each year, while avoiding $118 million in yearly hospital costs, 766,401 sick days and $125.56 million in lost productivity. Heart disease, hypertension and diabetes are increasingly well understood scientifically, and ripe for best practices collaboration. Over the course of this project, California has outpaced the nation in improving health system performance on control of blood pressure, cholesterol and blood sugar, building on the “100,000 Lives” campaign for reducing medical errors and the Million Hearts™ national initiative launched in 2011.
Promising Interventions to Reach HEDIS Control Targets for Heart Attack and Stroke Prevention

**Patient Activation**
- Stress reduction, medication adherence, healthy sleep, nutrition & physical activity, smoking cessation
- Evidence-based patient education (e.g., Project DULCE; Stanford Patient Self-Management)
- Motivational interviewing and evidence-based media messaging

**Patient Centered Practice Redesign**
- Medical Home
- Team-Based
- Un-blinded Performance Feedback
- Web Supported
- High-Tech Enabled
- Timely Continuous Care—Not Episodic
- Optimized Clinical Connectivity For Rapid Treatment

**Medication Protocols**
- Nationally Endorsed Guidelines (JNC, ADA)
- European Union Guidelines
- ALL/PHASE (Kaiser)

**Clinical Pharmacists on Care Team**
- HRSA.gov/patientsafety

**Resources:**
- We wish to thank Right Care Initiative supporters: The Sierra Health Foundation, California Endowment, California Health Care Foundation, No More Broken Hearts Foundation, Health Services Advisory Group (federally designated Quality Improvement Organization), Ralphs Grocery Company, AbbVie, Boehringer-Ingelheim, Genentech, Johnson & Johnson, Novo Nordisk, that enables research and logistical support by University of Berkeley School of Public Health for the Right Care Initiative University of Best Practices and our annual clinical quality improvement leadership summits. A very special thank you to the NIH and the Judith and Jack White Family for initial seed funding for the University of Best Practices!

**San Diego University of Best Practices steering committee medical directors came to consensus that heart attacks and strokes could be reduced by 50% in 5 years by implementing the interventions on the Right Care Triangle.** (See box to left)

**Research Questions:**
- What are the best strategies for speeding the adoption of promising interventions for bringing patients into safe control?
- How can team-based care be deployed to quickly meet the Right Care goals and the barriers to doing so?
- What strategies will quickly help close the health disparity gaps in hard hit communities?

**Implementation Action:**
The Right Care Initiative, operated by the UC Berkeley School of Public Health, was publicly launched with the Department of Managed Health Care, NCQA and the Deans of UC Berkeley and UCLA Schools of Public Health in March 2008 at the 1st annual Clinical Quality Improvement Leadership Summit. Since then, more than a dozen Right Care summits have been held around the state, along with over 150 monthly University of Best Practices. Each Right Care gathering is a collaborative effort to close the gap between science and practice to improve patient outcomes working with medical directors, pharmacy and quality improvement directors, as well as thought leaders in evidence-based medicine.

**State-Wide Right Care Technical Expert Steering Committee Chair and Co-Founders:**
Stephen Shortell, PhD, MPH, MBA, TEG Chairman, Emeritus Dean and Professor, UC Berkeley. School of Public Health; Arnold Milstein, MD, MPH, Professor of Medicine and Director, Stanford University Clinical Excellence Research Center; PBGH Medical Director; Allen Fremont, MD, PhD, Director, RAND Q-Dart Project; Professor, Pardee RAND Graduate School; Robert M. Kaplan, PhD, Research Director, Stanford University Clinical Excellence Research Center; Jerry Penso, MD, MBA, Univ. of Best Practices Co-Founder and Chief Medical Officer, American Medical Group Association Foundation

**Cardiovascular Disease and Diabetes Research Team: Anthony DeMaria, MD,** Past Editor-in-Chief, Journal of American College of Cardiology; Founding Dir. UCSD Cardiovascular Center; David J. Maron, MD, Director of Preventative Cardiology and Clinical Professor Stanford Medicine; Karol E. Watson, MD, PhD, FACC, UCLA Prof. of Medicine/Cardiology; Co Director, UCLA Program in Preventive Cardiology; Director, UCLA Barbra Streisand Women’s Heart Health Program; William J. Bommer, MD, Executive Committee, American College of Cardiology, CA Chapter; Prof. of Cardiovascular Medicine, UC Davis; Susan L. Ivey, MD, MHSA, Dir. of Research, Health Research for Action & Professor, UC Berkeley SPH; Hector Rodriguez, PhD, MPH, Professor, Health Policy and Management, Chair, Health Policy PhD Graduate Group, UC Berkeley SPH; Brent D. Fulton, PhD, MPH, Asst. Adj. Prof. Health Economics and Policy, Assoc. Dir. UCBSPP; LaVonna Lewis, PhD, MPH, Teaching Prof., USC Sol Price School of Public Policy; Steve Chen, PharmD, Assoc. Dean for Clinical Affairs, and Assoc. Prof USC School of Pharmacy; Jan Hirsch, PhD, Professor of Clinical Pharmacy, UCSD Skaggs School of Pharmacy; Michael R. Pollock, Adjunct Prof, Rady School Management, UCSD

**University of Best Practices:** Thanks to an NIH GO grant (2009-July 2012), the Right Care Initiative received a special opportunity to launch a community-focused effort to reach the Right Care Initiative goals of preventing heart attacks, strokes and diabetic complications and piloted the first University of Best Practices in San Diego (subsequently renamed Be There San Diego). Since then, a Right Care University of Best Practices has been launched in two additional metro areas: Sacramento in 2012 and Los Angeles in 2013. Each University of Best Practices is comprised of the major delivery systems of the region, including medical groups, health plans, community clinics, local public health, military and VA medical leaders, together with patient advocacy groups and other subject matter experts.

**Los Angeles Right Care University of Best Practices Co-Chairs:** Carol Peden, MB ChB, MD, MPH, Ex. Dir., USC Center for Health System Innovation Keck Medicine of USC; Prof, Dept. of Anesthesiology Keck School of Medicine, USC; Karol E. Watson, MD, PhD, FACC, UCLA Prof. of Medicine/Cardiology; Co-director, UCLA Program in Preventive Cardiology; Director, UCLA Barbra Streisand Women’s Heart Health Program; LaVonna B. Lewis, PhD, MPH, Teaching Prof., USC Sol Price School of Public Policy; Tony Kuo, MD, MSHS, LA County Dept. of Public Health, Director, Office of Senior Health, Acting Director for the Division of Chronic Disease and Injury Prevention

**Sacramento Right Care University of Best Practices Co-Chairs:** Betsy L. Thompson, MD, DrPH, CAPT, U.S. Public Health Service, Deputy Regional Health Administrator, Office of the Regional Health Admin, Region 9, USHHS; José Arévalo, MD FAAFP, Chief Medical Officer, Sutter Independent Physicians Medical Group; William J. Bommer, MD, Executive Committee, American College of Cardiology, CA Chapter; Prof. of Cardiovascular Medicine, UC Davis

**San Diego Be There University of Best Practices Chair:** Anthony DeMaria, MD, University of Best Practices Co-Founder & Chair; Former Editor-in-Chief, Journal of American College of Cardiology; Founding Director, UCSD Cardiovascular Center; Professor UCSD School of Medicine

**Right Care Website:** http://rightcare.berkeley.edu

View medical group scores by county via the CA Office of the Patient Advocate: http://reportcard.opa.ca.gov/rc/medicaigroupcounty.aspx Logistical questions please contact: Carla Pollock at cvirdee@berkeley.edu or 916.224.0033

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