
- 75% of hypertensive patients with blood pressure controlled: <140/90 mm Hg
- 70% of patients with cardiovascular conditions with lipids controlled: LDL-C < 100 mg/dL
- 69% of diabetic patients with blood sugar controlled: HbA1c < 8
- 56% of diabetic patients with lipids controlled: LDL-C < 100 mg/dL
- 55% of diabetic patients with blood pressure controlled: <140/80 mm Hg

Current Activities:

- **University of Best Practices** in three metropolitan areas to share learning and encourage adoption of evidence-based interventions for preventing heart attacks, strokes, and complications from diabetes (e.g., amputations, blindness, kidney failure). Practical presentations from benchmark performers are geared toward medical, pharmacy and quality improvement directors, coupled with free Continuing Medical Education in Sacramento and Los Angeles, to spur achievement of national “A-grade” performance.

- **Annual leadership summit** to highlight newly released HEDIS & P4P performance data, award top performers and QI leaders, and promote adoption of strategies used by leading edge **Triple Aim** performers. 8<sup>th</sup> Annual Summit 11-5-15.

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

- CA Dept. of Managed Health Care
- CA medical groups, clinics & health plans
- University of California schools of public health, pharmacy, and medicine
- Stanford Clinical Excellence Research Center
- University of Southern California
- California Chronic Care Coalition
- Health Services Advisory Group QIO
- Sierra Health Foundation
- American Medical Group Assoc.
- American Heart/Stroke Association
- California Endowment
- California Health Care Foundation
- CA Office of the Patient Advocate
- CA Medi-Cal Program (DHCS)
- Ralphs Grocery Company
- CA Dept. of Public Health (CDPH)
- Genentech
- Novo Nordisk
- Integrated Healthcare Assoc. (IHA)
- Boehringer-Ingelheim
- Pacific Business Group on Health
- Johnson & Johnson
- Abbvie

**Objective:** Measurably 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 81,000 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 and clinical quality improvement to adopt up to date 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)

**Intensive Ambulatory Care**

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

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**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.**

**Research Questions:**
- What are the promising interventions for bringing patients into safe control?
- How can implementation of evidence-based medicine be refined to quickly meet the Right Care goals and what are the barriers for doing so?
- What strategies are needed to improve clinical outcomes in light of health disparities in California’s diverse population?

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**Implementation Action:**
DMHC publicly launched the Right Care Initiative with 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, ten Right Care summits have been held around the state. 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, Professor and Dean Emeritus, University of California, Berkeley, School of Public Health
Arnold Milstein, MD, MPH, Professor of Medicine and Director, Stanford University Clinical Excellence Research Center; PBGH Medical Director
Jerry Penso, MD, MBA, Univ. of Best Practices Co-Founder and Chief Medical Officer, American Medical Group Association

**Cardiovascular Disease and Diabetes Research Team:**
Arnold Milstein, MD, MPH, Professor of Medicine and Director, Stanford University Clinical Excellence Research Center • Mary Fermazin, MD, MPA, Chief Medical Officer, Health Services Advisory Group (CMS-designated Quality Improvement Organization) • Susan L. Ivey, MD, MHSA, Director of Research, Health Research for Action & Associate Professor, UC Berkeley School of Public Health • Waimai (Amy) Tai, Stanford Medical Center Stroke Team and Clinical Assistant Professor, Neurology and Neurological Sciences, Stanford Neurology Clinic
Carol Mangione, MD, MSPH, Professor of Medicine & Public Health, UCLA Schools of Public Health & Medicine • Hector Rodriguez, PhD, MPH, Visiting Associate Professor, UC Berkeley School of Public Health • Jan Hirsch, PhD, Assistant Professor of Clinical Pharmacy, UCSD Skaggs School of Pharmacy and Pharmaceutical Sciences • Steve Chen, PharmD, Associate Professor of Clinical Pharmacy, University of Southern California

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. 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, the V.A., Navy, and Air Force along with subject matter experts.

**Los Angeles Right Care University of Best Practices Co-Chairs: Stephen C. Deutsch, MD, Chief Medical Officer, Cedars-Sinai Medical Foundation • Robin Clarke, MD, MSHS, Medical Director for Quality, UCLA Faculty Practice Program (Hosted at USC School of Pharmacy)**

**Sacramento Right Care University of Best Practices Co-Chairs: José Arévalo, MD FAAFP, Senior Medical Director, Sutter Independent Physicians Medical Group • Dr. Alan R. Ertle, MD, MPH, MBA, Chief Medical Officer, Mercy Medical Group (Hosted at Sierra Health Foundation)**

**San Diego Right Care University of Best Practices Co-Chairs: Anthony DeMaria, MD, Univ. of Best Practices Co-Chair; immediate past Editor-in-Chief, Journal of American College of Cardiology; Founding Director, UCSD Cardiovascular Center (Hosted at UC San Diego Scripps Forum)**

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**Resources:** We wish to thank Right Care Initiative supporters: The Sierra Health Foundation, The CA Health Care Foundation, The California Endowment, Novo Nordisk, Genentech, Boehringer-Ingelheim, Ralps Grocery Company, Johnson & Johnson, Abbvie, and The Health Services Advisory Group, which enables research and logistical support for the Right Care Initiative University of Best Practices and our annual leadership summits by the University of California.

**Right Care Websites:** [http://www.rightcare.dmhc.ca.gov](http://www.rightcare.dmhc.ca.gov) and [http://rightcare.berkeley.edu](http://rightcare.berkeley.edu)

View medical group scores by county via the CA Office of the Patient Advocate: [http://opa.ca.gov/report_card/medicalgroupcounty.aspx](http://opa.ca.gov/report_card/medicalgroupcounty.aspx)

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