

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 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. Priorities:

- 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/AAPA/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

Activities:

- University of Best Practices (UBPs) have been built in four metropolitan areas to share learning and encourage adoption of evidence-based interventions for preventing and better managing premature heart attacks, strokes, diabetes and heart failure. Practical presentations from benchmark performers are geared toward medical, pharmacy and quality improvement directors to spur achievement of national "A-grade" performance and better disease management.
- Regularly highlight progress on HEDIS & P4P performance data, examine new OSHPD hospitalization data, promote adoption of strategies used by top performers, and recognize superior performance.

Contact: Hattie Rees Hanley, MPP, Right Care Initiative Director, hattiehanley@berkeley.edu; Research & Logistics: Meaghan Olson (510-680-0271)

meolson17@berkeley.edu; Research & Data: Bryan Vuong (510-691-8417) bryan.vuong@berkeley.edu

Key Partners: This collaborative, expert-based, data-driven project includes and has been supported by volunteers, resources, and leadership from:

• USHS Million Hearts Initiative	• Blue Shield of California	• California Dept. of Public Health
• American Medical Group Assoc. Foundation	• Sierra Health Foundation	• Los Angeles County Dept. of Public Health
• American College of Cardiology, CA Chapter	• California Chronic Care Coalition	• CA Dept. of Managed Health Care; Offices of Patient
• Med. groups, clinics, health plans & systems	• Stroke Awareness Foundation	• Advocacy, and Health Planning and Development
• University of California Schools of Public Health, Medicine, and Pharmacy	• No More Broken Hearts Foundation	• The California Endowment
• RAND Corporation	• American Heart/Stroke Association	• California Health Care Foundation
• Stanford School of Medicine & Clinical Excellence Research Center	• American Diabetes Association	• Ralphs Grocery Company
• USC Schools of Med., Pharmacy and Policy	• Local Military and Veteran's Health	• The Health Trust
	• Integrated Healthcare Assoc. (P4P)	• Amarin
	• Pacific Business Group on Health CMO	• Amgen
		• Genentech
		• Johnson & Johnson
		• Boehringer-Ingelheim
		• Novo Nordisk

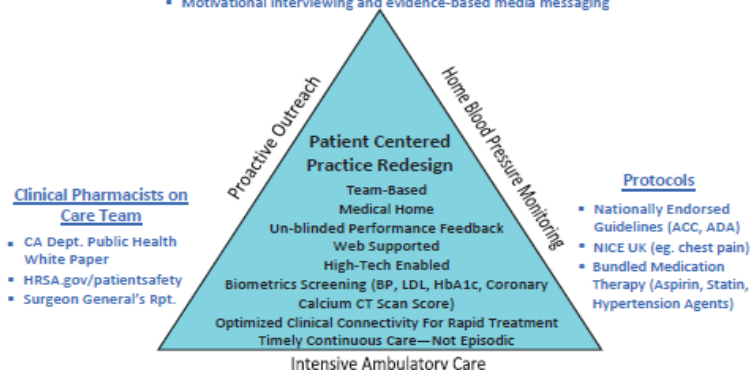
Objective: Reduce preventable death, disability and suffering from the high leverage areas of cardiovascular disease and diabetes through improved implementation of the best medical science to improve patient outcomes. Since 2007, The California Right Care Initiative collaborative has been working to catalyze the adoption of best practices deployed by top performers where metrics indicate that evidence-based practices are not deployed to the best advantage of patients, with particular emphasis on control of blood pressure, cholesterol and blood sugar (see Right Care Triangle page two).

Progress: The results of our first demonstration project were published in two articles as being associated with significant declines in heart attack hospitalizations. The first analysis estimated that during the first four years of our NIH-funded pilot project there were 2,735 fewer heart attack hospitalizations than would have been anticipated based on secular trend (Fulton et al. American Journal of Managed Care, Oct. 2017). The second analysis included two more years of data, and estimated a sustained 22% reduction in acute myocardial infarction hospitalizations, a decline of 3,826 fewer heart attack hospitalizations than anticipated based on secular trend over six years (Fremont et al. Health Affairs, Sept. 2018). The Health Affairs analysis further estimated that if our initial pilot results were spread statewide, \$935 million would be saved between 2011 and 2016 and over 42,000 acute myocardial infarction hospitalizations would have been prevented.

Challenge: 2017 data from the California Office of Statewide Health Planning and Development indicate that annually approximately 298,000 Californians are hospitalized for heart attacks and strokes, approximately 100,000 of them younger than age 65. According to the US Centers for Disease Control, in 2017, 94,343 California deaths were caused by heart disease, stroke, diabetes, and hypertension (62,797; 16,355; 9,595; 5,596 respectively). These conditions are strongly linked to one another, and many of these deaths are preventable. NCOA 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. The foundation of our work is publicly available data from the US Centers for Disease Control, the California Department of Public Health, the CA Office of the Patient Advocate, the CA Office of Statewide Health Planning and Development, the Integrated Health Care Association, the National Committee For Quality Assurance, the federal Agency for Health Care Quality and Research, and the Commonwealth Foundation, among others. 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 Right Care Control Targets for Heart Attack, Stroke, and Diabetes Prevention and High Quality Management

- **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



Implementation Action:

The Right Care Initiative, operated by the UC Berkeley School of Public Health, was publicly launched with encouragement from the Department of Managed Health Care, NCOA 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, more than a dozen Right Care summits have been held around the state, along with over 150 monthly University of Best Practices. 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 medical 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, Technical Expert Group Chair, Emeritus Dean and Prof., School of Public Health, UC Berkeley; Arnold Mittleman, MD, MPH, Prof. of Medicine, Stanford University; Director, Clinical Excellence Research Center; PGH Medical Director; Allen Fremont, MD, PhD, Director, RAND Q-Dart Project; Pardee RAND Graduate School; Robert M. Kaplan, PhD, Research Director, Stanford University Clinical Excellence Research Center; Jerry Penso, MD, MBA, Univ. of Best Practices Co-Founder and Chief Executive Officer, American Medical Group Association Foundation; Scott Flinn, MD, University of Best Practices Co-Founder; Medical Director, Blue Shield of California; Former Navy Undersea Medical Officer; Hattie Rees Hanley, MPP, Right Care Initiative Director, UC Berkeley School of Public Health; Warren Barnes, JD, M.Div, Regulatory Consultant, UC Berkeley School of Public Health (Former Chief Lawyer State of California DMHC); Hector Rodriguez, PhD, MPH, Prof., Health Policy and Management, School of Public Health, UC Berkeley; Chair, Health Policy PhD Graduate Group, School of Public Health, UC Berkeley; Neal Kohatsu, MD, MPH, Former Chief Medical Officer, Medi-Cal; John Ovetviet, Karolinska Institute, Stockholm, Sweden

Cardiovascular Disease and Diabetes Research Team: Anthony DeMaris, MD, Past Editor-in-Chief, Journal of American College of Cardiology, Founding Dir. UCSF Cardiovascular Center; David J. Maron, MD, FACC, FAHA, Director of Preventive Cardiology and Clinical Prof. of Cardiovascular Medicine, Stanford University; Eveline Stock, MD, Asst. Prof. Cardiology & Cardiologist, UCSF Cardiovascular Care and Prevention Center; Joe Sky, MD, FACP, FACC, Chief of Cardiology, David Grant Medical Center, United States Air Force, Travis Air Force Base; Karol E. Watson, MD, PhD, FACC, UCLA Prof. of Medicine/Cardiology; Co-Dir., UCLA Program in Preventive Cardiology; Dir. UCLA Barbara Streisand Women's Heart Health Program; Matthew Budoff, MD, Prof. of Medicine, UCLA, Endowed Chair of Preventive Cardiology, Program Dir., Division of Cardiology, Los Angeles Biomedical Research Institute; William J. Bommer, MD, California American College of Cardiology; Prof. of Cardiovascular Medicine, UC Davis; Susan L. Ivey, MD, MHA, Dir. of Research, Health Research for Action & Prof., School of Public Health, UC Berkeley; Brent D. Fulton, PhD, MBA, Assoc. Adj. Prof., Health Economics and Policy, School of Public Health, UC Berkeley; Jan Hirsch, PhD, Founding Dean, UC Irvine School of Pharmacy.

Heart Failure Work Group: Keith Emmons, MD, Co-Chair, Heart Failure Work Group (Former United Health Care Medical Director); Cindy Giambone, PharmD, Co-Chair, Heart Failure Work Group; Dir., Performance Improvement and ACO Pharmacy Risk, Memorial Care Medical Group.

Population Health Work Group: Allen Fremont, MD, PhD, Dir. RAND Q-Dart Project; Prof., Pardee RAND Graduate School; Riya Pulicharam, MD, National Medical Dir. Population Health Management & Clinical Outcomes, Health Care Partners.

University of Best Practices: Thanks to a NIH GO grant (2009-10712), 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 (subsequently renamed Bay Area Silicon Valley) in 2015. Since then, Right Care University of Best Practices has been launched in three additional metro areas: Sacramento in 2012, Los Angeles in 2013 and Bay Area Silicon Valley in 2015. Each University of Best Practices makes an effort to include the major delivery systems of the region, including medical groups, health plans, community clinics, local public health, military and VA medical leaders, together with patient advocacy groups and other subject matter experts.

Los Angeles Right Care University of Best Practices Co-Chairs: Chloe Bird, PhD, Senior Social Scientist, RAND Corporation; Steve Chen, PharmD, FASHP, FCSHP, FNAP, Associate Dean USC School of Pharmacy; Tony Kuo, MD, MSHS, Director, Chronic Disease and Injury Prevention in the LA County Dept. of Public Health; Co-Program Leader, Population Health Program, UCLA Clinical and Translational Institute; Carol Peden, MB, ChB, MD, MPH, Ex. Dir. USC Center for Health System Innovation Keck Medicine of USC; Prof. Dept. of Anesthesiology Keck School of Medicine, USC; Karol E. Watson, MD, PhD, FACC, Prof. of Medicine/Cardiology, UCLA; Co-director, UCLA Program in Preventive Cardiology; Dir., UCLA Barbara Streisand Women's Heart Health Program; Carol Zaher, MD, MPH, MBA, Medical Dir., Health Net CA Clinical Management, Centene.

Sacramento Right Care University of Best Practices Co-Chairs: William J. Bommer, MD, Executive Committee, American College of Cardiology, CA Chapter; Prof. of Cardiovascular Medicine, School of Medicine, UC Davis; Joseph Sky, MD, FACP, FACC, Chief, Cardiology, Medical Director, Metabolic Clinic, Medical Director, Heart, Lung and Vascular Center, David Grant USAF Medical Center; Matthew P. Womack, MD, Chief Medical Officer, Barton Hospital; Neal Kohatsu, MD, MPH, Ambassador at Large.

San Diego Be There University of Best Practices Co-Chairs: Anthony DeMaris, MD, University of Best Practices Co-Founder & Chair; Former Editor-in-Chief, Journal of American College of Cardiology; Founding Director, UCSF Cardiovascular Center; Prof., School of Medicine, UCSF; Parag Agnihotri, MD, Chief Medical Officer, Population Health Services at UC San Diego Health; R. James Dudl, MD, Former Diabetes Lead & Community Benefits, Kaiser Permanente.

Bay Area Silicon Valley Right Care University of Best Practices Co-Chairs and Steering Committee: Nirali Vora, MD, 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, Assistant Prof., Cardiology, School of Medicine, University of California, San Francisco; Cardiologist, Cardiovascular Care & Prevention Center, University of California, San Francisco; Robert M. Kaplan, PhD, Research Director, Stanford University Clinical Excellence Research Center; Edward M. Yu, MD, CMO, CPPS, CPE, Chief Quality Officer, Palo Alto Medical Foundation; Jack Westfall, MD, MPH, Medical Director, Healthy Communities Branch, Santa Clara County Public Health Department.

Resources: We wish to thank the Right Care Initiative supporters: The Sierra Health Foundation, RAND Corporation, Stanford University, The California Department of Public Health, Blue Shield, Stroke Awareness Foundation, No More Broken Hearts Foundation, Ralphs Grocery Company, Amarin, Boehringer-Ingelheim, Genentech, Johnson & Johnson, and Novo Nordisk for enabling the research and logistical support at the University of California, Berkeley School of Public Health for the Right Care Initiative University of Best Practices and our clinical quality improvement leadership summits. A very special thank you to the NIH and the Judith and Jack White Family for initial seed funding for the University of Best Practices!

Right Care Website: <http://rightcare.berkeley.edu>

View medical group scores by county via the CA Office of the Patient Advocate: <http://reportcard.opa.ca.gov/rc/medicalgroupcounty.aspx>

Logistical questions please contact: Meaghan Olson @ meolson17@berkeley.edu or 510-680-0271; Data questions please contact: Bryan Vuong @ bryan.vuong@berkeley.edu or 510.691.8417

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 box to left)

Research Questions:

- What are the best strategies for speeding the adoption of promising interventions for bringing patients into safe control?
- How can team-based care be deployed to quickly meet the Right Care goals and the barriers to doing so?
- What strategies will quickly help close the health disparity gaps in hard hit communities?

Last Updated: January 2020