Welcome to the Statewide Virtual University of Best Practices

- The meeting will start promptly at 4:00pm
- This session is currently being recorded.
- We currently have all participants muted.
- Please submit your question using the Q&A tab on the bottom of your screen.
- Please note, our speakers will be prompted with a bell/chime to help keep the meeting on schedule.
Ms. Hanley co-founded the Right Care Initiative in 2007 with the Deans of the University of California, Berkeley and UCLA's Schools of Public Health, clinical experts, and State of California leadership to improve patient outcomes in high yield areas for preventing disability and death, where the science is clear, but the uptake is uneven. The Right Care Initiative is a public-private, charitably-funded collaborative effort that has thus far worked in the areas of prevention and better management of Hospital Acquired Infections (HAI), heart attacks, strokes, diabetes and heart failure. Ms. Hanley has directed the initiative since its inception, in close collaboration with leading experts in the field. The hallmark of her public policy career is bridging across the disparate arenas of business, government, health care delivery, science and academia. Ms. Hanley received her Master’s degree in Public Policy from Harvard University’s John F. Kennedy School of Government, after studying health economics and pre-medical coursework at UC Davis. Since that time, she has applied her background in science and public policy in the areas of clinical quality improvement, public health preparedness and improving laws to protect patients. She was instrumental in the negotiations and passage of the set of California laws known as the Patient Bill of Rights, which includes the right to a Second Medical Opinion and Independent Medical Review. The Right Care Initiative is a program within the UC Berkeley School of Public Health’s Center for Health Organizational and Innovation Research (CHOIR). Ms. Hanley has been invited by the Centers of Disease Control and Prevention to be a founding member of the National Hypertension Roundtable.
4:00 – 4:05 p.m.

Chairperson's Welcome and Statewide Updates

Nirali Vora, MD - Co-Chair, Right Care Initiative Silicon Valley University of Best Practices; Associate Prof., Neurology, School of Medicine, Stanford University; Director, Global Health Neurology; Program Director, Adult Neurology Residency, School of Medicine, Stanford University

Eveline Stock, MD - Co-Chair, Right Care Initiative Silicon Valley University of Best Practices; Assistant Prof., Cardiology, School of Medicine, University of California, San Francisco; Cardiologist, Cardiovascular Care & Prevention Center, UCSF

Robert Kaplan, PhD - Research Director, Clinical Excellence Research Center, Stanford University; Former Chief Science Officer US HHS AHRQ; Right Care Initiative Technical Expert Group; Former Associate Director, National Institutes of Health

Hattie Rees Hanley, MPP – Director & Co-Founder, Right Care Initiative, Center for Healthcare Organizational and Innovation Research, UC Berkeley School of Public Health

Agenda continues on next slide
4:05 – 4:15 p.m.  
Santa Clara County Public Health COVID-19 Perspective and Context  
**Rhonda McClinton-Brown, MPH** - Director, Healthy Communities Branch, Santa Clara County Public Health Department

4:15 – 4:25 p.m.  
Simplified Video Connectivity Tailored for Patient and Family Communication: A Family Perspective  
**Claudine Woo, PhD** – Facilitator & Visiting Scholar, UC Berkeley School of Public Health

4:25 – 4:55 p.m.  
Intermountain Healthcare / HealthCare Partners In-Home Monitoring Pilot  
**Riya Pulicharam, MD** – National Medical Director for Population Health, Healthcare Partners  
**Steve Evans, MD** - Vice President, Utilization Management and Quality Improvement, HealthCare Partners, Las Vegas  
**Kevin Zhao, MS, MBA** – Founder and Chief Technology Officer, Harmonize Health

4:55 – 5:10 p.m.  
COVID-19 Patient Survivor Perspective from a UC Clinical Pharmacy Professor & TeleHealth Leader  
**Marilyn Stebbins, PharmD** - Professor & Vice-Chair of Clinical Innovation, Department of Clinical Pharmacy, UCSF

5:10 – 5:50 p.m.  
Smoking Cessation in the Era of COVID-19  
**Elisa Tong, MD, MA** – Associate Professor of Medicine, UC Davis Health; Project Director, CA Quits

Agenda continues on next slide
5:50 – 6:30 p.m.  Perspectives from Public Health, Patients, & Health Systems

Santa Clara County Independent Practice Association (SCCIPA) Perspective:
Carvel Tefft, MD, SFHM, MMM - Vice President of Medical Management, Pacific Partners Management Services, Inc.

Big Data and AI Perspective:
Tatyana Kanzaveli – Founder/CEO, Open Health Network; App Developer (e.g. American Heart Association My Cardiac Coach)

UCSF Perspective:
Eveline Stock, MD - Co-Chair, Right Care Initiative Silicon Valley University of Best Practices; Assistant Prof., Cardiology, School of Medicine, University of California, San Francisco; Cardiologist, Cardiovascular Care & Prevention Center, UCSF

Stanford Perspective:
Nirali Vora, MD - Co-Chair, Right Care Initiative Silicon Valley University of Best Practices; Associate Prof., Neurology, School of Medicine, Stanford University; Director, Global Health Neurology; Program Director, Adult Neurology Residency, School of Medicine, Stanford University

6:30 p.m.  Wrap up Announcements
RIGHT CARE INITIATIVE  Clinical Quality Improvement Leadership Collaborative

Right Care Initiative-Statewide Goals: Drive Toward Zero Preventable Heart Attack, Stroke, Diabetes, and Heart Failure Events & Inhospitalizations Through Best Available Science Combined with Proactive Screening & Outreach

Achieve 85% in good control or “A Grade” (90% Pareto) HbA1c levels for Cardiovascular Disease and Diabetes, whichever is greater.

- 85% of hypertensive patients with blood pressure (BP) controlled ≤140/90 mm Hg (Optionally 120/80 mm Hg by 2017) American College of Cardiology Guidelines, endorsed by ACC/AHA/ABC/ACP/ASPC/ASA/ASPC/NMA/PCNA
- 85% of diabetic patients with blood sugar controlled HbA1c ≤8
- 85% of patients with blood pressure and/or cardiovascular conditions on appropriate cholesterol therapy (prov. LDL controlled ≤100 mg/dL)
- Proactive Community Outreach to Screen & Identify Vulnerable Patients to Connect to Treatment & Support

Activities:
- University of Best Practices (UVP) have been built in four metropolitan areas to share learning and encourage adoption of evidence-based practices. Each UVP is formed by a network of diverse clinical sites: "One size fits all" approaches from benchmark programs are graduated to medical, pharmacy, and quality improvement directors to achieve our national “A grade” performance and better disease management.


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Key Partners: This collaborative, expert-based, peer-reviewed project has been supported by volunteers, resources, and leadership from:

- American Medical Group Association
- American College of Cardiology
- American Diabetes Association
- American College of Public Health, Medicine, and Pharmacy
- Integrated Healthcare Associates (PHA)
- Pacific Business Group on Health (CMO)
- Research Institute for Healthcare Transformation (RiHT)
- School of Public Health, Clinical & Translational Science Award
- School of Public Health, School of Medicine & Clinical Excellence Research Center

Objectives: Reduce preventable death, disability and suffering from the high-impact areas of coronary disease and diabetes. Use data-driven and improved implementation of the best medical science to improve patient outcomes. Since 2007, The California Right Care Initiative has been working to catalyze the adoption of best practices deployed by top performers where metrics indicate that evidence-based practices are not deployed to the best degree. The Right Care Initiative focuses on control of blood pressure, cholesterol levels, diabetes, and blood sugar (see Right Care Triangle page 1).

Progress: Proposes: our first demonstration project was published in two articles as being associated with significant declines in heart attack hospitalizations.

Proprietary: the first analysis estimated that during the first four years of our hemodialysis project there was a 2.7% fewer heart attack hospitalizations than anticipated based on secular trends over 14 years (Fromont et al. Health Affairs, 2004). The model analysis further estimated that if our initial pilot results were scaled up by 2015 and 2016, 42,800 fewer hospitalizations could be anticipated by 2023.

Challenge: 2017 data from the California Office of Statewide Health Planning and Development indicate that annually approximately 340,000 California residents under 85 years of age are subject to the potential for hospitalization due to cardiovascular and diabetes disease processes.

Visit RightCare.Berkeley.edu for more information
Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2019-2020 and Selected Previous Seasons

Source: Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases (NCIRD)
Leading comorbidities among COVID-19 deaths in New York

- Hypertension
- Diabetes
- Hyperlipidemia
- Coronary artery disease
- Renal disease
- Dementia
- COPD
- Cancer
- Atrial fibrillation
- Heart failure

As of midnight on April 6, 86.2% of the state's 5,489 COVID-19 deaths involved at least one comorbidity.

Note: Data reported on a daily basis by hospitals, nursing homes, and other health care facilities.

Source: New York State Department of Health