Welcome to the Statewide Virtual University of Best Practices

- This session is currently being recorded.
- We currently have all participants muted.
- Please submit your question using the chat box.
Hattie Rees Hanley, MPP
Director and Co-Founder, Right Care Initiative, UC Berkeley School of Public Health, Center for Healthcare Organizational and Innovation Research

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.
**Welcome and Statewide Introductions**

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

**Cardiovascular Disease and COVID-19 Nexus Context**

**William J. Bommer, MD, FACP, FACC** - Chairman, Right Care Initiative Capital Region; Executive Committee, American College of Cardiology, CA Chapter; Division of Cardiovascular Medicine, UC Davis

**Joseph Sky, MD, FACP, FACC** - Co-Chair, Right Care Initiative Capital Region; Chief of Cardiology, Medical Director, Metabolic Clinic and Heart, Lung and Vascular Center, David Grant USAF Medical Center

Agenda continues on next slide
11:55 a.m. – 12:55 p.m.  
Telehealth: Bringing Patient Care into the Home  
Including 10 Min Q&A  
Earl Tso, MD, FACP, Medical Director, Veteran’s Association Los Angeles Ambulatory Care Center; Clinical Associate Professor of Medicine, USC Keck School of Medicine

12:55 – 1:40 p.m.  
UCSF Telepharmacy  
Including 5 Min Q&A  
Marilyn Stebbins, PharmD, Professor & Vice-Chair of Clinical Innovation, Department of Clinical Pharmacy, University of California, San Francisco  
Rose Pavlakos, PharmD, Program Pharmacist, Department of Clinical Pharmacy, University of California, San Francisco

1:40 – 2:15 p.m.  
Mother’s Day Monday Women’s Heart Health Update  
Susan L. Ivey, MD, MHSA, Professor; Adjunct, School of Public Health, UC Berkeley; Director of Research, Health Research for Action  
Nisha Parikh, MD, Associate Professor of Medicine, Department of Cardiovascular Medicine, University of California, San Francisco

2:15 - 2:30 p.m.  
Q & A for Speakers and Discussion of COVID-19 Care Challenges and Innovation Opportunities-Facilitated by Chairman Bommer

Mark Your Calendars:  
Next Virtual University of Best Practices Meeting: Thursday, May 21, 2020  
Silicon Valley Bay Area Virtual University of Best Practices: May 26, 2020  
Capital Region Virtual University of Best Practices: June 8, 2020  
Special Meeting: Monday, August 10: CDC’s Million Hearts Director, Dr. Laurence Sperling (National Perspective)
Right Care Initiative: Clinical Quality Improvement Leadership Collaborative

**Objective:** Reduce preventable death, disability and suffering from the high prevalence of cardiovascular disease and diabetes through improved care coordination and quality improvement. The first analysis estimated that during the first four years of our new-funded pilot project there were 2,723 fewer heart attacks and 3,016 fewer strokes than expected. The intervention analysis included two more years of data, and estimated a sustained 27% reduction in acute myocardial infarction hospitalizations, a decline of 5,776 fewer per year or $305 million saved. On average, each patient in the pilot project had a cumulative savings of $4,345 per patient.

**Results:** The first demonstration project was published in two articles as being associated with significant declines in heart attack hospitalizations. The first analysis estimated that during the first four year of our new-funded pilot project there were 2,723 fewer heart attacks and 3,016 fewer strokes than expected. The intervention analysis included two more years of data, and estimated a sustained 27% reduction in acute myocardial infarction hospitalizations, a decline of 5,776 fewer per year or $305 million saved. On average, each patient in the pilot project had a cumulative savings of $4,345 per patient.

**Implementation Action:**
- **Right Care Initiative, approved by the UC-Irvine School of Public Health, will be publicly launched with an annual celebration at the Department of Managed Health Care.**
- **The new-funded pilot project that involved 2,723 fewer heart attacks and 3,016 fewer strokes than expected.**
- **The intervention analysis included two more years of data, and estimated a sustained 27% reduction in acute myocardial infarction hospitalizations, a decline of 5,776 fewer per year or $305 million saved.**
- **On average, each patient in the pilot project had a cumulative savings of $4,345 per patient.**

**Research Questions:**
- **What are the best strategies for expanding the adoption of promising interventions for elderly patients’ lives?**
- **How can team-based care be designed to quickly meet the right care goals and the patient’s needs?**
- **What strategies will help close the health disparities gaps in high-risk communities?**

**Intensive Ambulatory Care**

**Clinical Pharmacology on Care Team**
- Medical Health
- Unbound provider’s performance and support
- Medication intake adherence
- Care team
- Pharmacy

**Protocols**
- Nationally Endorsed Guidelines (American Heart Association)
- NICE guidelines (AEOS, until June 2011)
- National Kidney Foundation

**Interventions**
- Intensive long-term care—high risk—high risk
- Intensive short-term care—low risk—low risk

**Research Question:**
- What is the best strategy for expanding the adoption of promising interventions for elderly patients’ lives?