



RIGHT CARE INITIATIVE Clinical Quality Improvement Leadership Collaborative

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

Achieve 80 %Screening & Outreach in good control, or "A Grade" (90th Percentile) HEDIS levels for Cardiovascular Disease and Diabetes, whichever is greater.

Priorities:

- 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)
Proactive Community Outreach to Screen & Identify Vulnerable Patients to Connect to Treatment & Support

Activities:

- University of Best Practices (UBPs) have been built in four metropolitan areas to share learning and encourage adoption of evidence-based interventions for preventing and better managing premature heart, strokes, diabetes, and heart failure. 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.
Regularly highlight progress on HEDIS & P4P performance data, examine new OSHPD hospitalization data, promote adoption of strategies used by top performers, and recognize superior performance.

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

- USHHS Million Hearts Initiative
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
RAND Corporation
Stanford School of Medicine & Clinical Excellence Research Center
USC Schools of Med., Pharmacy and Policy
Blue Shield of California
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)
Los Angeles County Dept. of Public Health
California Department of Public Health
CA Department of Managed Health Care
CA Office of the Patient Advocate
CA Office of Statewide Health Planning and Development
Health Trust / Community Health Partnership
Amarin
Amgen
Boehringer-Ingelheim
Genentech
Johnson & Johnson
Novo Nordisk

Objective: Reduce preventable death, disability and suffering from the high leverage areas of cardiovascular disease and diabetes through improved implementation of the best medical science to improve patient outcomes. Since 2007, The California Right Care Initiative collaborative has been working to catalyze the adoption of best practices deployed by top performers where metrics indicate that evidence-based practices are not deployed to the best advantage of patients, with particular emphasis on control of blood pressure, cholesterol and blood sugar (see Right Care Triangle page two).

Progress: The results of our first demonstration project 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, and estimated a sustained 22% reduction in acute myocardial infarctions hospitalizations, a decline of 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 be saved between 2011 and 2016 and over 42,000 acute myocardial infarction hospitalizations would have been prevented.

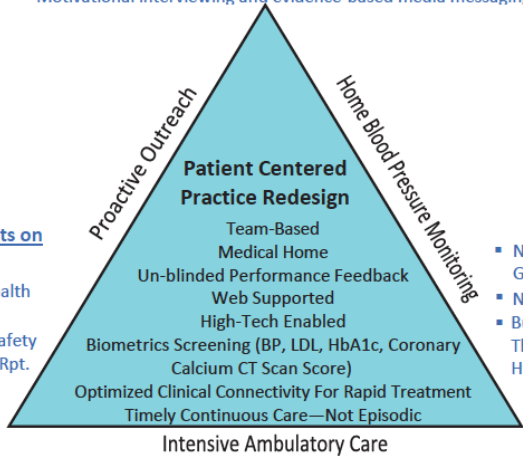
Challenge: 2017 data from the California Office of Statewide Health Planning and Development indicate that annually approximately 298,000 Californians are hospitalized for heart attacks and strokes, approximately 100,000 of them younger than age 65. According to the US Centers for Disease Control, in 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. NCQA conservatively estimates 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 federal 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 launched in 2011.



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
- Surgeon General's Rpt.

Protocols

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

*San Diego University of Best Practices steering committee 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 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 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**, Technical Expert Group Chair, Dean Emeritus and Prof., School of Public Health, UC Berkeley; **Robert M. Kaplan, PhD**, Research Director, Stanford University Clinical Excellence Research Center; **Hector Rodriguez, PhD, MPH**, Prof., Health Policy and Management, School of Public Health, UC Berkeley; Director, Center for Healthcare Organizational and Innovation Research; **William J. Bommer, MD, FACP, FACC**, Statewide Chairman, Right Care Initiative; Specialty Delegate, California American College of Cardiology and California Medical Association; Director, California ePCI Program; Director, Prevention Forward Program and Professor of Medicine, Division of Cardiovascular Medicine, University of California, Davis; **Steve Chen, PharmD, FASHP, FCSHP, FNAP**, Associate Dean for Clinical Affairs, USC School of Pharmacy; **Keith Emmons, MD**, Medical Director, CenCal Health of Santa Barbara (Medi-Cal plan); **Scott Flinn, MD**, University of Best Practices Co-Founder; Medical Director, Blue Shield of California; Former Navy Undersea Medical Officer with the Navy Seals; **Cindy Giambone, PharmD**; Co-chair, Right Care Initiative Heart Failure Work Group; Director, Performance Improvement and ACO Pharmacy Risk, MemorialCare Foundation and Medical Group; **Jan D. Hirsch, RPh, PhD**, Founding Dean, UC Irvine School of Pharmacy; **David Maron, MD, C.F.** Rehnberg Professor of Medicine; Chief, Stanford Prevention Research Center; Director, Preventive Cardiology, Stanford University School of Medicine; **John Ovreteviet, MD**, Karolinska Institute, Stockholm, Sweden; **Catrina Taylor, PhD, NSPH**, Senior Research Scientist, Epidemiologist/Biostatistician, Chronic Disease and Control Branch, California Department of Public Health **Early Co-Founding Experts:** **Arnie Milstein, MD, MPH**, Professor of Medicine and Director, Clinical Excellence Research Center, Stanford University; Medical Director, Pacific Business Group on Health; **Warren Barnes, JD, M.Div.**, Former Chief Lawyer, California Department of Managed Health Care, Minister and Co-Founder, Right Care Initiative; **Allen Fremont, MD, PhD**, Right Care Technical Expert Group 2008-2020; Co-Principal Investigator and Data Lead, Right Care-NHLBI (2009-2012); Former Physician Policy Researcher and Director, RAND Q-DART Project, RAND Corporation; **Helen Halpin, ScM, PhD**, Professor Emerita and Former Director, Center for Health and Public Policy Studies, UC Berkeley School of Public Health; **Jerry Penso, MD, MBA**, President and Chief Executive Officer, AMGA (formerly the American Medical Group Association); Co-Founder, Right Care Initiative University of Best Practices.

University of Best Practices: Thanks to an NIH GO grant (2009-July 2012), the Right Care Initiative received a special opportunity to launch a community-focused effort to reach the Right Care Initiative goals of preventing heart attacks, strokes and diabetic complications and piloted the first University of Best Practices in San Diego (subsequently renamed Be There San Diego.) Since then, Right Care University of Best Practices has been launched in three additional metro areas: Sacramento in 2012, Los Angeles in 2013 and Bay Area Silicon Valley in 2018. Each University of Best Practices makes an effort to include the major delivery systems of the region, including medical groups, health plans, community clinics, local public health, military and VA medical leaders, together with patient advocacy groups and other subject matter experts.

Bay Area Silicon Valley Right Care University of Best Practices Co-Chairs and Steering Committee: **Robert M. Kaplan, PhD**, Research Director, Stanford University Clinical Excellence Research Center; **Eveline Stock, MD**, Assistant Prof., Cardiology, School of Medicine, University of California, San Francisco; Cardiologist, Cardiovascular Care & Prevention Center, University of California, San Francisco; **Nirali Vora, MD**, Associate Prof., Neurology, School of Medicine, Stanford University; Director, Global Health Neurology; Program Director, Adult Neurology Residency, School of Medicine, Stanford University; **Edward M. Yu, MD, CMQ, CPPS, CPE**, Chief Quality Officer, Palo Alto Medical Foundation.

Capital Region Right Care University of Best Practices Co-Chairs: **William J. Bommer, MD, FACP, FACC**, Statewide Chairman, Right Care Initiative; Specialty Delegate, California American College of Cardiology and California Medical Association; Director, California ePCI Program; Director, Prevention Forward Program and Professor of Medicine, Division of Cardiovascular Medicine, University of California, Davis; **Susan L. Ivey, MD, MHSA**, Co-Chair, Right Care Initiative Capital Region; Professor, Adjunct, School of Public Health, UC Berkeley; Director of Research, Health Research for Action; **Joseph Sky, MD, FACP, FACC**, Co-Chair, Right Care Initiative University of Best Practices; Chief of Preventive Cardiology, Assoc. Chief of Staff, David Grant Medical Center, US Air Force; **Matthew P. Wonnacott, MD**, Chief Medical Officer, Barton Health.

Los Angeles Right Care University of Best Practices Co-Chairs: **Oliver Brooks, MD**, Chief Medical Officer, Watts HealthCare Corporation; Immediate Past President, National Medical Association; **Steve Chen, PharmD, FASHP, FCSHP, FNAP**, Associate Dean for Clinical Affairs, USC School of Pharmacy; **Tony Kuo, MD, MSHS**, Director, Chronic Disease and Injury Prevention in the LA County Dept. of Public Health; Co-Program Leader, Population Health Program, UCLA Clinical and Translational Institute; **Carol Zaher, MD, MPH, MBA**, Medical Dir., Health Net CA Medical Management, Centene.

San Diego Be There University of Best Practices Co-Chairs: **Anthony DeMaria, MD**, University of Best Practices Co-Founder & Chair; Former Editor in Chief, Journal of American College of Cardiology; Founding Director, UCSD Cardiovascular Center Prof., School of Medicine, UCSD; **Parag Agnihotri, MD**, Chief Medical Officer, Population Health Services at UC San Diego Health; **R. James Dudl, MD**, Former Diabetes Lead & Community Benefits, Kaiser Permanente.

Resources: We wish to thank the Right Care Initiative supporters: The Sierra Health Foundation, RAND Corporation, Stanford University, The California Department of Public Health, Blue Shield, Stroke Awareness Foundation, No More Broken Hearts Foundation, Amarin, Amgen, Boehringer-Ingelheim, Genentech, Johnson & Johnson, and Novo Nordisk for enabling the research and logistical support at the University of California, Berkeley School of Public Health for the Right Care Initiative University of Best Practices and our clinical quality improvement leadership summits. A very special thank you to the National Institutes of Health / National Heart, Lung, and Blood Institute, and the Judith and Jack White Family for initial seed funding for the University of Best Practices!

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

View medical group scores by county via the CA Office of the Patient Advocate: <http://reportcard.opa.ca.gov/rc/medicalgroupcounty.aspx>