

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 5.10.21 11:59PM:
<https://www.surveymonkey.com/r/51021CME>
- For any CME questions, please direct them to Alissa Maier.
Alissa.Maier@med.usc.edu

Thank You to Our Right Care Initiative Supporters!



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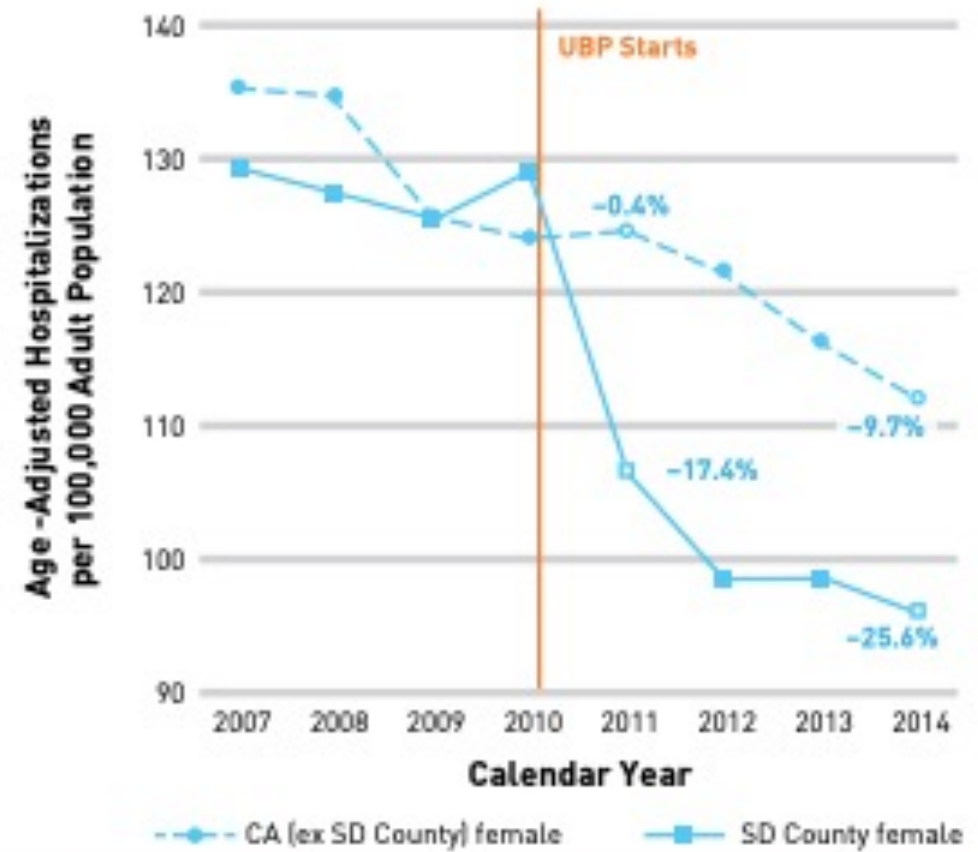
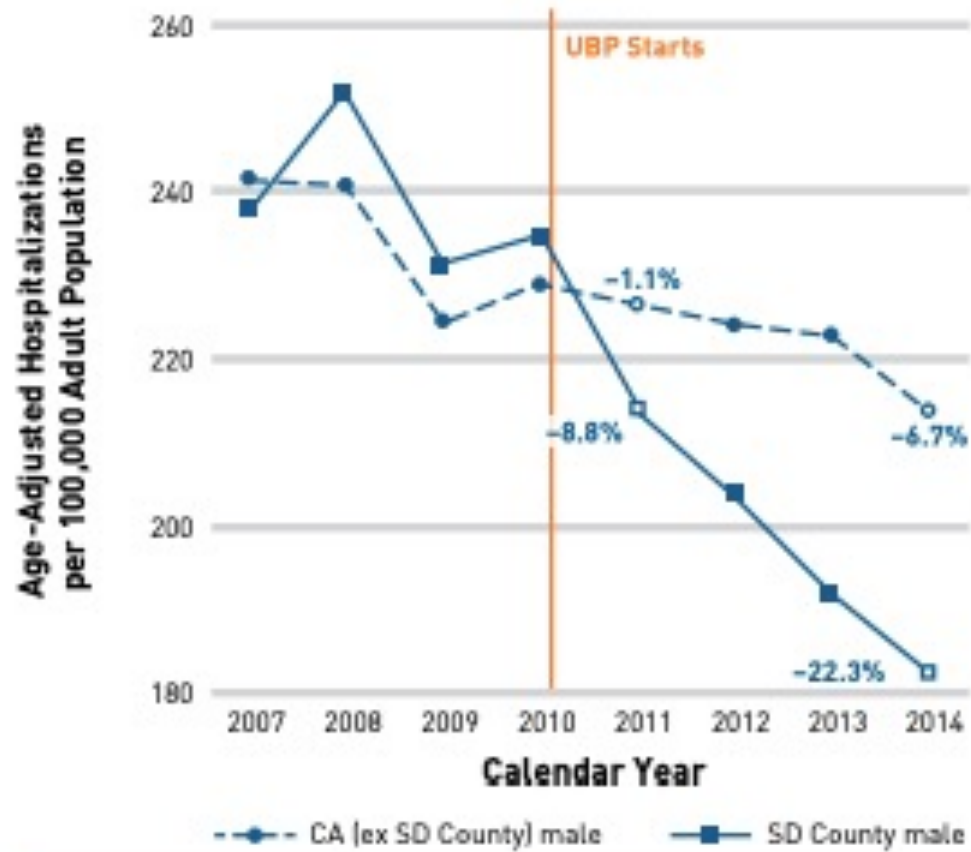
Right Care Initiative Goal: Drive Toward Zero Preventable Heart Attack, Stroke, Diabetes, and Heart Failure Deaths & Disabilities Through Best Available Science Combined with Proactive Screening & Outreach

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**
 - o (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**

FIGURE 2. Age-Adjusted Hospitalizations per 100,000 Adult Population by Gender for Heart Attacks in California, 2007 to 2014*



CA (ex SD County) indicates California excluding San Diego County; SD County, San Diego County; UBP: University of Best Practices.

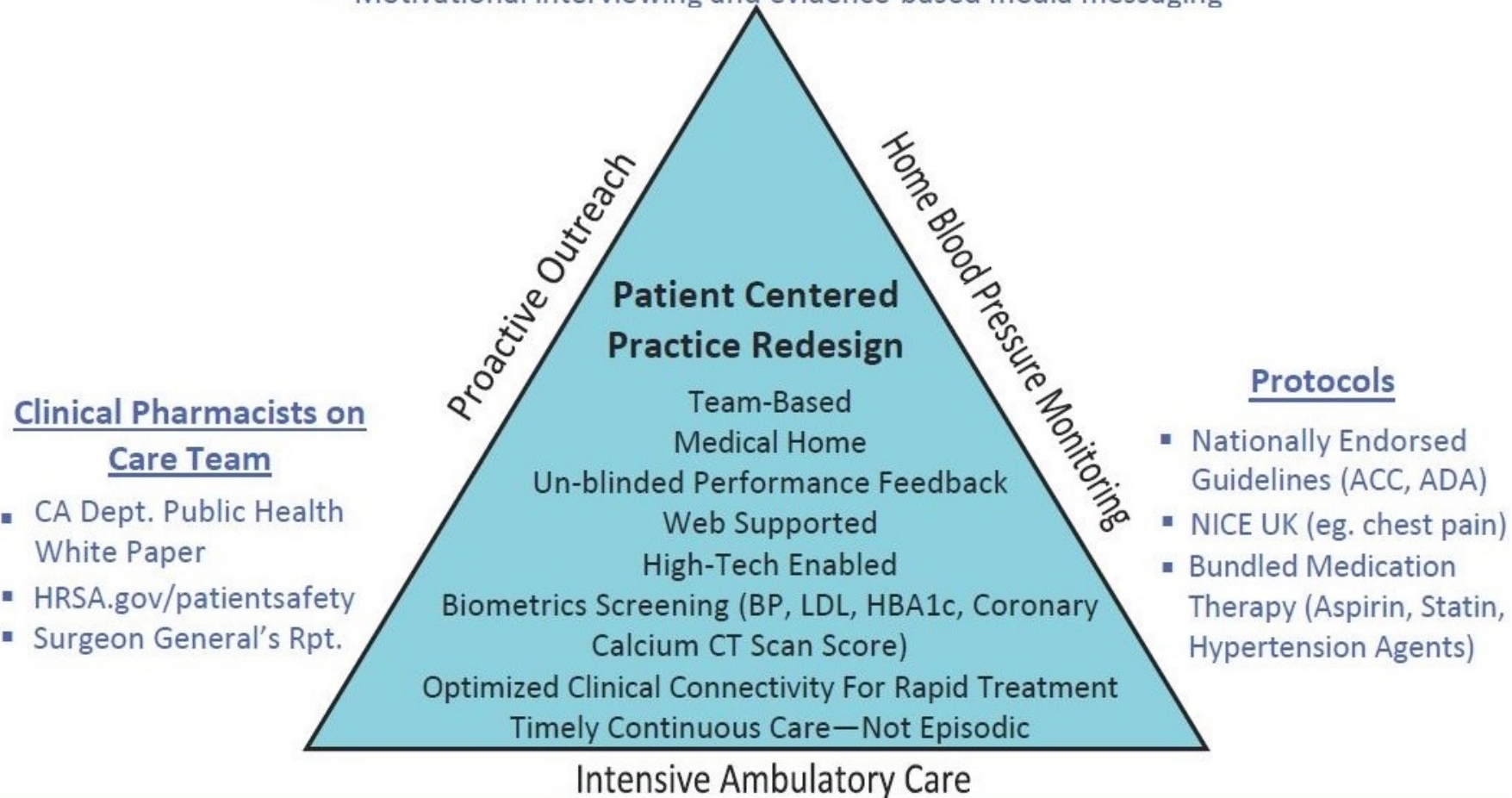
*UBP started in February 2011 just after the 2010 data points. Percentages are percent changes since 2010. Principal discharge diagnosis codes from the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* were used for heart attacks [ICD-9-CM code 410].

Source: Authors' analysis of California Office of Statewide Health Planning and Development's 2007 to 2014 Patient Discharge Data.

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



At all Right Care Initiative gatherings, we follow the Warren Barnes Principle:

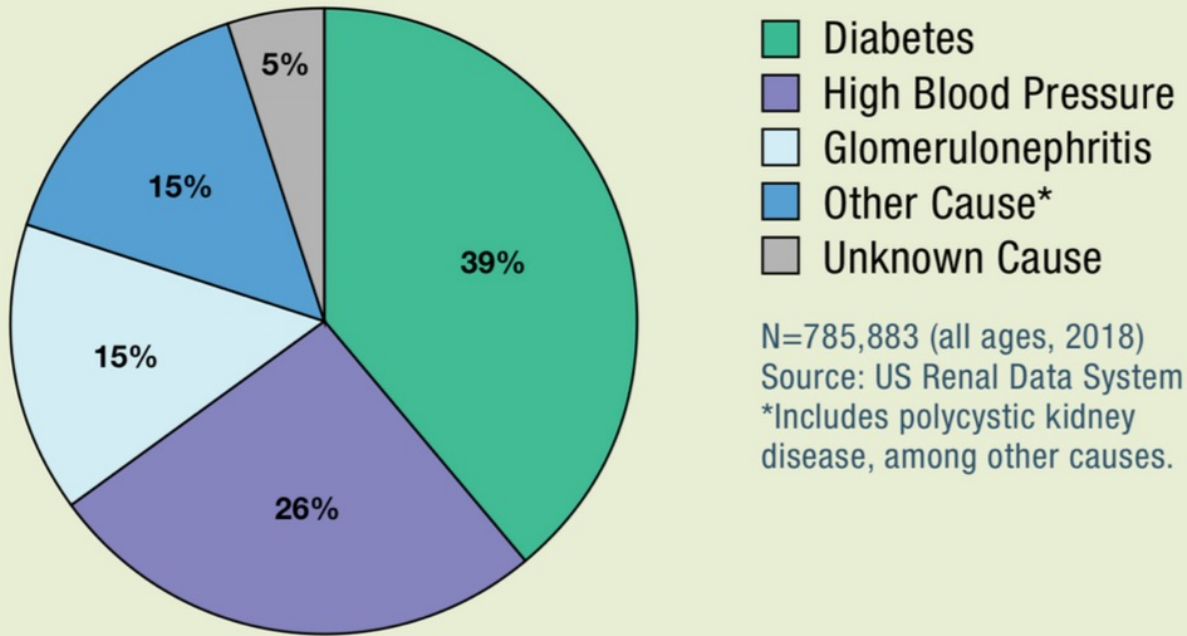
We compete against disease and not each other!



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

Reported Causes of End-Stage Renal Disease in the United States



N=785,883 (all ages, 2018)
Source: US Renal Data System
*Includes polycystic kidney disease, among other causes.



1 in **3**

Approximately 1 in 3 adults with diabetes (and 1 in 5 adults with high blood pressure) may have chronic kidney disease.



Renal and Cardiovascular Disease