4:00 – 4:10 p.m.

**Chairperson's Welcome and Statewide Updates**

**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

**Hector Rodriguez, PhD, MPH** - Professor of Health Policy and Management; Director, California Initiative for Health Equity & Action; Co-Director, Center for Healthcare Organizational and Innovation Research, School of Public Health, University of California, Berkeley

**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
4:10 – 4:55 p.m.  
**Cardiovascular Statistics and Health Disparities**  
*Introduction By: Dr. Ed Yu*  
**Catrina Taylor, PhD, MSPH** - Principal Investigator, Chronic Disease Control Branch Project Type, California Department of Public Health

4:55 – 5:55 p.m.  
**Not Losing Sight of Hypertension Hiding in Plain Sight While Pivoting to Covid-19 Pandemic Emergency**  
*Introduction By: Prof. Hector Rodriquez*  
**Jim Schultz, MD, MBA, FAAFP, DiMM, FAWM** - Chief Medical Officer, Neighborhood Healthcare; Volunteer Clinical Professor, UC San Diego Department of Family Medicine and Public Health; Past President, San Diego County Medical Society

5:55 – 6:00 p.m.  
**Closing Remarks**  
**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
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 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:

**Priority Targets:**
- 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 or for very high risk ASCVD, LDL-C<70mg/dL or lower)
- Proactive Community Outreach to Screen & Identify Vulnerable Patients to Connect to Treatment & Support
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

**Patient Centered Practice Redesign**
- Team-Based Medical Home
- Un-blinded Performance Feedback
- Web Supported
- High-Tech Enabled
- Biometrics Screening (BP, LDL, HBA1c, Coronary Calcium CT Scan Score)
- Optimized Clinical Connectivity For Rapid Treatment
- Timely Continuous Care—Not Episodic

**Intensive Ambulatory Care**

**Protocols**
- Nationally Endorsed Guidelines (ACC, ADA)
- NICE UK (e.g. chest pain)
- Bundled Medication Therapy (Aspirin, Statin, Hypertension Agents)

**Clinical Pharmacists on Care Team**
- CA Dept. Public Health White Paper
- HRSA.gov/patientsafety