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.
4:00 – 4:10 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

**Edward M. Yu, MD, CMQ, CPPS, CPE** – Chief Quality Officer, Palo Alto Medical Foundation

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

---

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

Right Care Initiative Statewide Goal: Drive Toward Zero Preventable Heart Attack, Stroke, Diabetes, and Heart Failure Deaths & Disabilities Through Best Available Science Combined with Proactive Screening & Outreach

Achieve 80% in good control, or “A Grade” (90th Percentile) HEDIS levels for Cardiovascular Disease and Diabetes, whichever is greater.

- 80% of hypertensive patients with blood pressure (BP) controlled: <140/90 mm Hg (Optimally 130/80 mm Hg per 2017 American College of Cardiology Guidelines, endorsed by ACC/AHA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA)
- 80% of diabetic patients with blood sugar controlled: Hemoglobin A1c<8
- 80% of patients with diabetes and/or cardiovascular conditions on appropriate cholesterol therapy (proxy, LDL controlled: LDL-C<100mg/dL)
- Proactive Community Outreach to Screen & Identify Vulnerable Patients to Connect to Treatment & Support

Agenda continues on next slide
4:10 – 5:00 p.m.  
**Updates on Cardiovascular Complications in Patients with COVID-19**  
*June-Wha Rhee, MD, FACC* – Practicing Cardiologist with Specialty in Cardio-oncology; Instructor, Stanford Cardiovascular Institute, Stanford University School of Medicine  

5:00 – 5:20 p.m.  
**UCSF Pharmacist on the Care team: A Focus on Inter-Professional Telehealth**  
*Marilyn Stebbins, PharmD* – Professor and Vice-Chair of Clinical Innovation, Department of Clinical Pharmacy, University of California, San Francisco  

5:20 – 5:40 p.m.  
**Re-Engaging Patients in the Era of the COVID Pandemic**  
*Edward M. Yu, MD, CMQ, CPPS, CPE* – Chief Quality Officer, Palo Alto Medical Foundation  

5:40 – 6:00 p.m.  
**Q&A and Perspectives**  
- **Health Policy:**  
  *Scott Flinn, MD* – Regional Medical Director, Blue Shield of California; Co-Founder Right Care University of Best Practices; Retired Navy Medical Officer  
- **Stanford Neurology:**  
  *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  
- **UCSF Cardiology:**  
  *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  

6:00 p.m.  
**Wrap up and Announcements**
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.
RIGHT CARE INITIATIVE
Clinical Quality Improvement Leadership Collaborative

Right Care Initiative-Statewide Goal: Drive Toward Zero Preventable Heart Attack, Stroke, Diabetes, and Heart Failure Events & Enhance/Install Best Available Science Concluded with Proactive Screening & Outreach

Achieve 80% in good control or ‘A Grade’ (90th Percentile) HbA1c levels for Cardiovascular Disease and Diabetes, whichever is greater.

- 90% of hypertensive patients with blood pressure (BP) controlled <140/90 mm Hg (Optionally 130/80 mm Hg per year 2017 American College of Cardiology Guidelines, endorsed by ACC/AHA/ABC/ACF/AGS/ASH/ASPC/NMA/PCNA)
- 80% of diabetic patients with blood glucose controlled <180 mg/dl
- Prevalence of diabetes and/or cardiovascular conditions on appropriate cholesterol therapy (prox). LDL controlled <100<150 mg/dl

Primary Care Community Outreach to Screen & Identify Vulnerable Patients to Connect to Treatment & Support

Activities:
- University of Best Practices (UBP) have been built in four metropolitan areas to share learning and encourage adoption of evidence-based treatments for both better control and stronger prevention heart attack, stroke, and heart failure. Among presentations from benchmark programs are guest speakers from medical, pharmacy, quality improvement directors to our achievement of national “A-grade” performance and better disease management.
- Regularly monitor high-priority performance data. examine new protocol hospitalization data, promote adoption of strategies used by top performer and recognize superior performance.

Contact: Hettie Bean Kenny, MD, Right Care Initiative Director, hettiebean@berkeley.edu Research & Data: Bryan Yoon (510-841-8470) bryanyoon@berkeley.edu

Key Partners: This collaborative, expert-based, project-driven approach has included by being sponsored by volunteers, resources, and leadership from:
- University of California, Berkeley
- California Institute of Technology
- University of California, San Francisco
- American Medical Association
- American Heart Association

Objectives: Reduce preventable death, disability and suffering from the high prevalence of cardioischemic and diabetes complications. Through enhanced implementation of the best medical science to improve patient outcomes. Since 2001, The California Right Care Initiative has been working to customize the adoption of best practice deployed by top performers where metrics indicate that evidence-based practice is not deployed to the best extent possible. These top performers deploy control of blood pressure, diabetes, and cholesterol with blood glucose decrease.

Methods:
- The first time analysis estimated that during the first four years of our targeted pilot project there were 2,792 fewer heart attack hospitalizations than would have been anticipated based on secular trend (1,895). The second analysis demonstrated 22,62 fewer hospitalizations in essential hypertension control, a savings of 106 fewer heart attack hospitalizations than anticipated based on secular trend over three years (Frommolt & others, 2010). The modified analysis further estimated that if our initial pilot project results were scaled up, national savings would be in the range of $895 million and over 42,000 acute complications prevented.

Challenge: 2017 data from the California Office of Statewide Health Planning and Development indicate that annually approximately 286,000 Californians (1 in 5 deaths) are lost to stroke, diabetes, and heart disease. In addition, approximately 90,000 deaths occur due to diabetes complications and 140,000 deaths occur due to heart disease complications in California. In 2017, the largest number of deaths were caused by heart disease, stroke, diabetes, and hypertension (62,796, 13,500, 13,500, 5,500, respectively). These conditions are strongly linked to one another, and many of these deaths are preventable. NCDs conservatively estimates that improving California’s current HbA1c levels to the national HbA1c goal of 7.8 will prevent 166,000 cases of new diabetes each year, while reducing hospitalizations 24.9 million disease days, resulting in $11 million in yearly hospital costs, 1,764,400 days and $525 million in lost productivity. Heart attack, hypertension, and diabetes are on the rise in California. The California Department of Public Health, the California Office of the Patient Advocate, the California Office of Statewide Health Planning and Development, and the California Health Care Agriculture Commission for Occupational Safety and Health, and the Commonwealth Foundation, among others. Over the course of this project, California has cut the nation in improving health system performance on control of blood pressure, cholesterol, and blood glucose levels. Building on the "100 Lions" campaign for reducing medical errors and the Million Hearts” national initiative launched in 2011.

Visit RightCare.Berkeley.edu/ for more information