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, 9.13.21, 11:59PM PDT:** https://www.surveymonkey.com/r/91321CME
- 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 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/AAAA/ABC/ACPM/AGS/AAPA/ASH/ASPC/NMA/PCNA)*
- 80% of patients with diabetes and/or cardiovascular conditions on appropriate cholesterol therapy (proxy, LDL controlled: \(LDL<100\text{mg/dL}\))
- 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

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

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

**Intensive Ambulatory Care**
FIGURE 2. Age-Adjusted Hospitalizations per 100,000 Adult Population by Gender for Heart Attacks in California, 2007 to 2014*

CA (ex SD County) indicates California excluding San Diego County; SD County, San Diego County; UBP: University of Best Practices.

*UBP started in February 2011 just after the 2010 data points. Percentages are percent changes since 2010. Principal discharge diagnosis codes from the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) were used for heart attacks (ICD-9-CM code 410).

Source: Authors’ analysis of California Office of Statewide Health Planning and Development’s 2007 to 2014 Patient Discharge Data.

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
INTERHEART: Association of risk factors with acute MI in women and men

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current smoking</td>
<td>M</td>
</tr>
<tr>
<td>Diabetes</td>
<td>F</td>
</tr>
<tr>
<td>Hypertension</td>
<td>F</td>
</tr>
<tr>
<td>Abdominal obesity</td>
<td>M</td>
</tr>
<tr>
<td>Psychosocial index</td>
<td>F</td>
</tr>
<tr>
<td>Fruits/Vegetables</td>
<td>M</td>
</tr>
<tr>
<td>Exercise</td>
<td>F</td>
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<tr>
<td>Alcohol</td>
<td>M</td>
</tr>
<tr>
<td>ApoB-ApoA1 ratio</td>
<td>F</td>
</tr>
</tbody>
</table>

Adjusted for age, sex, geographic region
Note: odds ratio plotted on a doubling scale