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/ACPMP/AGS/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
- Preventative 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 “cooperation” 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).

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

- The NIH National Heart, Lung & Blood Institute
- American Medical Group Assoc. Foundation
- American College of Cardiology, CA Chapter
- Med groups, clinics, health plans & systems
- UC Berkeley School of Public Health
- University of California Schools of Public Health, Medicine, and Pharmacy
- Stanford School of Medicine & Clinical Excellence Research Center
- USC Schools of Med., Pharmacy and Policy
- RAND Corporation
- CDC Million Hearts Initiative
- Blue Shield of California
- Health Trust / Community Health Partnership
- Sierra Health Foundation
- California Chronic Care Coalition
- Stroke Awareness Foundation
- No More Broken Hearts Foundation
- American Heart/Stroke Association
- American Diabetes Association
- Local Military and Veteran’s Health
- Integrated Healthcare Assoc. (P4P)
- California Department of Public Health
- Los Angeles County Dept. of Public Health
- CA Department of Managed Health Care
- CA Office of the Patient Advocate
- Statewide Health Planning & Development
- Amarin
- Boehringer-Ingelheim
- Genentech
- Johnson & Johnson
- Novo Nordisk

Primary Objective: Reduce preventable death, disability and suffering from the high leverage areas of cardiovascular and cerebrovascular disease, as well as diabetes, through implementation of the best medical science to improve patient outcomes. Since 2007, The California Right Care Initiative public-private collaborative has been working to catalyze the adoption of best practices deployed by top performers where metrics indicate that evidence-based practices are not fully deployed, with particular emphasis on control of blood pressure, cholesterol and blood sugar. For a synthesis of critically important strategies, see Right Care Triangle of Promising Interventions on page 2.

Progress: The results of our first demonstration project, funded by the National Heart, Lung and Blood Institute, 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. That analysis estimated a sustained 22% reduction in acute myocardial infarction hospitalizations associated with our work and an estimated 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 have been saved between 2011 and 2016 and over 42,000 acute myocardial infarction hospitalizations would have been prevented.

Challenge: Data from the California Office of Statewide Health Planning and Development indicate that annually approximately 298,000 Californians were hospitalized for heart attacks and strokes, approximately 100,000 of them younger than age 65 (2017). According to the US Census 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. A decade ago, NCOA conservatively estimated 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 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 that was launched in 2011.
Our initial San Diego University of Best Practices pilot project’s steering committee of medical directors came to early consensus that heart attacks and strokes could be reduced by 50% in 5 years if the interventions on the Right Care Triangle of Promising Interventions were implemented. (See box to left)

- 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?

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, NCQA 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 200 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 by working with medical directors, pharmacy and quality improvement directors, as well as thought leaders in evidence-based medicine.

State-Wide Right Care Technical Expert Group: Stephen Shortell, PhD, MPH, MBA, UC Berkeley, School of Public Health, Dean Emeritus & Professor; Co-Director, Center for Healthcare Organizational and Innovation; Co-Director, Center for Lean Engagement and Research; Founding Chair, Right Care Technical Expert Group; Robert M. Kaplan, PhD, Director of Research Stanford School of Medicine Clinical Excellence Research Center; Chief Medical Officer, US HHS ARHQ; Former Associate Director, National Institutes of Health; Founding Co-Chair, Right Care Technical Expert Group; Hector Rodriguez, PhD, MPH, UC Berkeley, School of Public Health, Professor, Health Policy and Management; Director, California Initiative for Health Equity and Action; Co-Director, Center for Healthcare Organizational and Innovation Research; William J. Bommer, MD, FACP, FACC, UC Davis, School of Medicine, Professor of Clinical Internal Medicine; Specialty Delegate, California American College of Cardiology and California Medical Association; Director, California ePCI Program; Sacramento, CA.

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 messaging

- Patient Centered Practice Redesign
  - Team-Based Medical Home
  - Un-biased Performance Feedback
  - Web Supported High-Tech Enabled Biometrics Screening (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, AHA)
  - NICE UK (eg, chest pain)
  - Bundled Medication
  - The ABCS (Aspirin, Statin, Hypertension Agents)

Clinical Pharmacists on Care Team
- CA; CA:
- Public Health
- White Paper
- HRSA.gov/patientsafety
- Surgeon General’s Rpt

View medical group scores by county via the CA Office of the Patient Advocate: http://reportcard.opp.ca.gov/rc/medicalgroupcountry.aspx

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