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 tonight, 8.9.21, 11:59PM PDT: https://www.surveymonkey.com/r/8921CME
- For any CME questions, please direct them to Alissa Maier. Alissa.Maier@med.usc.edu
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 Diabetics:

- **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

**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)

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