

San Diego

University of Best Practices Update



Right Care Initiative Leadership Summit

Berkeley, CA

Scott Flinn MD, Chair

Anthony DeMaria MD, Co-Chair



Statewide Goals

- ❑ **Achieve National HEDIS 90th Percentile Targets:**
- ❑ **74%** of hypertensive patients with **blood pressure** controlled: <140/90 mm Hg
- ❑ **72%** of patients with cardiovascular conditions with **lipids** controlled: LDL-C < 100 mg/dL
- ❑ **70%** of diabetic patients with **blood sugar** controlled: HbA1c <8
- ❑ **57%** of diabetic patients with **lipids** controlled: LDL-C < 100 mg/dL
- ❑ **Reduce Hospital Acquired infections:**
 - Median of zero **central line infections**

San Diego Goals

San Diego will be a heart attack and stroke free
Community

- ❑ Heart attack and stroke prevention focused on heart disease, hypertension and diabetes patients through lipid and blood pressure and blood sugar management
- ❑ Support for medical, pharmacy and quality improvement directors of San Diego via its “University of Best Practices” colloquia

Participants Include



Right Care Initiative



In the Beginning, there was...

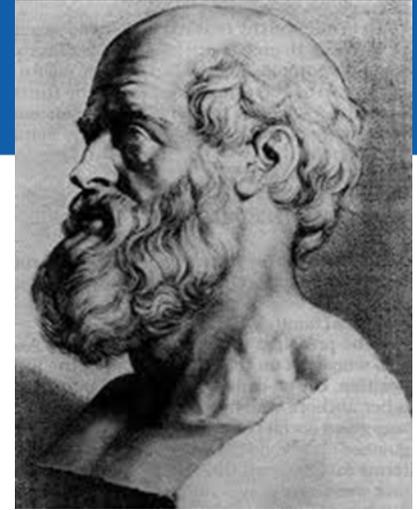


Luncheon Series Format

- ½ hour data meeting
- 1 hour presentation
- ½ hour breakout group discussion and report out

Presentations

- ❑ Pertinent Science and Technology
- ❑ Policy - CMS, state and local gov't
- ❑ Data gathering and sharing
- ❑ Best Practices Presentations



Data Gathering and Sharing

- ❑ Common Definitions
- ❑ Agreements to share data
- ❑ HIE

Best Practices

❑ Disease Management , Registries

❑ Team

- Primary Care Team – Doc and MA
- Disease Management Nurse
- Case Management
- Complex Case Management
- SNF NP
- Pharmacist

❑ Patient, Staff, and Provider Activation

- Staff activation incentives
- Provider activation – incentives and reporting
- Patient Activation
 - Primary Care team
 - Direct Patient Activation

Next Steps

□ Format Change

- 1 hour data sharing
- 1 hour presentation
- ½ hour small group breakout and report out

□ Direction change

- Data
- Sharing
- Motion

Diabetes LDL-C < 100 mg/dL (Preliminary)

San Diego Medical Groups (2011)	Result
Arch Health Partners	68.50
Kaiser Permanente – Southern CA	63.71
Sharp Rees-Stealy	61.95
Scripps Clinic	58.86
UCSD	57.04
Scripps Coastal	51.73
Sharp Community	NA
Community Clinics	NA
Multicultural Healthcare	NA

HEDIS 90th Percentile
52%

Diabetes LDL-C < 100 mg/dL (Preliminary)

San Diego Medical Groups	2010	2011
Arch Health Partners	65.2	68.5
Kaiser Permanente – Southern CA	64.3	63.7
Sharp Rees-Stealy	58.7	62.0
Scripps Clinic	60.7	58.9
UCSD	55.3	57.0
Scripps Coastal	52.4	51.7
Sharp Community		NA
Community Clinics		NA
Multicultural Healthcare		NA

HEDIS 90th Percentile
52%

CVD LDL-C < 100 mg/dL (Preliminary)

San Diego Medical Groups (2011)	Result
Arch Health Partners	80.80
Kaiser Permanente – Southern CA	77.40
Sharp Rees-Stealy	72.83
Scripps Clinic	66.86
UCSD	74.12?
Scripps Coastal	48.39
Sharp Community	NA
Community Clinics	NA
Multicultural Healthcare	NA

HEDIS 90th Percentile
70%

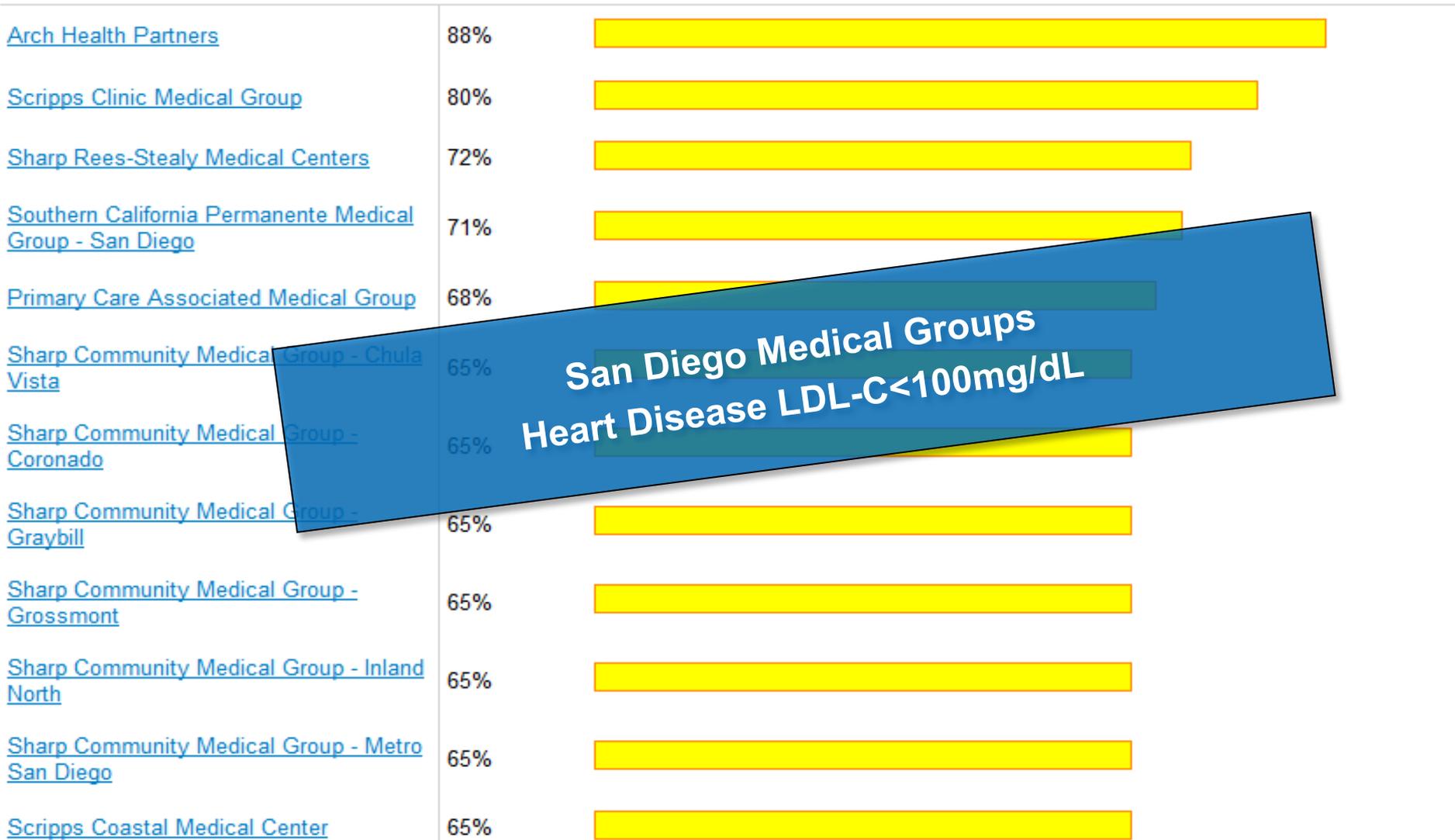
Controlling Cholesterol

We compared each medical group's patient records in 2010 to a set of national standards for quality of care.

Look for differences of at least 4%. Smaller differences usually are not significant.

(Worse)
0%

(Better)
100%



**San Diego Medical Groups
Heart Disease LDL-C < 100mg/dL**

San Diego County Health and Human Services Stakeholders in Cardiovascular Disease Prevention

❑ Live Well, San Diego!

❑ Communities Putting Prevention to Work (CDC grant)

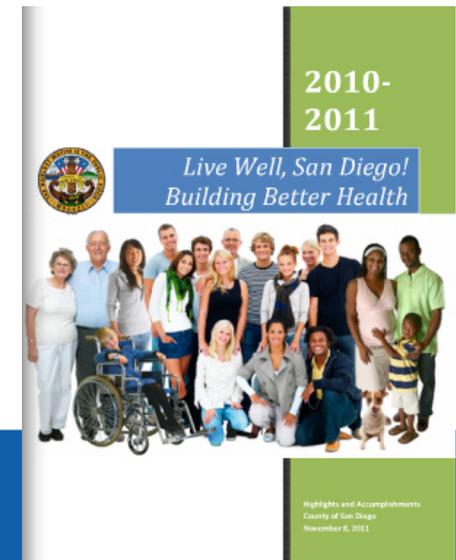
- Reduce chronic disease by physical activity, nutrition, and school environments

❑ Community Transformation Grant (CDC grant)

- Tobacco free, active living, healthy eating, reduce hypertension and high cholesterol

❑ Beacon Grant (NIH)

- Health information exchange



Be There Campaign

- ❑ **Concept: “Heart Attack and Stroke-free Zone”**
 - Audacious goal to capture attention
 - Extends the risk reduction efforts to all citizens
 - Actively engages persons in their own health (care)
 - Conveys ownership to population
 - Taps in to community pride
- ❑ **Aim: Achieve both screening for risk factors and compliance with interventions**
- ❑ **Funding: \$650,000; philanthropy**
- ❑ **Steering Committee: Private-public partnership**

Be There Campaign

□ Technology integration

- Important differentiating component of the Campaign
- Incorporation of innovative medical and health related technological advancements to enhance target user groups' interest, adherence, and participation in the program



Wireless Heart Monitors



Pill bottles that monitor medication adherence



Wireless monitors to track exercise regime



Smart Phones to track and report vitals

Be There Campaign



Heart Attack and Stroke are preventable. See your doctor today to find out your risk for heart disease and stroke and to get on the right treatments to reduce your risk for premature death.

**Take charge of your health today and visit:
www.betheresandiego.org**

The campaign to make San Diego a heart attack and stroke-free zone. •



be there.
san diego

Be There Campaign



IT'S HER TIME TO SHINE.
BE THERE.

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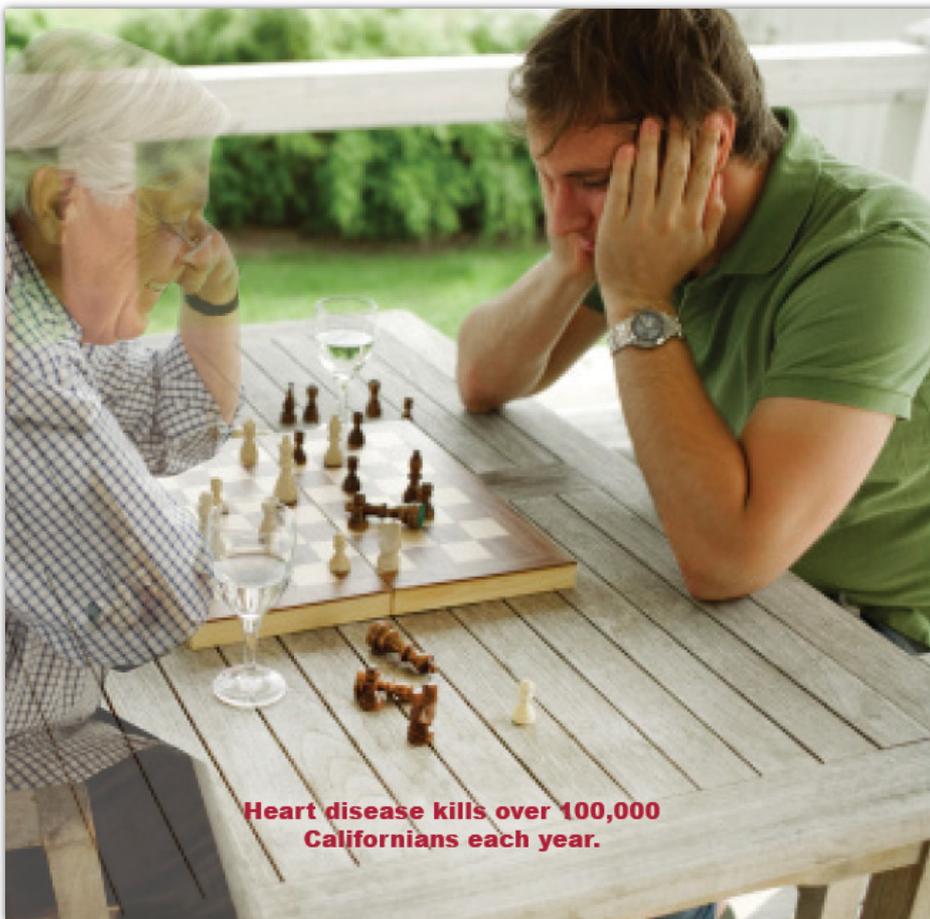
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DAD, YOU NEVER LET ME WIN.
NOW, I WOULD DO ANYTHING TO
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Be There Campaign

Be There Pledge



Be There Pilot (District 4, San Ysidro)

- ❑ Recognized need for pilot project
- ❑ Selected specific San Diego neighborhood (District 4)
 - Highest need (hot spot with high prevalence)
 - Great physician and community leadership
- ❑ Initiated community meetings
 - Faith based groups, community activists, political leaders,
 - 100 Men Strong (barbers)
- ❑ Consensus to apply for Planning Grant
- ❑ How convert county wide to District project?

Questions

