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).
### Performance in Right Care CA Counties for Blood Pressure (BP) Control at <140/90 mmHg (Performance Year 2019)

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Source: Performance Data for Managed Care Patients. CA Office of the Patient Advocate Report 2020-2021 Edition

### Performance in Right Care CA Counties for BP Control at <140/90 mmHg for people with Diabetes (Performance Year 2019)

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Source: Performance Data for Managed Care Patients. CA Office of the Patient Advocate Report 2020-2021 Edition
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

**Intensive Ambulatory Care**

**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

**Proactive Outreach**
**Home Blood Pressure Monitoring**