The Right Care Initiative has worked since 2007 to improve clinical outcomes by catalyzing uptake of patient-centered, evidence-based best practices among medical groups, clinics, and health plans. This public-private partnership includes clinicians, health systems, patients, the University of California, USC, Stanford Clinical Excellence Research Center, HSAG (CMS QIO), the Chronic Care Coalition; RAND; and the CA Department of Managed Health Care. We collaborate intensively with local leaders in three major metro areas to work on improving critical metrics for heart attack, stroke and diabetes complications prevention. Speakers are invited from organizations with breakthrough clinical quality success to share their strategies for improving patient outcomes. The first University of Best Practices launched in San Diego in 2011, the second in Sacramento in 2012, and the third in Los Angeles in 2013.

Initial Topics and Speakers (San Diego, 2011)

- How the American Heart Association and Emergency Medical Services Can Help You Save Lives and Money—Jim Dunford, MD, City EMS Medical Director and President of the Board of the Greater SD American Heart Association
- San Diego Beacon Community Grant to Strengthen Health Information Technology—Ted Chan, MD & Anupam Goel, MD, Principal Investigators of the Beacon Project UCSD & SD
- Veteran’s Administration San Diego Health Care System “Best Practices”—Robert M. Smith, MD, Chief Medical Officer & Mary Kodiath, MS, ANP-BC, Health Promotion-Disease Prevention Program Manager
- Achieving Benchmark Results through Collaboration with Pharmacists—Jan Hirsch, RPh, PhD, Associate Professor of Clinical Pharmacy, UC San Diego & Rebecca Cupp, RPh, Vice President of Pharmacy, Ralphs Grocery Company
- Chronic Disease Self-Management Program—Kristen D. Smith, MPH, Health Promotion Manager & Charlotte Tenney, MIH, Healthier Living Coordinator; County of San Diego Health and Human Services Agency
- Patient Centered Care: Practical Lessons—Diane Stollenwerk, MPP, VP of Community Alliances, National Quality Forum
- Quality Improvement for Diverse Populations: Place and Race Matters—Rodney Hood, MD, Chief Medical Officer, Multicultural Primary Care Medical Group San Diego
- Strategies to Improve the Care of Patients with Diabetes and Vascular Disease—Dr. Bruce D. McCarthy, MD, MPH, President, Physician Division Columbia-St. Mary's Ascension Health

Participants Include:

- All major health delivery systems, representing more than 80% of medical care provided in a given metro area
- Medical, quality improvement and pharmacy directors from medical groups and pharmacies (and, in Sacramento and LA, from health plans)
- Community clinics
- The Veterans Administration and military medical centers
- Government officials:
  - The CA Department of Managed Health Care
  - CA Department of Health Care Services (Medi-Cal); OPA and CA Department of Public Health
  - County Health Officials
- Right Care research team (UC Berkeley, UCLA, UCSD, RAND, and USC)

View these presentations and more at [http://www.dmhc.ca.gov/healthplans/gen/gen_rci_sdbps.aspx](http://www.dmhc.ca.gov/healthplans/gen/gen_rci_sdbps.aspx)
The University of Best Practices in More Detail

Monthly Meetings
- Clinical quality benchmark performer and/or expert presents for the first hour
- A break out session or discussion in the round follows in the second hour to consider how to apply the speaker’s ideas in the local setting and to problem-solve how to overcome barriers

Lessons Learned
- A collaborative, “non-combat zone” spirit among local clinical leaders is the essential ingredient, following the Warren principle: In this room we compete against disease, not against each other.
- Lecture should be scheduled for 50% or less of allotted time to allow for sufficient discussion on achievable, locally applicable action plans
- Informal time before and after the formal schedule facilitates one-on-one conversations and builds cohesive relationships
- Many hours of behind-the-scenes planning and organizing are needed for a successful collaborative.

The California Health Care Quality Report Card
The California Health Care Quality Report Card compares performance for the largest California health plans and over 220 medical groups. It is published each spring by the CA Office of the Patient Advocate. These HEDIS and pay for performance metrics provide key benchmarks for the Right Care Initiative's quality improvement effort. See example for San Diego below.
(http://www.opa.ca.gov/Pages/reportcard.aspx)

San Diego Medical Group Cholesterol Control for People with Heart Disease
(Based on the California Health Care Quality Report Card 2009 & 2014 Editions—data from performance years 2007 & 2012)

<table>
<thead>
<tr>
<th>Plan</th>
<th>Performance Year 2007</th>
<th>Performance Year 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>UC San Diego</td>
<td>58%</td>
<td>52%</td>
</tr>
<tr>
<td>Sharp Rees-Stealy</td>
<td>72%</td>
<td>40%</td>
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<tr>
<td>Kaiser-S. CA</td>
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<td>61%</td>
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<td>Scripps Clinic</td>
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<tr>
<td>Primary Care Associates</td>
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<tr>
<td>Sharp Community</td>
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<tr>
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<td>64%</td>
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<tr>
<td>Greater Tri-Cities</td>
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<td>48%</td>
</tr>
<tr>
<td>San Diego Physicians</td>
<td>52%</td>
<td>58%</td>
</tr>
<tr>
<td>Multi-Cultural Primary Care</td>
<td>58%</td>
<td>48%</td>
</tr>
</tbody>
</table>

Right Care Measures for Preventing Heart Attacks, Strokes, and Diabetic Complications
- Hypertension control (<140/90 mmHg)
- Cholesterol control for heart care patients (LDL-C <100)
- Cholesterol control for diabetes care patients (LDL-C <100)
- Blood sugar control for diabetes care patients (HbA1c <8)
- Blood pressure control for diabetes care patients (<140/90 mmHg)

Resources
- An NIH-GO (National Institutes of Health - Grand Opportunity) grant, awarded to the Right Care research team in 2009, supported launch of the initial University of Best Practices in San Diego by the UC Berkeley research team
- Charitable contributions are continuing this important endeavor now that the NIH-GO grant is concluded

Looking Forward
- 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 Right Care Project Brief or www.healthresearchforaction.org/right-care-initiative)
- The learnings from the University of Best Practices dedicated to prevention of heart attack and stroke are expected to be spread statewide as they evolve