Welcome to the Right Care Initiative Virtual University of Best Practices

- Meeting starts promptly at 4:00 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.
California Right Care Initiative  
**Clinical Quality Improvement Leadership Collaborative**

**Right Care Initiative Goals: Drive Toward Zero Preventable Heart Attacks, Strokes, Diabetic Complications, and COVID Deaths & Disabilities Through Best Available Science Combined with Proactive Screening and Outreach**

Achieve 80% of patients in good control for three critical biometrics for preventing and better managing Cardiovascular and Cerebrovascular Diseases, as well as Diabetes:

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

**Activities:**

- **University of Best Practices** (UBPs) collaborative gatherings of health care leaders have been built in four metropolitan areas to share learning and encourage adoption of evidence-based interventions for preventing and better managing heart attacks, strokes, diabetes, and COVID-19. 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.
- Promote adoption of strategies used by top performers, and regularly highlight and recognize progress on performance (based on HEDIS, P4P, hospitalization and mortality data).
- Foster “coopetition” among competing health systems. At all Right Care gatherings, we follow the Warren Barnes’ Principle: **We compete against disease and not each other** (Warren Barnes, J.D., M.Div., Former Chief Health Lawyer, State of California and 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

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

**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

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

**Intensive Ambulatory Care**

**Proactive Outreach**

**Home Blood Pressure Monitoring**
Female sex is an independent risk factor for torsade Sudden Death?

Adapted from Bednar MM et al. The American Journal of Cardiology 2007
Female sex is underrepresented in both experimental and clinical studies

Adapted from Florez-Vargas O. et al. *eLIFE* 2016

... mathematical models are build on male data
Sex-Related Disparities in Cardiovascular Health Care Among Patients With Premature Atherosclerotic Cardiovascular Disease

Michelle T. Lee, MD, PharmD1,2; Dhruv Mahtta, DO, MBA1,2,3; David J. Ramsey, PhD1; et al

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In 147,600 Veterans with ASCVD, women represented 7.1% (<55 years) and 14.1% (<40 years) and were less likely to receive anti-platelets (OR 0.47) and statins (OR 0.62) than men.

Question In young patients with premature atherosclerotic cardiovascular disease (ASCVD), how are sex-based differences associated with use of antiplatelets and statins?

Findings In this cross-sectional study, women veterans with premature ASCVD (≤55 years) and extremely premature ASCVD (≤40 years) were less likely to receive antiplatelet agents or statins than men. Additionally, women with premature ischemic heart disease were comparatively less statin adherent.

Meaning In this study, women veterans with premature and extremely premature ASCVD received poorer secondary prevention care; hence, a systematic approach toward health care delivery improvement and patient education is necessary to narrow this health care disparity for women.