Welcome to the Right Care Initiative Virtual University of Best Practices

- Meeting starts promptly at 12:00 PM
- Session is currently being recorded
- All participants are muted
- Please submit questions using the Q&A tab - bottom center of screen
- Speakers will be prompted with a bell/chime to help keep the meeting on schedule
- Please see rightcare.berkeley.edu for slides and reference materials.
- Please fill out the CME survey by 3.8.21 11:59PM: https://www.surveymonkey.com/r/3821CME
- For any CME questions, please direct them to Alissa Maier. Alissa.Maier@med.usc.edu
At all Right Care Initiative gatherings, we follow the Warren Barnes Principle:

We compete against disease and not each other!

Warren Barnes, JD, M.Div.
Former Chief Lawyer, California Department of Managed Health Care;
Co-Author, Patient Bill of Rights; Minister &
Co-Founder, Right Care Initiative
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**

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

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

**Proactive Outreach**

**Home Blood Pressure Monitoring**
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