



***Right Care Initiative
Rotating University of Best Practices***

***“Taking Action Together to Prevent
Heart Attacks and Strokes”***

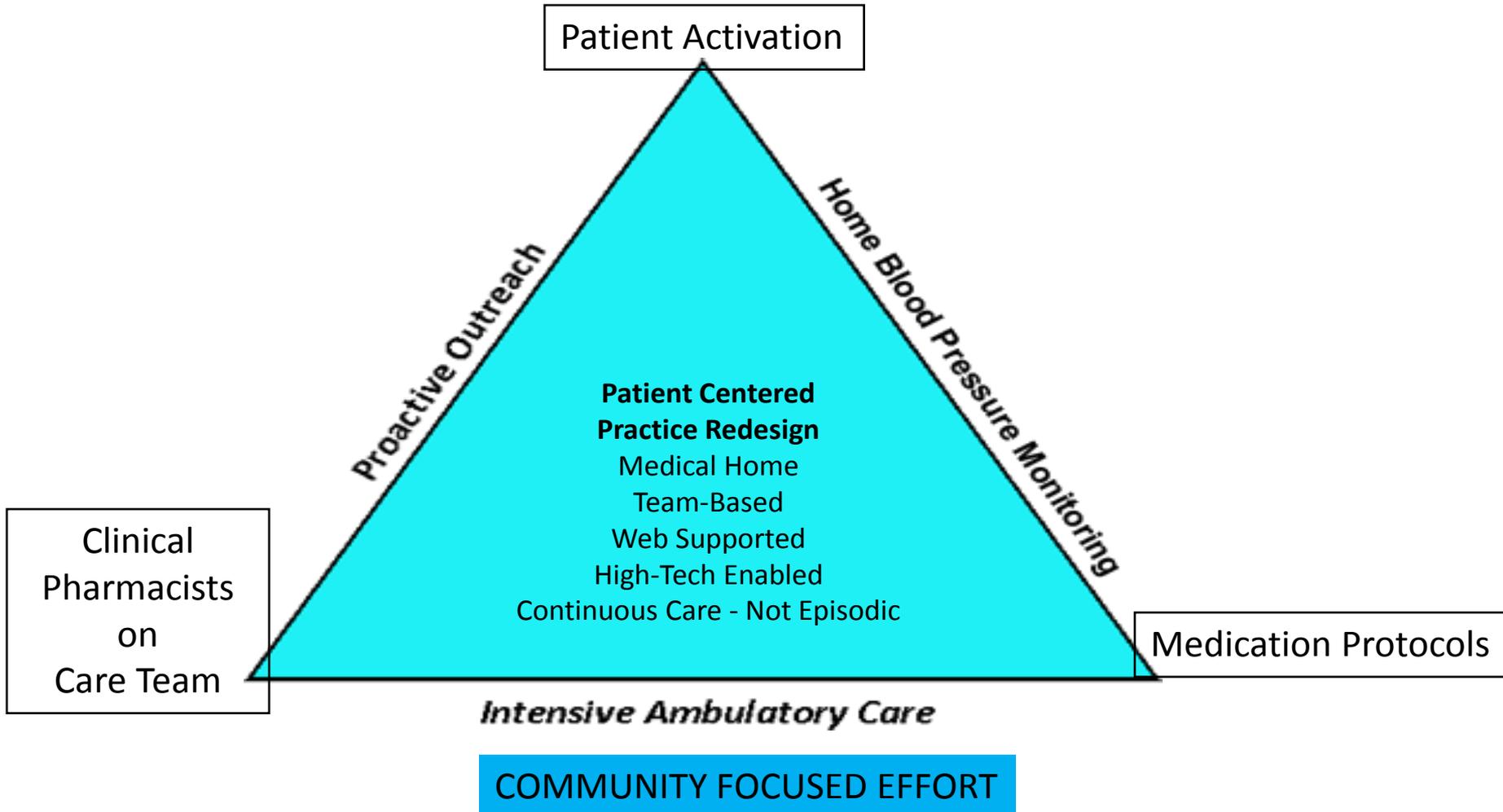
Hattie Rees Hanley, MPP, RCI Director

Parag Agnihotri, MD, Co-Chair,

José A. Arévalo, MD FAAFP, Co-Chair

Right Care Initiative

The University of Best Practices, Sacramento



Goal : Working together to prevent Heart Disease and Stroke

Right Care Objectives:

- **Hypertension**

Improve the number of patients with high blood pressure controlled (< 140/90) to 74% (90th percentile HEDIS®) by end of 2013.

- **Secondary Cardiac Prevention**

Improve the number of patients with LDL < 100 to 72% (90th percentile HEDIS®) by end of 2013.

- **Diabetes care**

Improve the number of patients with HbA1c < 8% to 70%
Improve the number of patients with LDL < 100 to 57%
(90th percentile HEDIS®) by end of 2013.

Million Hearts™

**National initiative co-led by CDC and
CMS**

**Partners across federal and state
agencies and private organizations**



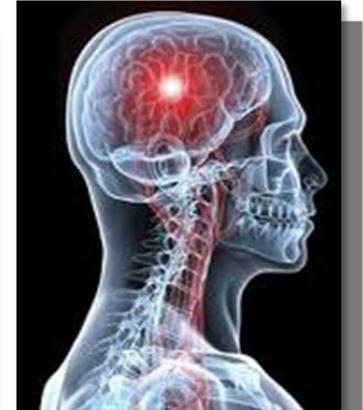
**Goal: Prevent 1 million heart attacks
and strokes in 5 years**

<http://millionhearts.hhs.gov>

Heart Disease and Strokes

Leading Killers in the United States

- **Cause 1 of every 3 deaths**
- **Over 2 million heart attacks and strokes each year**
 - 800,000 deaths
 - Leading cause of preventable death in people <65
 - \$444 B in health care costs and lost productivity
 - Treatment costs are ~\$1 for every \$6 spent
- **Greatest contributor to racial disparities in life expectancy**



National status of the ABCS

A spirin	People at increased risk of cardiovascular events who are taking aspirin	47%
B loodpressure	People with hypertension who have adequately controlled blood pressure	46%
C holesterol	People with high cholesterol who are effectively managed	33%
S moking	People trying to quit smoking who get help	23%

Source: CDC, Million Heart campaign

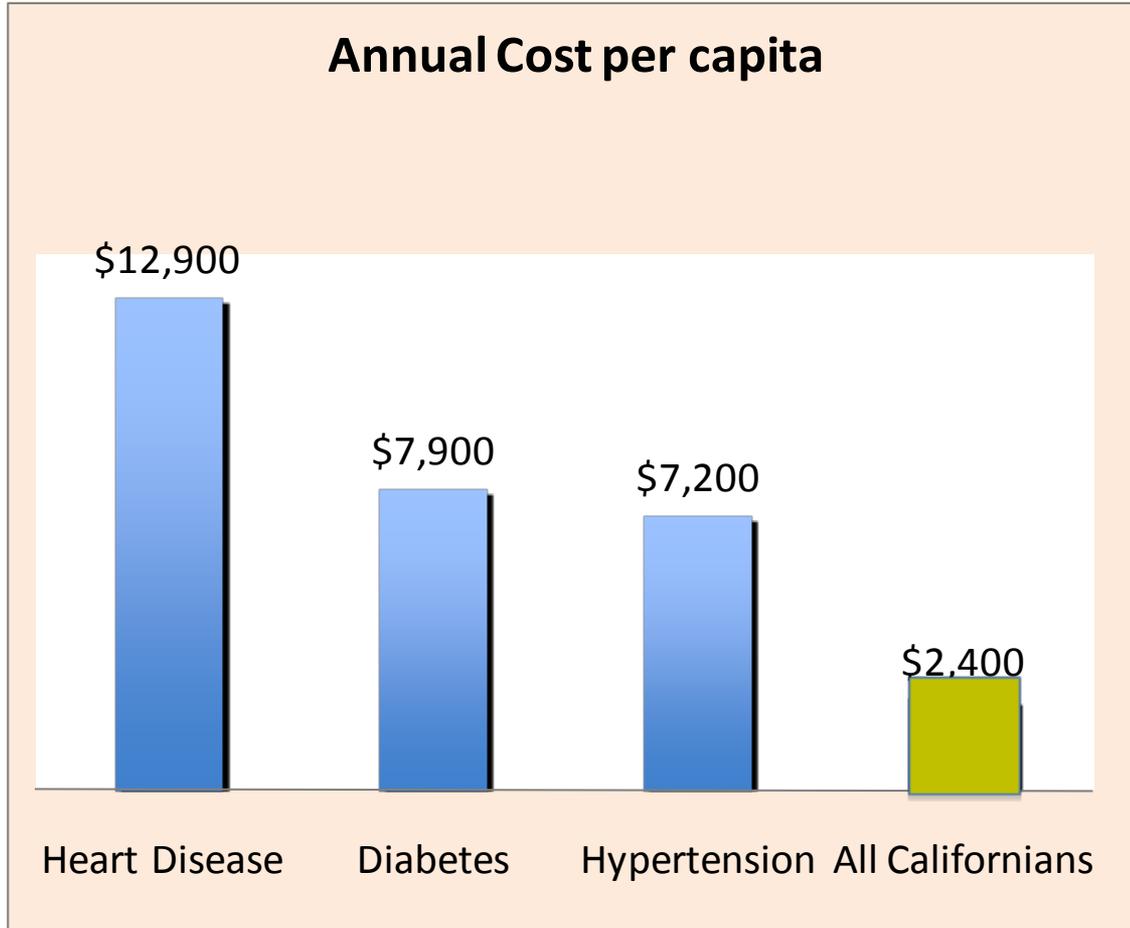
Sacramento

Prevalence of Chronic conditions

Death rate per 100,000 35+ all race , all gender	Sacramento	CA State
Stroke	87	79
Coronary artery disease	247	237
Hypertension	308	252

Sacramento

Cost of chronic care



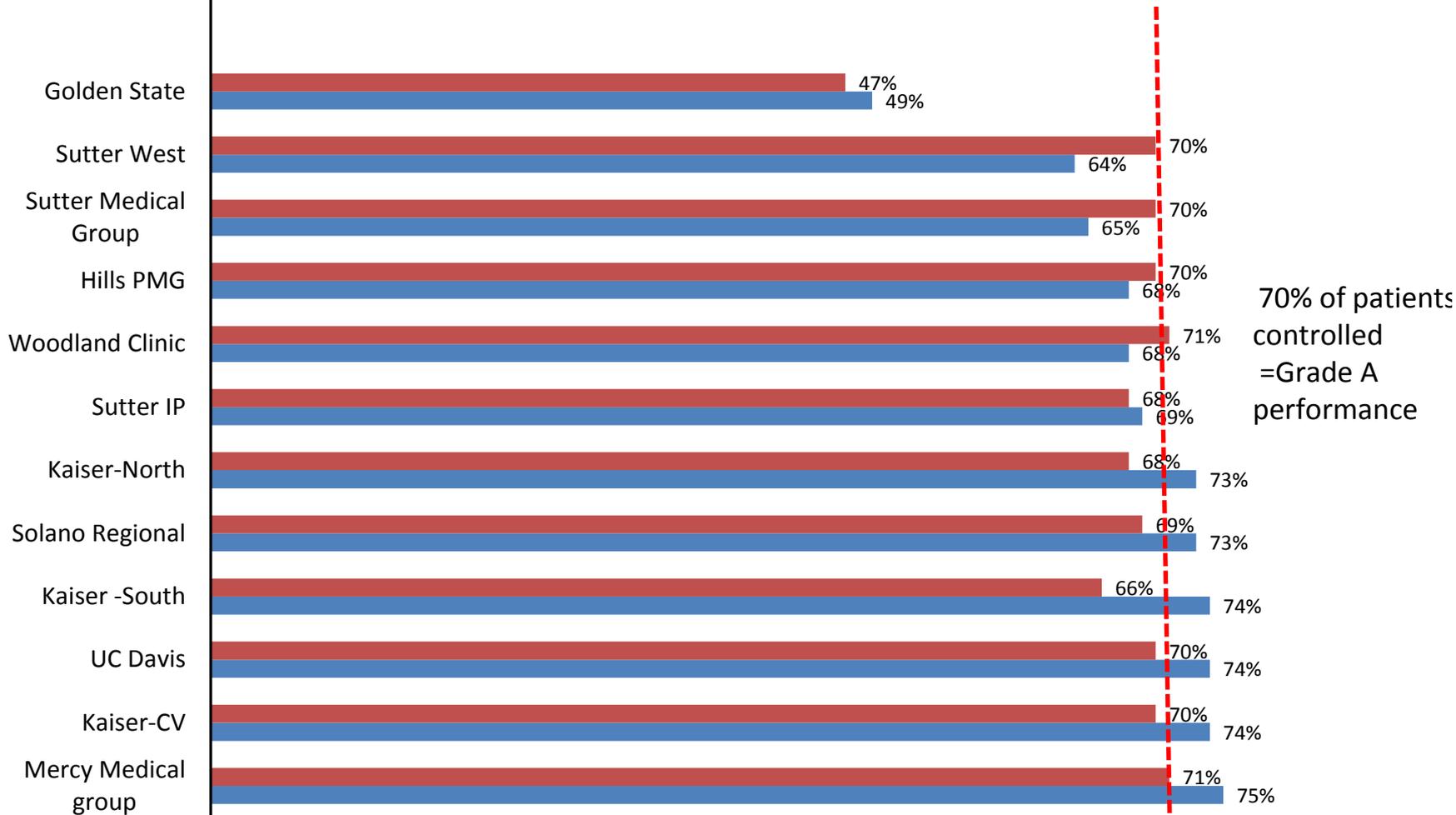
Health care cost per capita for people with heart disease is by far the highest: **more than five times** that of the general adult population.

California Health Care Quality Report Card - 2012 edition (2010 data)

Local Medical Groups (Commercially insured)

■ Blood Sugar Control (HbA1C < 8 for Diabetes Care)

■ Cholesterol Control (LDL-C<100 for Heart Care patients)



70% of patients controlled =Grade A performance

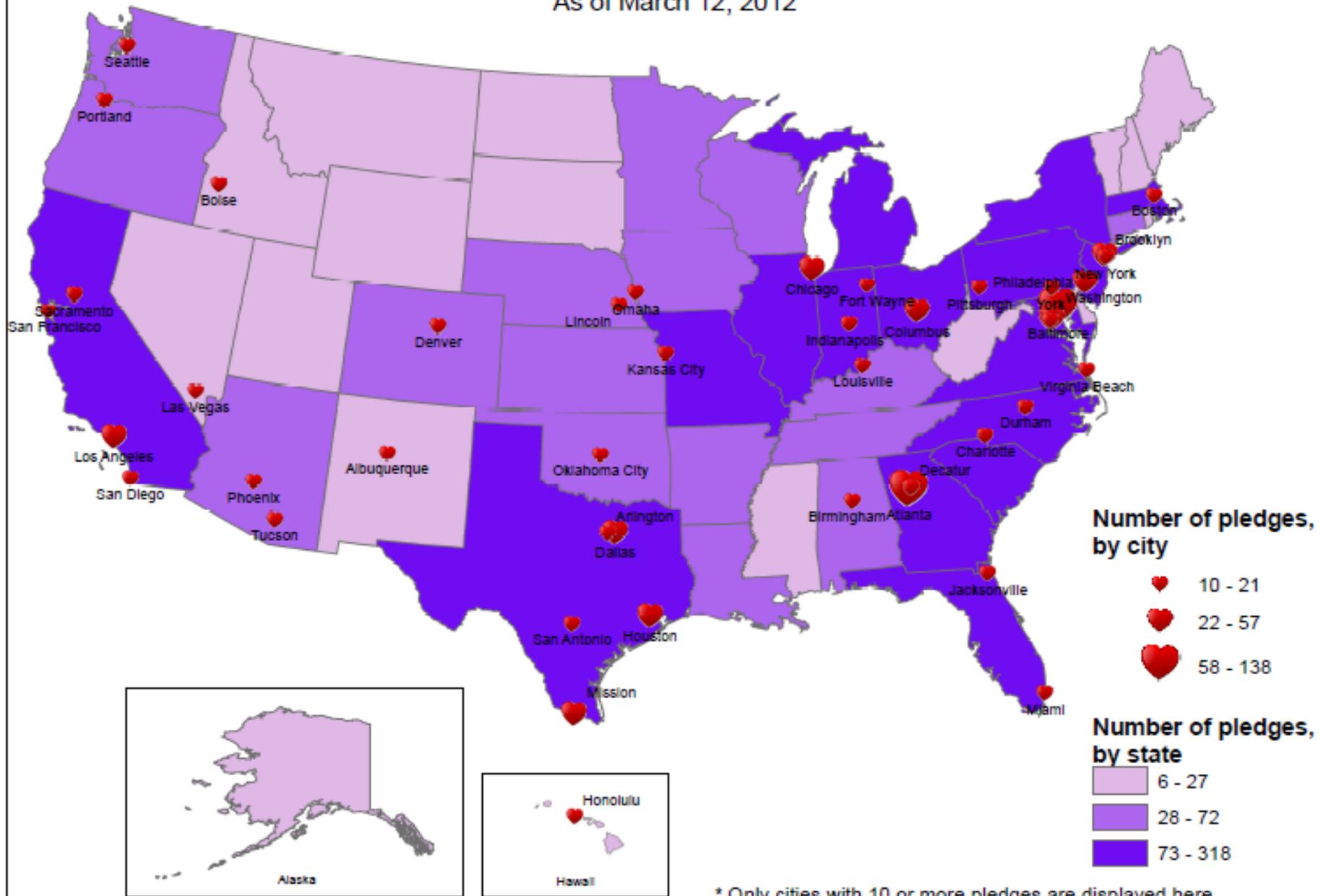
Alignment of Clinical Quality Measures across payers=Population Health

Million Heart/Right Care Initiative/ 10 th Scope CQMs	CMS PQRS*	ONC Meaningful Use	PQRS CV Prevention Measures Group	ACOs	HRSA UDS	Medicare Advantage Star rating
Aspirin Use	Yes	Yes	Yes	Yes	Yes	
BP Screening	Yes		Yes	Yes		Yes
BP Control	Yes	Yes	Yes	Yes	Yes	Yes
Chol Control – Pop	Yes	Yes				
Chol Cont – DM	Yes	Yes	Yes	Yes		Yes
Chol Cont – IVD	Yes	Yes	Yes	Yes		Yes
Smoking Cessation	Yes	Yes	Yes	Yes	Yes	

*Physician Quality Reporting Services

Number of Pledges by State and City*, Million Hearts Campaign

As of March 12, 2012

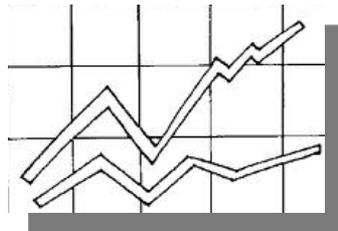


* Only cities with 10 or more pledges are displayed here

Key Components of Million Hearts/RCI

**CLINICAL
PREVENTION**
Optimizing care

**Focus on
ABCS**



**Health
information
technology**



**Clinical
innovations**



**COMMUNITY
PREVENTION**
Changing the context

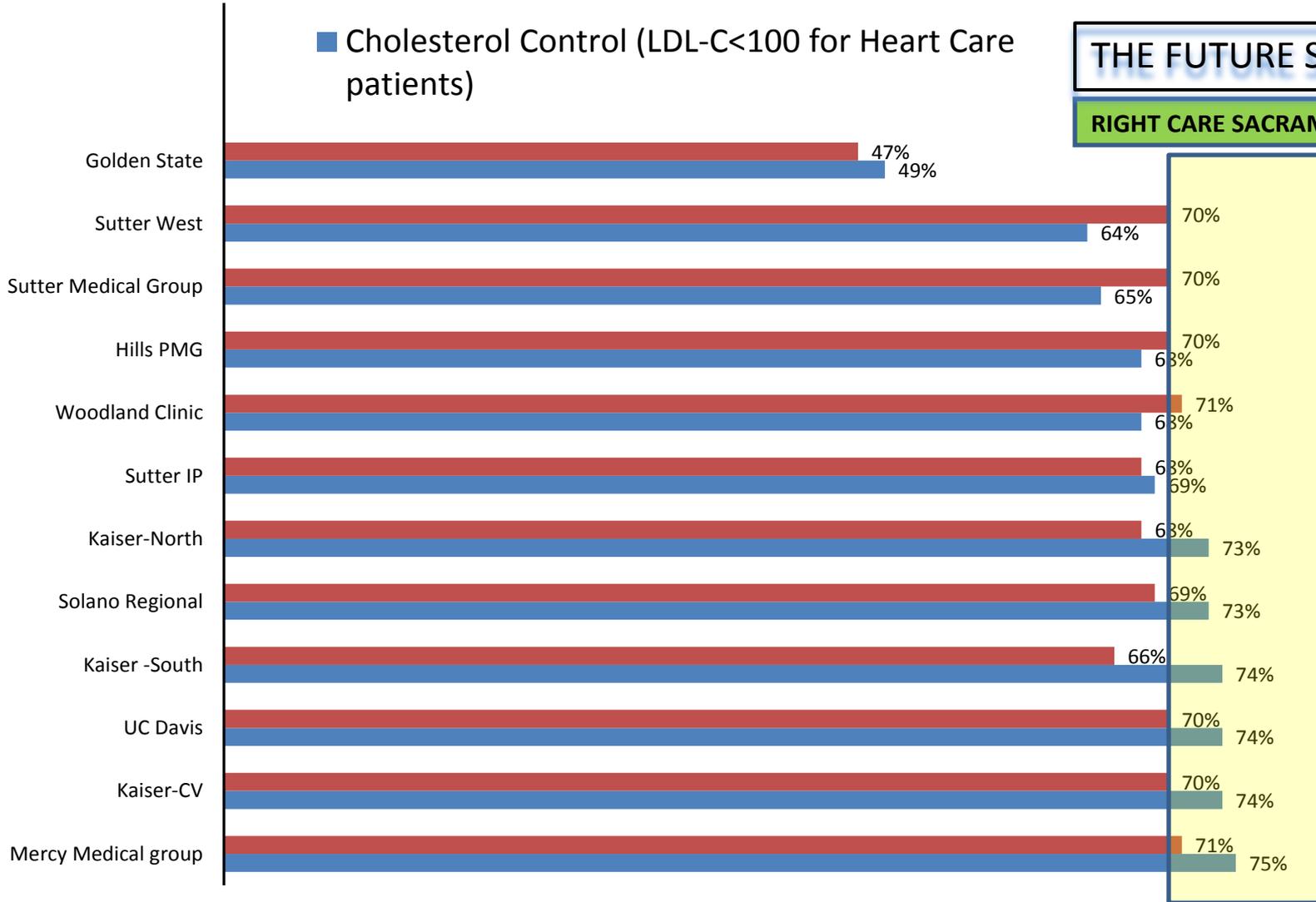
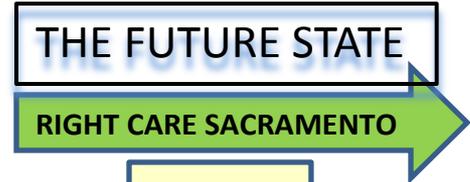


California Health Care Quality Report Card - 2012 edition (2010 data)

Local Medical Groups

■ Blood Sugar Control (HbA1C < 8 for Diabetes Care)

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The Right Care University of Best Practices, Sacramento

- Collaborate and compete against the disease
- Monthly meetings
- Start on time, end on time
- Expert speakers
- Break out sessions; sharing local best practices
- Provide an educational interactive setting
- Low fat lunch will be provided

The Right Care for Sacramento



**Jose Alberto Arevalo, M.D.
Senior Medical Director
Sutter Independent Physicians**

Sacramento Medical Landscape

Strengths

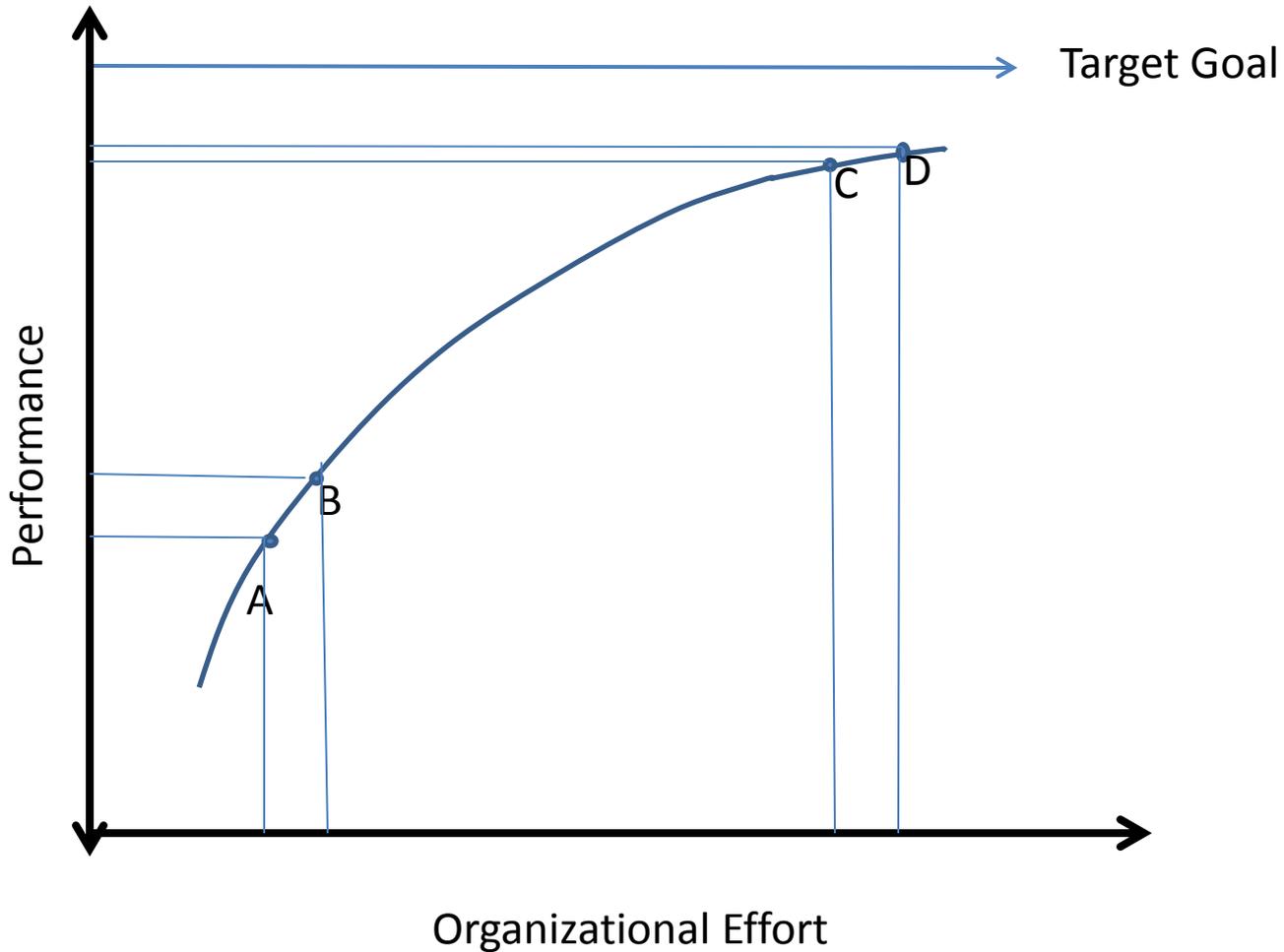
- Many Physician Organizations (P.O.s) are High Performers on P4P and other quality measures
- 3 Large Highly successful Hospital Systems
- 1 nationally renowned medical academic center
- Mature Managed Care Organizations
- Center for State Health Care Policy along with a supporting infrastructure

Sacramento Medical Landscape Challenges

- Intense local Competition
- County Health Care System that is understaffed and underfunded
- High rates of unfunded or poorly funded patients
- Only 7 Federally Funded Community Clinics in Sacramento/Placer/Yolo counties

Generally Accepted Quality Measures

The Challenge of Success



Why Collaboration?

- The Warren Principle: “Its not just about competing with each other, it’s about competing against disease”
- “Pop Goes the Weasel” in Chronic Disease
- The Tsunami of 2014
- The Right Thing To Do

Right Care:

Reaching for the High Fruit

- What is the Right Team for Optimizing Diabetes and Cardiovascular Health?
- How do we reach the “Non-adherent” patient?
- How do we address the Cultural and Linguistic Barriers in our community?
- Is there synergy with other local efforts such as the ***Healthy Sacramento Coalition*** and the ***Sacramento Regional Health Care Partnership***?
- Are we and our partners ready to help launch the Sacramento Regional HIE?

Sacramento Right Care Initiative

- To measurably improve patient outcomes through enhanced practice of patient-centered, evidence-based medicine.
- To apply scientific evidence and outcomes improvement strategies to reduce morbidity and mortality among Sacramento's commercial managed health plan enrollees in two key areas:
 - **Cardiovascular disease**, with particular emphasis on hypertension
 - **Diabetes**, with particular emphasis on heart attack and stroke prevention

The Key Ingredients for Success

- Engagement
- Collaboration
- Sharing
- Your continued participation and input.

Thank you

Questions?