

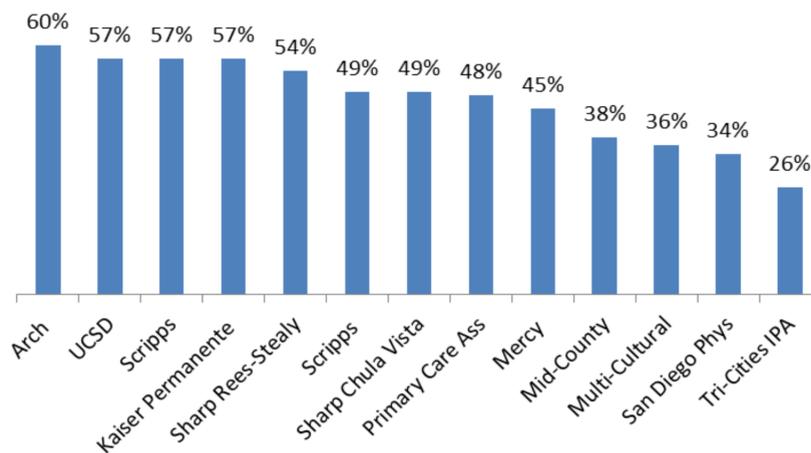
# San Diego County Medical Leaders Collaborate to Achieve Leading-Edge Heart Attack and Stroke Prevention Goals

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## INTRODUCTION

Governments pay for health care without direct control of the process. However, desired intermediate quality outcomes are at times unexceptional yet costly, and have significant variability as the following graph reveals:

Fig 1: San Diego Medical Group LDLc <100 in Patients with Diabetes



Part of the problem may be that, because individual systems make up the larger health care system, there is lack of focus on a single issue and interventions are isolated. Evidence suggests that barriers to collaboration (e.g., competition for members) can be overcome if all in the community agree on a common agenda, a shared metric system, and continuously communicate.<sup>1</sup>

## HYPOTHESIS

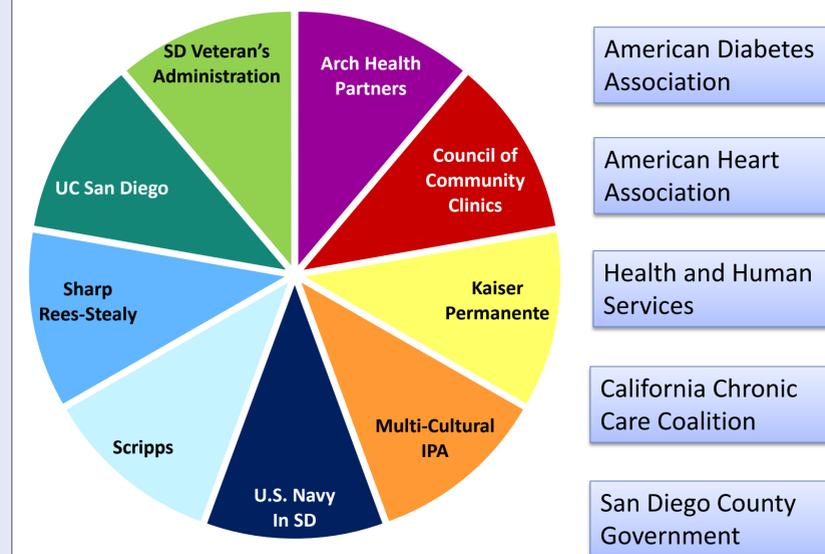
- San Diego medical leaders would find the high-impact effort to “make San Diego a heart attack and stroke-free zone” worthwhile enough to participate.
- Focused meetings that promote measurable action steps would lead to community-wide collaboration to achieve blood pressure and lipid targets, with a resultant decrease in heart attacks and strokes

## METHODS/ PROCESS

### Right Care Initiative- San Diego Pilot Project Beginnings:

The California Department of Managed Health Care and their partners, the California Chronic Care Coalition and UC Berkeley School of Public Health, contacted medical leaders in San Diego County inviting them to collaborate to decrease heart attacks and strokes. Stakeholders and patient advocacy groups were also invited with the realization that medical groups and health plans would benefit from partnerships to improve screening, lifestyle changes, and medication intensification.

Fig 2: The Right Care San Diego collaboration brings together the region’s medical systems as well as key stakeholders



### Local Leadership:

- A local UCSD cardiologist, who is Editor-in-Chief of the Journal of the American College of Cardiology, agreed to head the Right Care program.
- Leadership from inside the medical groups was incorporated to establish further action.
- Leveraging prior relationships to quickly network had significant positive impact on agreements.

## METHODS/ PROCESS (Cont.)

### The University of Best Practices:

At monthly “University of Best Practices” sessions for clinical leaders, presenters share best practices which participants then discuss. The meetings build trust and focus by fostering continuous communication and joint problem solving.

Fig 3: Concepts to support quality improvement outcomes— The University of Best Practices and the Chronic Care Model

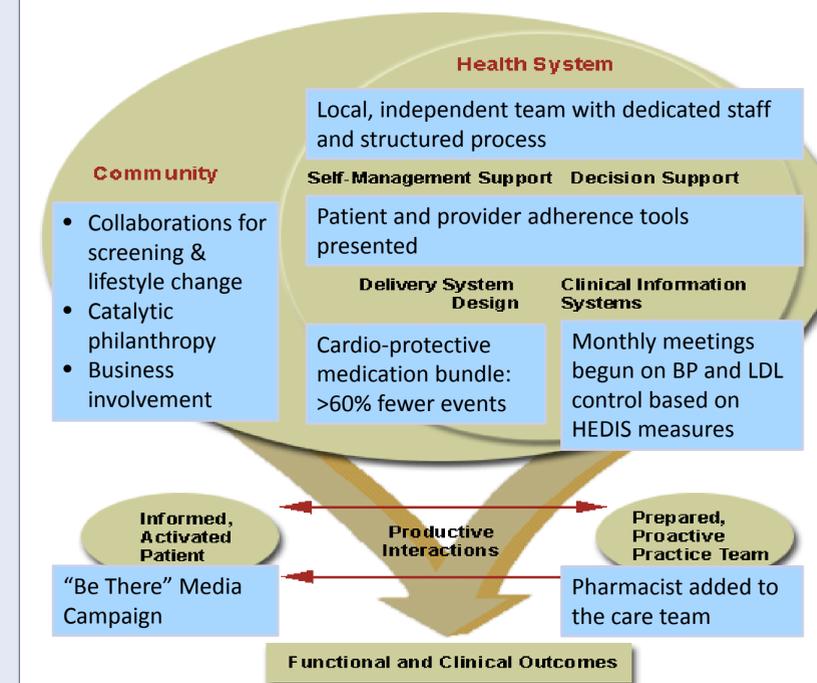
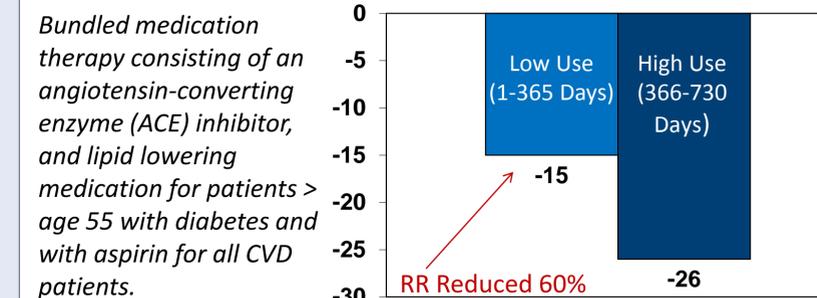


Fig 4: One Example Strategy to Reach Collaboration Prevention Goals<sup>2</sup>



## RESULTS

- After 1 year, with 12 presentations, University of Best Practices attendance remains robust.
- In July 2011, medical group leaders agreed to the over-arching target of 50% drop in heart attacks and strokes in 5 years.
- Most medical groups have begun sharing data on blood pressure and lipid control progress toward targets.

## SUMMARY OF CONCLUSIONS

- San Diego can be an example for the state and nation to build similar, high-impact quality improvement collaborations.
- This pilot project’s focus has strong synergies with the recent “Million Hearts” campaign.<sup>3</sup>

## REFERENCES

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